

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

Interim       Final

**Date of Report**    September 19, 2019

**Auditor Information**

<b>Name:</b> Latera Davis	<b>Email:</b> laterad2@gmail.com
<b>Company Name:</b> Just4 Consultants	
<b>Mailing Address:</b> PO Box 1105	<b>City, State, Zip:</b> Grayson, GA 30017-9998
<b>Telephone:</b> 404-457-8953	<b>Date of Facility Visit:</b> April 3, 2019

**Agency Information**

<b>Name of Agency:</b> Indiana Department of Corrections	<b>Governing Authority or Parent Agency (If Applicable):</b> Governor of Indiana		
<b>Physical Address:</b> 302 W. Washington Street	<b>City, State, Zip:</b> Indianapolis, IN, 46204		
<b>Mailing Address:</b> 302 W. Washington Street	<b>City, State, Zip:</b> Indianapolis, IN, 46204		
<b>Telephone:</b> 317-233-6984	<b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency mission:</b> "We promote public safety by providing meaningful, effective opportunities for successful re-entry".			
<b>Agency Website with PREA Information:</b> <a href="http://www.in.gov/idoc/2832.htm">http://www.in.gov/idoc/2832.htm</a>			

**Agency Chief Executive Officer**

<b>Name:</b> Robert E. Carter Jr.	<b>Title:</b> Commissioner
<b>Email:</b> RoCarter1@idoc.in.gov	<b>Telephone:</b> 317-232-5705

**Agency-Wide PREA Coordinator**

<b>Name:</b> Bryan Pearson	<b>Title:</b> Executive Director of PREA
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<b>Email:</b> BPearson@idoc.in.gov	<b>Telephone:</b> 317-232-5288
<b>PREA Coordinator Reports to:</b> Bill Wilson	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 22

**Facility Information**

<b>Name of Facility:</b>	Westville Correctional Facility		
<b>Physical Address:</b>	5501 South 1100 West, Westville, Indiana 46390		
<b>Mailing Address (if different than above):</b>	Click or tap here to enter text.		
<b>Telephone Number:</b>	Click or tap here to enter text.		
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Mission:</b>	Click or tap here to enter text.		

<b>Facility Website with PREA Information:</b>	<a href="http://www.in.gov/idoc/2401.htm">http://www.in.gov/idoc/2401.htm</a>
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**Warden/Superintendent**

<b>Name:</b> Mark Sevier	<b>Title:</b> Superintendent
<b>Email:</b> Msevier@idoc.in.gov	<b>Telephone:</b> 219-785-2511 ext. 4004

**Facility PREA Compliance Manager**

<b>Name:</b> John W. Hicks	<b>Title:</b> Administrative Assistant 2
<b>Email:</b> JHicks1@idoc.in.gov	<b>Telephone:</b> 219-785-2511 ext. 4060

**Facility Health Service Administrator**

<b>Name:</b> DeAngela Boyan	<b>Title:</b> MHP
<b>Email:</b> DeAngela.Boyan@idoc.in.gov	<b>Telephone:</b> 219-785-2511 ext. 4950

**Facility Characteristics**

<b>Designated Facility Capacity:</b> 3476	<b>Current Population of Facility:</b> 2956
<b>Number of inmates admitted to facility during the past 12 months</b>	1223
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	1125

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			1223		
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			80		
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: Click or tap here to enter text.			
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:			0		
Average length of stay or time under supervision:			163.9		
Facility security level/inmate custody levels:			Medium/Close Security		
Number of staff currently employed by the facility who may have contact with inmates:			652		
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			171		
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			3		
<b>Physical Plant</b>					
Number of Buildings: 97		Number of Single Cell Housing Units: 4			
Number of Multiple Occupancy Cell Housing Units:		0			
Number of Open Bay/Dorm Housing Units:		35			
Number of Segregation Cells (Administrative and Disciplinary):		210			
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>  There are 435 cameras deployed at Westville Correctional Facility. Cameras are placed throughout the facility in common areas. WCF camera have exterior digital, pan/tilt/zoom position cameras and interior with digital, fixed position cameras having zoom capabilities. All camera recordings are retained for at least 90 days. Cameras are monitored in all the control rooms, the main gate and in all Lieutenants, Captains and executive staff offices.					
<b>Medical</b>					
Type of Medical Facility:		24 Hour Nursing-Doctor on call			
Forensic sexual assault medical exams are conducted at:		St. Anthony's Michigan City			
<b>Other</b>					

<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>	454
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	7

## Audit Findings

### Audit Narrative

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

Westville Correctional Facility, part of the Indiana Department of Corrections (IDOC), agreed to participate in a Prison Rape Elimination Act (PREA) audit, conducted by a probationary auditor (Latera Davis) and Certified DOJ audit team members (Adam Barnett and Sonya Love). Team members representing contracted provider, Diversified Correctional Services (Robert Lanier).

Site Review Location: The site review for this audit took place at Westville Correctional Facility (WCF) located at 5501 South 1100 West, Westville, Indiana 46390. The facility is located in the northern section of the state. The audit team conducted pre-audit work prior to arrival at the facility. Pre-audit work included but not limited to: review of the Pre-Audit Questionnaire (PAQ), documentation review on the agency secure file upload site, email correspondence, and telephone calls.

A certified PREA audit was conducted at Westville Correctional Facility (WCF) located in Westville, Indiana on April 3 – 5, 2019. WCF is operated by the Indiana Department of Corrections. Westville Correctional Facility hereinafter may be referred to as facility. It should be noted that, the IDOC refers to “inmates” as “offenders”, therefore “inmates” and “offenders” will be used interchangeably through this report.

The auditor used a triangular approach, by connecting the PREA audit documentations, on-site observation, tour, practice, interviewed staff, inmates, and local and national advocates to make determinations for each standard.

It should be noted that during the corrective action phase of the audit, there was a Warden change. The Warden for the facility is John Galipeau.

### Pre-onsite Audit Phase

Posting: On 2/11/2019, the probationary auditor provided the audit notice to the Department of Correction (IDOC) PREA Coordinator (PC), with instruction to post the required PREA Audit Notice of the upcoming audit prior to the audit for confidential communications. Photos were sent to the probationary auditor, indicating that the facility posted the notices in English and Spanish. The auditor received photos of the time-stamp posted notices, located in common areas. The auditor did not receive any communications from any staff, offender, volunteer, intern or contractor.

PAQ: In order to prepare for the audit process, pre-kick off email correspondence occurred with the agencies PREA Coordinator (Bryan Pearson) on 2/11/2019. As the probationary auditor reviewed the materials provided by the facility, she collated documents that were outstanding on the Issue Log. When completed she had telephonic and email correspondence, to include a log attachment, with the

PREA Compliance Manager (PCM) and facility Investigator to receive documentation required to fill remaining informational gaps. The Agency PREA Coordinator identified that the agency will utilize a secure cloud-based site (Syncplicity) to upload documents.

The Pre-Audit Questionnaire was completed and sent to the auditor as required. The completed Pre-Audit Questionnaire (PAQ) was submitted on 3/4/2019. Additional documentation received included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials were also provided. The lead probationary auditor in consultation with the audit team reviewed all the documentation submitted by the facility and prepared a list of issues based on the evidence provided. An issue log was prepared noting any concerns or problems with documentation and requesting additional information or response by the facility prior to the on-site review.

The probationary auditor completed a documentation review using the Pre-Audit Questionnaire, internet search, policies and procedures review, and additional documentation provided on the Syncplicity site; to include both the agency and the facility policy and procedures, agency mission statement, daily population report, schematic/layout for the facility, and the last final PREA Audit Report. The facility was provided a list of requested documents for onsite review. As the probationary auditor reviewed the materials provided by the facility, the content/documents were organized and any outstanding issues/concerns were addressed via telephonic and email correspondence, with the agency PREA Coordinator (PC) and facility Warden. It should be noted that a list of random and special categorized offenders was provided prior to the on-site review.

A conference call was conducted on 3/18/2019 at 12:00PM EST enabling the probationary auditor to interact with the agency PREA coordinator and Westville Correctional Facility warden. The audit process was discussed as well as specific plans for the Westville Correctional Facility onsite audit. The probationary auditor requested permission to have a flexible schedule on the first day of the audit, as the audit team would be closing out a separate Indiana Department of Correction' audit on the same day. Due to the size of the facility, it was discussed that the facility tour would occur over two days.

Website Review: Prior to the onsite portion of the audit, the probationary auditor conducted a website review of IDOC and WCF. The reviewed content included but not limited to: PREA website (overview and reporting), prior PREA audits, and prior sexual abuse and victimization reports.

## **On-Site Audit Phase**

### Team Composition/Entrance

The audit team consisted of the probationary auditor (Latera Davis) and two DOJ certified auditors (Adam Barnett and Sonya Love). On April 3, 2019 at approximately 8:30 am, a portion of the audit team arrived at the facility to conduct a brief entrance meeting with the facility Warden along with beginning the onsite process (physical plant inspection and interviews).

### Entrance Meeting

The entrance meeting served as initial introductions and onsite logistics with the facility Warden, Administrative Assistant 1, and the facility PREA Compliance Manager. The Warden and his leadership team, identified multiple rooms that we would use to conduct inmate and staff interviews along with file reviews. Due to the size of the facility, it was determined that inmate interviews would occur on the

units. The probationary auditor discussed her status and expectations for submission of the interim report. The probationary auditor and DOJ Certified auditor Adam Barnett, provided an overview of the expectations during the onsite audit and transparency to discuss any identified issues or concerns. The team also established a process to make corrections on site and if necessary, post onsite follow up.

On day 1 of the audit (April 3, 2019), the audit team received a list of all staff scheduled to work on the days of the on-site review, sorted by shift. Westville Correctional Facility, officers' work 12 hours shifts. The audit team provided the facility with a list of random and specialized staff and random and special category offenders who would be interviewed. The 3<sup>rd</sup> auditor arrived at the facility around 1:00pm and began conducting random and target category inmate interviews; along with random staff interviews.

On April 3, 2019 the audit team split to ensure that the physical plant could be adequately observed. It was requested that when the auditor paused to speak to an inmate or staff, that staff on the tour please step away so the conversation might remain private. This request was well respected.

Upon arrival at the Westville Correctional Facility on Day 2 (4/4/2019), the audit team conducted the official entrance conference with the following staff:

- Warden Mark Seiver
- Deputy Warden Kenneth Gann
- Deputy Ward Andrew
- Admin Assist, David Leonard
- Major, Chad Cornet
- Lead Captain, John Sharp
- Unit Manager, Ken Watts
- Unit Manager, Jessica Rain
- Unit Manager, Dennis Hood
- Medical Director, DeAngela Lewis
- Unit Manager, Phil Sonnenberg
- PREA Manager, John Hicks
- Agency PREA Director, Bryan Person
- Latera Davis, USDOJ Certified Auditor (Lead)
- Adam T. Barnett, USDOJ Certified Auditor (Associate)
- Sonya Love, USDOJ Certified Auditor (Associate)

On day two, the audit team broke into three groups; one to complete the physical plant site inspection, one to complete remaining interviews and file review. Upon completion of assigned tasks, audit team members returned to the assigned conference room to discuss site observation, informal and formal interviews, file review, and necessary corrective actions.

Site Review: The audit team conducted a comprehensive site review of the facility. The audit team was provided a map of the facility prior and during the onsite review. The WCF is comprised of 97 buildings, four housing units. The PREA standards require the auditor to tour the facility to verify compliance with the standards.

On 4/3/2019, the following areas and locations were toured. Administration Building, Housing Buildings A,B,C,D,E,G,N,O,P, and S; Auditorium, Cold Storage, Commissary Warehouse, EC Multipurpose Building, EC Administrative Offices, Engineering Shops, Engineering Storage, Frozen Food Storage, Furniture Repairs Shop, Furniture Refurbishing, GSC 3-4 Dorms, GSC 5-6 Dorms, GSC 7-8 9 Dorms,

GSC Center Segregation, GSC 9-10 Dorms, GSC Administrative Offices, GSC Gym, GSC Kitchen, Heavy Equipment Shop, IC Administrative Offices, IC Multipurpose Building, Landscaping Storage, Landry, Main Kitchen, WCJ, Pallet Shop, Personnel Building, Personnel Kitchen, Power House, Sally ports, Sewage Treatment Plant, Sign Shop Warehouse, Vocational Shop, Warehouse, and Well house.

The following persons accompanied the team on the tour and responded to the auditor's questions concerning the facility operations on April 3, 2019:

1. Warden, Mark Sevier,
2. Administrative Assistant 1, David Leonard
3. Major, Chad Cornet
4. Maintenance Supervisor, John Tolnay - Maintenance
5. Maintenance Staff, Alex Mecathron – Maintenance
6. Unit Manager, Ken Watts – GSC
7. Captain, Joseph Farley – GSC
8. Captain, Lawrence Machin – R-Dorm
9. Unit Manager, Dennis Hood – R-Dorm
10. Case Manager, Wendell Deloney – EC
11. Lt., Daniel Pomeroy - EC

The following persons accompanied the team on the tour and responded to the auditor's questions concerning the facility operations on April 4, 2019:

1. Warden, Mark Sevier
2. Deputy Warden, Andrew Pazera
3. Administrative Assistant 1, David Leonard
4. Major, Chad Cornet
5. Lead Captain, John Sharp
6. Captain, Jason Smiley – WCD
7. Unit Manager, Jessica Rain – IC Complex
8. Case Manager, Jerry Hootnick – WCU
9. Lt., Daniel Poneroy – IC Complex
10. Agency PREA Director – Bryan Pearson

While inspecting the facility, doors, restrooms, and offices were checked consistently to ensure they are secured and locked. The audit team observed the location of staff having direct viewing of inmate using the toilet and/or showers. Informal dialogue occurred with offenders and staff, asking PREA-related questions and agency procedures and safety considerations. Offenders that engaged in conversation with the auditor discussed feeling safe at the facility. One offender requested to interview with the Lead Auditor, his request was granted. The team members noted placement and coverage of video monitoring technology. When reviewing the video camera system, there were no cameras that have direct viewing of the inmate's toilet. Conversation with the staff that were guiding the tour indicated that the facility has a total of 400+ cameras.

In the housing units, the offender phone system was tested to ensure they were actively working and had a dial tone; which demonstrated active and in order. The PREA audit notices along with IDOC PREA posters were posted throughout the facility.

The audit team also observed female staff entering the male housing units not making the announcements of female staff entering the male housing units. The auditor had opportunities to view inmate and staff interaction. There was also ample time to observe the nature and quality of inmate supervision throughout the on-site audit process, and in all instances the auditor observed appropriate respect on the part of both offenders and staff. Logs were reviewed, as well as any other documentation that would assist with determining compliance.

On Day 2 of the physical site tour, the probationary auditor was able to observe the intake process. Ten inmates were participating in offender orientation. Upon conclusion of watching the video the intake staff, reviewed and summarized content, asking the offenders if they understood the inmate rights and facility rules related to PREA. The Sexual Violence Assessment Tool (SVAT) was completed; offenders received a PREA brochure, along with contact information for the outside support agency (Indiana Coalition Against Domestic Violence); Offender handbook/orientation packet; and signed form acknowledging receipt of said information.

The auditor was provided unimpeded access to all parts of the facility and all secure rooms and storage areas in the facility.

Locations with concerns during the tour:

1. Shops and Warehouses where inmate work: Staff needs to monitor inmate’s movement in and out the bathrooms. Locks have been installed on bathroom doors requiring all inmate to ask staff to enter the bathrooms.
2. Urinals water turned off and some urinals replace with standard toilets. The facility response: “In response to the inquiry about the urinals on the housing units being replaced with standard toilets. Due to the high mineral count in our water, approximately 400 parts per million, the replacement of urinals has ceased. The basis for this decision is that the outgoing plumbing required for a urinal is approximately 50% smaller that of standard toilet. The high mineral content and low water pressure associated with urinal operation allows the minerals to settle in the outgoing plumbing causing the pipes to narrow and become unserviceable.”

The PREA audit requires the auditor to conduct outreach to relevant national and local advocacy organizations. To communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The following national advocacy, State, and/or community advocacy organizations were contacted.

<b>Advocacy Organization</b>	<b>Information Request</b>	<b>Response</b>
Indiana Coalition Against Domestic Violence for Victim Advocacy	4/5/2019 @ 9:38 am.	Interview conducted with Mrs. Terri Noone (260) 402-6034.
Justice Detention International (JDI)	4/1/19 @ 8:45 am.	4/2/19 @ 11:59 am. Email correspondence indicated that JDI had not received any information on WCF.
National Sexual Violence Resource Center (NSVRC)	4/3/2019 @ 6:10am.	4/4/2019 @ 5:33pm. Email correspondence indicated that RAINN had not received any information from WCF.

The auditor asks the advocacy organizations the following questions:

1. How many SAFE or SANE referrals made in the last 12 months? 0
2. Can the inmate remain anonymous, upon request, when making a report? Yes
3. Who do you notify at the facility regarding the report? Facility PREA Compliance Manager
4. How many reports have the organization received in the past 12 months for advocacy services?  
0
5. How many offenders reported sexual abuse and/or sexual harassment? 0

According to the Indiana Coalition Against Domestic Violence for Victim Advocacy, the organization received 3 calls from Westville Correctional Facility. Two calls were from the same offender; requesting a follow-up on a PREA issues that happened at another facility. One call was from an inmate that did not leave enough information regarding whether the concern was PREA or another case.

### **Interviews**

On the first day of the onsite audit there were 2914 offenders and 121 staff reported at the facility. Staff interviews were based on who was at the facility on the days of the audit, varying staff shifts, and positions/roles held. The audit team members split up the interviews of specialized and random staff along with required inmate interviews.

#### Staff Interviews

Over the three days onsite, 30 interviews were conducted with 26 staff that have specialized roles and responsibilities were conducted. The interviews were conducted privately in several different meeting rooms and the protocols used included but not limited to: contractors, disciplinary hearing officer, incident review team, mental health, screening staff, security first responder, special investigator, agency head, staff who supervise offenders in isolation, agency contract administrator, Director of Contractors, Director of Volunteers, HR staff, intake, nonmedical staff who conduct strip searches, PREA Coordinator, two intermediate or higher level staff, facility Warden, first responder, investigators, medical staff, staff who monitor for retaliation, and two volunteers.

Along with the specialized staff, 14 random staff were interviewed. Random staff were chosen by retrieving a list of staff, taking the third name; choosing staff from every shift, including new and more tenured staff. Random inmates were chosen, by selecting every 13th offender one each housing unit. A separate list of targeted offenders was provided prior to the onsite audit. A total of 25 targeted offenders were identified and interviewed.

The lead probationary auditor was largely responsible for the interviews with the WCF management, including the Warden and PCM. The Agency PREA Executive Director and Head Designee were both onsite during the review and able to meet in person with the probationary auditor at WCF. The audit team worked with the facility to make the interview times most conducive to manage routine scheduling needs. The interviews were conducted primarily in an empty office or staff offices, as available.

#### Interviews

Based on inmate sampling prerequisites, the baseline for interviews was established at twenty-five (25) random and targeted offenders. The sampling strategy included the selection of offenders from every living unit which included selection of targeted offenders within the sample of participants. One inmate located in segregated housing for non-PREA related circumstances refused to be interviewed. Interviews

were conducted using the Department of Justice (DOJ) protocols to assess the inmate's knowledge of PREA and reporting mechanisms available to them at Westville Prison.

Category of Offenders	Number of Interviews
Random Offenders (Total)	26
Targeted Offenders (Total)	25
<b>Total Offenders Interviewed</b>	<b>51</b>
<b>Breakdown of Targeted Offenders Interviewed</b>	
Youthful offenders	0
Offenders with a physical disability (6)	9
Offenders who are blind, deaf, or hard of hearing	
Offenders who are LEP (1)	
Offenders with a Cognitive Disability (2)	
Offenders who identify as LGB	4
Offenders who identify as Transgender or Intersex	7
Offenders Who Reported Sexual Abuse that occurred at the facility	2
Offenders Who Reported Sexual Victimization during risk screening	3
Inmate in Segregated Housing for Sexual Victimization	0
<b>Category of Staff Interviewed</b>	
Random Staff (Total)	14
Specialized Staff (Total)	26
Agency Head (Total)	1
Facility Director (1)	1
PREA Coordinator (1)	1
PREA Compliance Manager (1)	1
<b>Total Staff Interviewed***excludes agency head, facility</b>	<b>44</b>
<b>Breakdown of Specialized Staff</b>	
Agency Contract Administrator	1
Intermediate or higher-level staff responsible for conducting and documenting unannounced rounds	1
Medical Staff	1
Mental Health Staff	1
Non-medical staff involved in cross gender searches (if applicable)	NA
Contracted Victim Advocacy Organization	1
Volunteers who have contact with Offenders	2
Contractors who have contact with Offenders	2
Criminal Investigators	2
Administrative Investigators	2
Staff who perform screening for risk of victimization and abusiveness	1
Staff who supervise offenders in segregated housing	1
Staff on the sexual abuse incident review team	1
Designated staff member charged with monitoring retaliation	2
First Responder's security staff	1
First Responders non-security staff	1
Intake Staff	1
Grievance Officer	1

Incident Review Team	1
Volunteer Coordinator	1
HR Staff	1
HR Staff	1

## Documentation Sampling and Review

### Records Review

Name of record	Total # of records	# sampled and reviewed
Staff personnel records	652	20
volunteers and contractor record	454	2
training files/documentation/records	933	30 detailed ***All staff overview of completed trainings from July 2017-April 5, 2019
medical/mental health records (victims)	29	19
grievance forms (all complaints)	80	80 ***1 PREA related
investigation records	29	23
Incident Reports	29	23

### Investigation Records

\*\*\*It should be noted that any SA/SH Grievances are not reviewed by the grievance process, if received automatically sent for an investigation.

	Sexual Abuse		Sexual Harassment	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Hotline	1	0	0	0
Grievances	0	0	0	1
Reports to Staff	4	1	6	9
Anonymous, 3 <sup>rd</sup> party	0	1	0	0
Reports by Staff	0	0	0	0

In addition to the documentation review, the probationary auditor observed the intake process for 10 offenders. A video was used to educate offenders on the PREA policies and inmate rights.

### **Exit Briefing**

The audit team conducted an exit meeting on 4/5/2019 at which preliminary findings of the review were discussed with the facility executive team. The attendees, in addition to the IDOC Executive Director of Adult Facilities (North) who were present at the entrance also attended the exit. During the exit, the probationary auditor provided a list of identified non-compliant items and described how these related to the standard provisions. It was also confirmed that some items were corrected on site and other items will need further corrective actions to address deficiencies. For resolution of issues following the exit, the probationary auditor indicated that outstanding issues should be provided to her with proof of practice through photographic evidence or written documentation upon completion via electronic communication.

### **Post-Onsite Audit Phase**

Upon return from the onsite phase of the audit, the probationary auditor and the agency PREA Coordinator agreed to communication by email and telephone during the post-audit phase, regarding any identified need for additional documentation, as well as clarification of questions that arose while collating data. Further, the agency PREA Coordinator indicated they would provide the auditor with proof of practice on an ongoing basis, as related to correction of identified deficiencies.

Communication with the IDOC PREA Coordinator and designated facility staff was ongoing, with efficient, timely, and thorough responses provided consistently both by email and telephone. It should be noted that three letters were received by the probationary auditor after the onsite audit phase. The nature and scope of the letters was reported to the agency PREA Coordinator. Documentation and clarification communication emails facilitated the ability to process both the Interim and Final Reports.

Audit Section of the Compliance Tool: The probationary auditor continued to review documentation and interview notes gathered while onsite and compile information to enter into the audit portion of the compliance tool. Detailed information from the audit interviews were integrated into relevant sections of the standards. In order to ensure all standards were thoroughly analyzed, the probationary auditor proceeded standard by standard, determining compliance or non-compliance.

Interim Audit Report: The probationary auditor completed entry of data into and determination of standard compliance on the Audit Compliance Tool, and began writing of the Interim Report. The Interim Report included reference to policies and procedures, agency and facility reports, and supplementary documentation provided by the facility and during the site review, supporting information gathered during site review, as well as aggregated and de-identified information regarding interviews conducted for the purposes of this audit. The probationary auditor incorporated evidence gathered onsite and through documentation review as proof for the final conclusion of whether the facility exceeded, met, or did not meet the standard of review.

Upon submission of the Interim Report the facility was assessed to have exceeded one (1) standard, met thirty-three (33) standards, and required corrective action for eleven (11) standards.

The Interim Report was uploaded to the PREA Training and Resource Center for review on May 19, 2019 and directed to the PREA Resource Center (PRC) for audit feedback. The probationary auditor received the Interim Report back from the PRC on May 31, 2019.

Final Audit Report:

## **Facility Characteristics**

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

### Facility Demographics

- Rated Capacity: 3476
- Actual Population on First Day: 2914

- Average Daily Population for the last 12 months: 2984
- Security/Custody Level: Medium/Close Security
- Gender: M
- Number of Positions: 902
  - o 591 Custody
  - o 122 Administration
  - o 56 Program Positions
  - o 133 Contractual Staff along with supportive staff

### Facility Description

Westville Correctional Facility (WCF) is located in Westville, Indiana which is approximately 45 minutes West of South Bend, Indiana. The facility is surrounded by farm land and is near the town of LaPorte, Indiana. The facility was originally constructed in 1949 as the Northern Indiana Hospital, a state mental health facility for 135 mentally disabled Hoosiers. In February of 1951, the hospital was re-named in honor of Dr. Norman Beatty, an Indianapolis doctor who dedicated his career to mental health services. Expansions later increased capacity to house over 2000 patients, including nearly 500 patients in a maximum-security ward. In 1974, a lawsuit filed by Indiana prisoners in US District Court forced the state to reduce overcrowding in its prisons, creating the need for additional facilities.

Legislation was passed in 1977 that changed the facility's mission into a prison. The change in mission continues to be a challenge for corrections administrators. From 1977 until 1979, the population of patients decreased and the population of offenders increased until the summer of 1979, when the facility no longer housed any mental patients. The campus of 57 building on 700 acres was then officially turned over to the Indiana Department of Corrections. The Department of Corrections added education facilities, an industrial complex, a gymnasium, a multi-purpose building and a chapel. Later security upgrades including a secure fence, extra lighting and towers, transformed the 1200 bed medium-security prison into a maximum-security unit, housing approximately 3000 offenders, including a trustee housing unit adjacent to the main compound.

The expansive facility is separated by a series of fences which allows the multiple custody levels to be easily separated. The compound is surrounded by a double fence including an electric stun fence and is monitored by manned towers and a perimeter patrol. The facility is divided into five separate areas; identified as General Services (GSC), Educational Complex (EC), Industrial Complex (IC), Minimum Security Unit (WCA) and the Restricted Housing Area (WCU). The facility houses the Indiana Department of Corrections Maximum security control Unit which has 56 disciplinary segregation cells and a capacity of 168 maximum custody long-term segregated offenders.

Due to the size of the facility, each complex offers many of the facility services within the complex. The General Services and Education Complex is comprised of 12 dormitories. The industrial complex consists of nine dormitories housing the offenders who work in the production kitchen, pen products pallet shop, global recycle DVD recycle program, and the PLUS program. The minimum-security unit consists of 4 dormitories housing offenders that work in the community, or have jobs (e.g. man power house, sewage treatment plant, garage, and other grounds shop) onsite. Lastly, the restrictive housing unit (WCU; house individuals in restrictive housing from WCF as well as the departments long term restricted housing offenders.

### Facility Complex Services

- Dining
- Visitation

- Recreation
- Academic
- Vocational Education
- Social Services
- Library Services
- Religious Programming
- Case Management
- Medical Care
  - Dental
  - Mental Health
- Offender Work Programs

Facility Centralized Services

- Laundry
- Food Production Kitchen
- Infirmary

Summary of Inmate Services and Programs

As indicated by the IDOC/WCF website below are a list of programs offered:

- Recovery While Incarcerated (RWI)
- Purposeful Living Units Serve
- Reformative Residential Re-Entry Program
- Behavioral Health Group Therapy
- Notre Dame- Restorative Justice
- Notre Dame/Holy Cross – Westville Educational Initiative
- U.S. Department of Labor
- TASC (Test Assessing Secondary Completion)
- Life Skills
- Tutoring Program
- Vocational Classes
  - Logistics
  - Culinary Arts
  - Business Technology
  - Building Maintenance
  - Auto Technology
- Thinking for a Change
- Standardized Pre-Release Orientation Program
- Modified Pre-Release Orientation Program

The WCF has over 400 volunteers that provide a wide variety of programs and services for the offenders.

**Summary of Audit Findings**

**Number of Standards Exceeded: 1**

Prevention and Planning

- 115.18 Upgrades to facilities and technologies

**Number of Standards Met: 44**

### Prevention and Planning

- 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator
- 115.12 Contracting with other entities for the confinement of inmates
- 115.13 Supervision and monitoring
- 115.14 Youthful Inmates
- 115.15 Limits to cross-gender viewing and searches
- 115.16 Inmates with disabilities and inmates who are limited English proficient
- 115.17 Hiring and promotion decisions

### Responsive Planning

- 115.21 Evidence protocol and forensic medical examination
- 115.22 Policies to ensure referrals of allegations for investigation

### Training and Education

- 115.31 Employee Training
- 115.32 Volunteer and contractor training
- 115.33 Inmate education
- 115.34 Specialized training: Investigations
- 115.35 Specialized training: Medical and mental health care

### Screening and Risk of Sexual Victimization and Abusiveness

- 115.41 Screening for risk of victimization and abusiveness
- 115.43 Protective custody

### Screening and Risk of Sexual Victimization and Abusiveness

- 115.42 Use of screening information

### Reporting

- 115.51 Inmate reporting
- 115.52 Exhaustion of administrative remedies
- 115.53 Inmate access to outside confidential support services
- 115.54 Third-party reporting

### Official Response Following an Inmate Report

- 115.61 Staff and agency reporting duties
- 115.62 Agency protection duties
- 115.63 Reporting to other confinement facilities
- 115.64 Staff first responder duties
- 115.65 Coordinated response
- 115.66 Preservation of ability to protect inmates from contact with abusers
- 115.67 Agency protection against retaliation
- 115.68 Post-allegation protective custody

### Investigation

- 115.71 Criminal and administrative agency investigations
- 115.72 Evidentiary standard for administrative investigations
- 115.73 Reporting to inmates

### Discipline

- 115.76 Disciplinary sanctions for staff
- 115.77 Corrective action for contractors and volunteers
- 115.78 Disciplinary sanctions for inmates

### Medical and Mental Care

- 115.81 Medical and mental health screenings: history of sexual abuse
- 115.82 Access to emergency medical and mental health services
- 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

#### Data Collection and Review

- 115.86 Sexual abuse incident reviews
- 115.87 Data collection
- 115.88 Data review for corrective action
- 115.89 Data storage, publication, and destruction

#### Audits and Corrective Action

- 115.401 Frequency and Scope of Audits
- 115.403 Audit content and findings

**Number of Standards Not Met: 0**

#### **Summary of Corrective Actions:**

One (1) standard exceeded compliance requirements. Thirty-three (33) standards demonstrated substantial compliance and complied in all material ways with the standards for the relevant review period. There were four (11) standard provisions that required corrective action in order to come into compliance prior to closure of the current audit. There are a total of forty-five (45) standards for adult prisons and jails.

At the time of the site tour the following standard provisions were non-compliant and required corrective action:

Prior to completion of the Interim Report process the facility fulfilled compliance requirements for the non-compliant standard provision 115.15d, by providing the auditor by email a copy of the updated post orders for the RSHU female-assigned staff to perform 'shower-escort' duties. The original deficiency was identified, as follows: **115.15(c/e) – Hiring and Promotion Decisions:** Upon review of 20 personnel files, it was initially found that three files were missing the required background checks for promotion or new hire. A corrective action was put in place to locate and submit the completed background checks or to conduct the required background checks. Within a few days, the facility provided the background checks on the three requested individuals. The background checks were processed on 4/5/2019. Through the review of 20 personnel files, the facility provided documentation to demonstrate the information documenting the process and signed PREA Employment Questionnaires as a part of the hiring packet. I

At the time of submission of the Interim Report, the following standard provisions remained non-compliant with corrective action processes in place to initiate remediation:

**115.21(a) – Evidence protocol and forensic medical examinations:** The WCF is responsible for conducting administrative and criminal sexual abuse investigations. When reviewing investigation files, there was one case identified; where the facility did not follow the uniform evidence protocol; maximizing potential to collect usable physical evidence. While, it was identified that the evidence was collected, the facility did not submit the evidence for testing.

In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

1. Implement a written protocol to ensure that chain of custody of evidence is properly managed through the investigative process.
2. First Responders and Investigative staff will provide evidence of completion of additional training to include collection and storage of evidence and chain of custody.

The corrective action for Standard 115.21 will be monitored for 60 days effective the date, the facility receives the interim report.

**Completed Corrective Action:**

The facility provided the auditor with documentation demonstrating compliance with the requirements of standard 115.21 (a); Evidence Protocol and Forensic Medical Examinations. The standard requires that the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

On August 22, 2019 the WCF provided the auditor with a list of all staff who have completed the training, along with the PowerPoint slides for the training. Eight investigators/first responders and the PREA Compliance Manager completed the training on August 21, 2019. The training was completed by the agency PREA Coordinator. The scope of the training included: Evidenced Protocol and Forensic Medical Examinations; Policies to Ensure Referrals of Allegations for Investigations; and Specialized Training for Investigations (Criminal and Administrative Investigations, Evidentiary Standards for Administrative Investigations, Investigation Outcomes, Other Considerations (MH, Notices, Incident Reviews, SIRs, Investigation Report, and Evidence Documentation).

As indicated the following documents were reviewed:

1. A list of all staff who completed the PREA Refresher training.
2. PREA Investigation refresher training material.

**115.22(d) – Policies to ensure referrals of allegations for Investigations:** A corrective action is provided towards this standard. While the facility provided evidence that its investigators conduct administrative and criminal investigations for sexual abuse and sexual harassment cases; there was one case of sexual abuse that was not investigated in a timely manner. In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

1. All cases of substantiated sexual abuse that meet the criminal codes of Indiana shall be referred to the local prosecutor to determine, if such cases shall be prosecuted. The WCF satisfied this corrective action by referring the staff on inmate, substantiated allegation of sexual abuse case to the local prosecutor.
2. The WCF shall thoroughly investigate cases, which includes but not limited to sending direct or circumstantial evidence for DNA testing.

The corrective action for Standard 115.22 will be monitored for 60 days effective the date, the facility receives the interim report.

**Completed Corrective Action:**

During the corrective action phase, there were no substantiated allegations of sexual abuse or sexual harassment that would have met the criminal codes of Indiana, to refer for prosecution. However, it should be noted that on August 22, 2019, the Indiana Department of Corrections PREA Coordinator conducted a training with the facility first responders covering the process of referral for prosecution.

**115.41(g) – Screening for Risk of Victimization and Abusiveness:** While it was evident that the WCF conducted the initial screening of offenders, the facility could not provide evidence that it routinely conducted 30-day reassessments, nor did the facility conduct reassessments as a result of an incident of sexual abuse. In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

1. The WCF will provide a list of all offenders who have reported an incident of sexual abuse or sexual harassment; and show evidence that the facility reassessed the offenders risk level when warranted due to a: receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.
2. The WCF will provide scanned copies of the reassessments. Such reassessments should include those offenders who reported sexual harassment and abuse in the requested time frames and those whose investigations concluded in the requested time frames.
3. The WCF ensure the reassessments occur in a timely manner and they are reviewed and documented with time stamped dates and signatures.

The corrective action for Standard 115.41 will be monitored for 60 days effective the date, the facility receives the interim report.

**Completed Corrective Action:**

The WCF provided a list of offenders who were placed at the facility between May and June of 2019. The probationary auditor reviewed 200 of the submitted assessments and reassignments. The facility provided evidence off offenders who have received reassessments within 30 days.

**Documentation:**

1. List of Offenders who arrived at the facility in May and June 2019.
2. Offender Assessments and Reassessments.

**115.43(a-e) – Protective Custody:** A corrective action is required for this standard. While conducting the onsite audit, interviews with targeted offenders and review of investigation files, it was found that protective custody was used for a victim who reported sexual abuse. Immediately following an allegation of sexual abuse, a targeted victim was placed in restrictive housing at the request of the investigator. It was also identified that the facility did not have documented reasoning for maintaining the victim (offender) in restrictive housing for 5 months. In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

1. The WCF leadership will ensure that investigation staff and the PCM have knowledge and understanding of the use of protective custody for offenders who report sexual abuse or sexual harassment.
2. The WCF leadership will conduct a policy review with the investigation staff and PCM; having them sign and acknowledge their knowledge, responsibility, and understanding of the policy regarding the placement of inmates of high risk for sexual victimization in involuntary segregated housing.
3. The WCF will provide the probationary auditor with a list of any investigations that were concluded or initiated during the below referenced monitoring time frame. The WCF shall provide all supplementary documentation to include but not limited to:
  - a. Date of report/allegation;
  - b. Immediate actions taken as a result of the allegation;
  - c. Housing or programming changes;
  - d. If placed in segregated housing verification of why the victim was placed in segregated housing;
  - e. Required reassessments; and
  - f. Verification that the placement in segregated housing was reviewed and approved by the facility warden.

The corrective action for Standard 115.43 will be monitored for 60 days effective the date, the facility receives the interim report.

**Completed Corrective Action:**

On August 22, 2019 the WCF provided the auditor with a list of all staff who have completed the training, along with the PowerPoint slides for the training. Eight investigators/first responders and the PREA Compliance Manager completed the training on August 21, 2019. The training was completed by the agency PREA Coordinator. The scope of the training included: Evidenced Protocol and Forensic Medical Examinations; Policies to Ensure Referrals of Allegations for Investigations; and Specialized Training for Investigations (Criminal and Administrative Investigations, Evidentiary Standards for Administrative Investigations, Investigation Outcomes, Other Considerations (MH, Notices, Incident Reviews, SIRs, Investigation Report, and Evidence Documentation).

On April 11, 2019, Warden Seiver provided a memo indicating when and how the use of restrictive housing for PREA related allegations. Additionally there was a form created that must be completed prior to transferring an offender to restrictive housing.

As indicated the following documents were reviewed:

1. A list of all staff who completed the PREA Refresher training.
2. PREA Investigation refresher training material.
3. Memo-Use of Restrictive Housing, 4-11-2019.

**115.68(a) – Protective Custody:** A corrective action is required for this standard. While conducting the onsite audit, interviews with targeted offenders and review of investigation files, it was found that protective custody was used for a victim who reported sexual abuse. Immediately following an allegation of sexual abuse, a targeted victim was placed in restrictive housing at the request of the investigator. It was also identified that the facility did not have documented reasoning for maintaining the victim (offender) in restrictive housing for 5 months. Although the facility warden implemented a plan to better monitor the use of restrictive housing for offenders who report sexual abuse or sexual harassment, it is still necessary to monitor for compliance. In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

1. The WCF will ensure that the use of post-allegation protective custody is in accordance to the agency policy and PREA standard 115.68.
2. The WCF will provide a list of all offenders who have reported an incident of sexual abuse; and provide the housing assignment of such offenders between April 1 and June 5, 2019.
3. If an offender is placed in protective custody, the facility shall provide written documentation of any and all use of segregated housing to protect offenders who is alleged to have suffered sexual abuse.
4. The above referenced list of all offenders who reported an incident of sexual abuse shall include any cases that were ongoing, initiated, or concluded during the corrective action timeframe.

The corrective action for Standard 115.68 will be monitored for 60 days, effective the date the facility receives the report.

**Corrective Action:**

The WCF provided a housing assignment, associated with cases of reported sexual abuse or sexual harassment. Upon review of the seven cases, there was no indication that offenders were placed in post-allegation protective custody beyond necessary to protect the offender.

**115.71 (a, d, h)—Criminal and administrative agency Investigations:** In review of investigation files and interviews with targeted offenders, it was identified that that an allegation of sexual abuse was not interviewed in a timely manner. It was also identified that while investigators gathered physical evidence however the evidence was not submitted for DNA testing. Additionally, there were two cases of substantiated allegations of sexual abuse that appeared criminal in nature, that were not referred for prosecution. In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

1. Implement a protocol to ensure that chain of custody of evidence is properly managed through the investigative process.
2. First Responders and Investigative staff will provide evidence of completion of additional training to include collection and storage of evidence, chain of custody, utilization of restrictive housing as a result of a PREA related investigation, and referral for criminal prosecution.
3. The WCF must ensure that direct or circumstantial evidence (e.g. bodily fluids, clothing items) are thoroughly tested, as a part of the investigation process.
4. The WCF will ensure that when the quality of evidence appears to support criminal prosecution that they consult with the local prosecutor prior to conducting any compelled interviews.
5. The WCF will provide the complete investigation report for all sexual abuse allegations, that occurred between April 1 and June 5, 2019, and additional supportive documents for cases that have been referred for prosecution.

The corrective action for Standard 115.71 will be monitored for 60 days; effective the date the facility receives the interim report.

Completed Corrective Action:

On August 12, 2019, the WCF provided a memo from the new Warden (John Galipeau) indicating that Investigations will not be officially completed until it's reviewed and approved by the Warden.

On August 22, 2019 the WCF provided the auditor with a list of all staff who have completed the training, along with the PowerPoint slides for the training. Eight investigators/first responders and the PREA Compliance Manager completed the training on August 21, 2019. The training was completed by the agency PREA Coordinator. The scope of the training included: Evidenced Protocol and Forensic Medical Examinations; Policies to Ensure Referrals of Allegations for Investigations; and Specialized Training for Investigations (Criminal and Administrative Investigations, Evidentiary Standards for Administrative Investigations, Investigation Outcomes, Other Considerations (MH, Notices, Incident Reviews, SIRs, Investigation Report, and Evidence Documentation).

As indicated the following documents were reviewed:

1. Investigation Completion Date (Memo)
2. A list of all staff who completed the PREA Refresher training.
3. PREA Investigation refresher training material.

**115.72 (a)—Evidentiary standards for administrative Investigations:** As previously discussed, while the facility imposes a standard higher than preponderance of evidence in determining findings; there was one identified case where evidence collected was not tested to determine findings. In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

1. Implement a protocol to ensure that chain of custody of evidence is properly managed through the investigative process.

2. First Responders and Investigative staff will provide evidence of completion of additional training to include collection and storage of evidence, chain of custody, utilization of restrictive housing as a result of a PREA related investigation, and referral for criminal prosecution.
3. The WCF must ensure that direct or circumstantial evidence (e.g. bodily fluids, clothing items) are thoroughly tested, as a part of the investigation process; for investigations that occurred between, April 1 and June 5, 2019.

The corrective action for Standard 115.72 will be monitored for 60 days; effective the date the facility receives the interim report.

**Corrective Action Completed:**

On August 22, 2019 the WCF provided the auditor with a list of all staff who have completed the training, along with the PowerPoint slides for the training. Eight investigators/first responders and the PREA Compliance Manager completed the training on August 21, 2019. The training was completed by the agency PREA Coordinator. The scope of the training included: Evidenced Protocol and Forensic Medical Examinations; Policies to Ensure Referrals of Allegations for Investigations; and Specialized Training for Investigations (Criminal and Administrative Investigations, Evidentiary Standards for Administrative Investigations, Investigation Outcomes, Other Considerations (MH, Notices, Incident Reviews, SIRs, Investigation Report, and Evidence Documentation).

The WCF did not have any PREA related investigations that required implementing chain of custody for circumstantial evidence. The probationary auditor reviewed seven provided allegations of sexual abuse or sexual harassment, and could not determine that there were any allegations that would rise to collection of circumstantial evidence.

As indicated the following documents were reviewed:

1. Investigation Completion Date (Memo)
2. A list of all staff who completed the PREA Refresher training.
3. PREA Investigation refresher training material.

**115.73 (a-e)—Reporting to Inmates:** While reviewing inmate and investigation files, there was no documentation that inmates were receiving notification at the conclusion of an investigation. While conducting the onsite audit, it was reported that the WCF implemented a plan shortly before the onsite audit to ensure notifications were occurring. In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

1. The facility shall complete and document that offenders have been notified of the results of all allegation that a staff member has committed sexual acts against the offender. The documentation shall address if:
  - a. The staff member is no longer posted within the offender's unit;
  - b. The staff member is no longer employed at the facility;
  - c. The agency learns that the staff member has been indicted on a charge related to sexual abuse with the facility; or
  - d. The agency learns that the staff member has been convicted on a charge related to sexual abuse.
2. The facility shall complete and document that offenders have been notified of the results of all sexual abuse and sexual harassment allegations. The documentation shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

3. The facility shall complete the notification form in entirety; to include have the staff and offender date the form; acknowledging the date of receipt.

The corrective action for Standard 115.73 will include any cases that occurred between, April 1 and June 5, 2019. Monitoring for corrective action shall occur for 60 days; effective the date of receipt of the interim report.

**Recommendation:**

1. Although not required by the provision, it is recommended that the forms are handwritten, not electronically dated.

**Completed Corrective Action:**

There were no substantiated allegations of sexual abuse reported during the corrective action phase. The facility provided documentation where victim notification occurred or was attempted on the seven investigation cases provided to the probationary auditor. It should also be noted that only three of the completed notification forms, provided an offender signature. The remainder four indicated that the offender refused to sign.

**115.76 (d)—Disciplinary sanctions for staff:** While review of the investigation and employee files, there was one case identified where an employee who violated the agencies sexual abuse and sexual harassment policy. Upon review, there was no evidence that the employee was reported to law enforcement agencies. In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

1. The facility will develop a written protocol to ensure that all terminations or resignations for violations of sexual abuse or sexual harassment policies are reported to law enforcement agencies, unless the act was clearly not criminal.
2. If any cases arise between April 1 and June 5, 2019, the facility will provide evidence that the incident is reported to law enforcement agencies in accordance with Standard 115.76.

The corrective action for Standard 115.76 will be monitored for 60 days, effective the date the facility receives the interim report.

**Completed Corrective Action:**

There were no substantiated allegations of sexual abuse reported during the corrective action phase; therefore, the process of reviewing the protocol could not occur. On August 22, 2019 the WCF provided the auditor with a list of all staff who have completed the training, along with the PowerPoint slides for the training. Eight investigators/first responders and the PREA Compliance Manager completed the training on August 21, 2019. The training provided a refresher indicating the process of referring an employee who violated the agencies sexual abuse and sexual harassment policy to the local law enforcement agency.

**115.78 (a,f)—Disciplinary sanctions for inmates:** In review of offender files and interviews with targeted offenders, there was one case in which there was an appearance that an offender who reported sexual abuse was placed in restrictive housing as a disciplinary action for multiple reports of sexual abuse. Initially, it was reported that the offender was placed in restrictive housing for their protection until all pending cases were investigated, however the offender was maintained in restrictive housing for five consecutive months, with no documented reason to keep the offender in restrictive housing. In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

1. The WCF must show a practice of following the Agency policy, in which staff will not discipline offenders who report allegations of sexual abuse or sexual harassment. To show compliance with this provision, the WCF shall provide the full investigation report of all investigations initiated and/or completed between April 1 and June 5, 2019. In addition to the full investigation report, and a 60-day review of the offender housing assignment for said associated investigations.

Provision 115.78 will be monitored for 60 days effective the date the facility receives the interim report.

**Completed Corrective Action:**

On April 11, 2019, Warden Seiver provided a memo indicating when and how the use of restrictive housing for PREA related allegations. Additionally, there was a form created that must be completed prior to transferring an offender to restrictive housing.

The WCF provided documentation of seven investigations that were completed between April and July, 2019. There was no evidence in the documentation that offenders were disciplined for reporting allegations of sexual abuse and/or sexual harassment. Additionally, WCF provided evidence of an allegation where the offender was also in a mental health crisis due to other mental disorders, and additional measures were taken to protect the offender.

**115.86 (a-e)—Sexual abuse incident reviews:** While the facility reported conducting monthly PREA meetings to review sexual abuse and sexual harassment investigations; the facility could not provide evidence of said meetings; based on the threshold of the standard. Upon review of the investigation files, there were no identified sexual abuse incident reviews. In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

- The WCF will complete the Sexual Abuse Incident Review form that was created by the PREA Coordinator, within 30 days of the conclusion of every sexual abuse investigation.
- The WCF shall document that the review team shall include upper level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.
- The WCF shall ensure that the team addresses all key elements:
  - 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; and
  - Prepare a report of its findings and any recommendations for improvement and submit the report to the Superintendent and Executive Director of PREA.

Provision 115.86 will be monitored for up to 60 days effective the date the facility receives the interim report.

**Completed Corrective Action:**

The WCF provided documentation of three sexual abuse allegation investigations that were completed during the corrective action phase. The facility provided evidence that the cases were thoroughly reviewed using the sexual abuse incident review form provided by the PREA Coordinator. All key

elements indicated above were addressed. Additionally, to address concerns as to when this process begins, WCF drafted a memo, signed by the new Warden indicating when an investigation is officially closed.

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. IDOC Organizational Chart
  - c. Westville Correctional Facility (WCF) Organizational Chart
  - d. Memo (Westville PREA Compliance Manager Appointment)
2. Interviews:
  - a. PREA Coordinator
  - b. PREA Compliance Manager

### Findings (By Provision):

**115.11 (a).** Westville Correctional Facility (WCF) is part of the Indiana Department of Correction (IDOC); which is made up of multiple adult and juvenile state facilities. The IDOC has policy that governs all facilities. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), pages 1-2, section II, states that the "Department of Correction 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."

As discussed, "The purpose of this policy and administrative procedure is to establish guidance for staff and offenders regarding the prevention of sexual assaults and those actions to be taken in cases of alleged sexual conduct by staff or offenders, including the establishment of a coordinated, multi-disciplinary team to respond to incidents of sexual abuse to ensure victims receive the medical and support services needed and that investigators obtain evidence to substantiate allegations and hold perpetrators accountable."

Page 2 of the policy indicates that sexual activity between staff, volunteers, contractors, visitors, official visitors, and offenders is strictly prohibited. IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (pgs. 2-6) provides clear definition for the reader regarding terms of prohibited behaviors including but not limited to sexual harassment, sexual abuse, sexual assault, sexual contact, nonconsensual sexual act, and voyeurism. The policy states that cases of sexual abuse and sexual harassment will be investigated, and upon investigation, intervention will be provided and all appropriate disciplinary actions will be taken, up to criminal prosecution.

**115.11 (b).** The IDOC employs an upper level, agency wide PREA Coordinator, Bryan Pearson. According to the IDOC Organizational Chart, the PREA coordinator reports to the Executive Director of Adult Facilities. The PREA coordinator has direct oversight of 21 PREA compliance managers throughout the state. The PREA coordinator, is a full-time position, responsible for the: development,

implementation, and oversight of PREA standards at all of the assigned facilities. Regular interactions occur via email, conducting training via classroom, or webinar.

**115.11 (c).** A memo provided by WCF, dated 1/22/2019, indicated that John Hicks (Administrative Assistant 2), has been designated as the facility PREA compliance manager. According to the WCF organizational chart, Mr. Hicks is also serving as the legal liaison. The organizational chart indicates that PCM Hicks reports to the Administrative Assistant 1 who directly reports to the warden. When conducting the interview, the PCM reported that he has ample time to perform his duties; he has developed a system where PREA related responsibilities occur at the beginning of each shift.

According to the PAQ, the PREA compliance manager has sufficient time and authority to coordinate the facilities efforts to comply with PREA standards. The PREA compliance manager was interviewed during the on-site portion of the audit and further confirmed sufficient time to complete the day to day tasks of the PREA related job responsibilities.

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:**

None

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

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

**115.12 (a)**

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

**115.12 (b)**

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

**Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. Pre-Audit Questionnaire (PAQ)
  - c. Confinement Contracts (6 provided)
  - d. Contract PREA audits (5 provided)
2. Interviews:
  - a. PREA Coordinator
  - b. Agency Contract Administrator

### Findings (By Provision):

**115.12 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 6), requires that all agencies and organizations that house offenders committed to the Department, to include county jails, group homes, and private contractors; are made aware of the Departments' policy on zero tolerance of sexual abuse and sexual harassment. This section of the policy also indicates that when contracts are prepared with agencies and organizations that house offenders of IDOC, a provision shall be included to ensure that the agency/organization maintains a zero tolerance for sexual abuse/harassment and has a mechanism in place to address allegations of sexual abuse and sexual harassment.

The Pre-Audit Questionnaire (PAQ) indicated that the agency has entered into three contracts since the last PREA audit; conducted on 4/18/2016. All contracts required contractors to adopt and comply with PREA standards. On page 2 of Amendment 9 for contracts provide PREA language stating that contractors will comply with the Prison Rape Elimination Act of 2003 and will all applicable PREA standards, state policies related to PREA and standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating, any form of sexual abuse within State Facilities/Programs/Offices owned, operated, or contracted. The contracts contained requirements that the contractor adopt and comply with all Adult Prison and Jails PREA Standards established by the United States Department of Justice.

**115.12 (b).** An interview with the Agency Contract Director confirmed that the PREA verbiage and requirements are included in all contracted programs housing Indiana offenders. In collaboration with the PREA coordinator the agency ensures that all necessary contracts have the PREA language embedded into the contracts; applying to new or renewal contracts. The agency contract administrator indicated that in conjunction with the agency PREA coordinator, the IDOC, PREA compliance results are completed for each contract entered into agreement within the past 12 months.

On (pp.2-3) of Amendment 9 for contracts, states that Contractors will acknowledge that in addition to “self-monitoring requirements”, the state will conduct unannounced or announced, compliance monitoring to include “on-site” monitoring. The contract further states that failure to comply with PREA standards and state policies may result in termination of the contract. The IDOC provided PREA audits for five contracted sites to review.

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:**

None

**Standard 115.13: Supervision and monitoring**

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

**115.13 (a)**

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

composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No

- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115 (08/01/216\_.
  - b. WCF Staff Plan (2019 and 2018)
  - c. WCF 2018 Sexual Assault Prevention Program Report (Annual Review)
  - d. WCF Deviation Memo
  - e. WCF Unannounced Rounds Report
  - f. WCF Shift Roster
2. Interviews:
  - a. Warden or Designee
  - b. PREA coordinator
  - c. PREA compliance manager
  - d. Administrative Assistant 1

### Findings (By Provision):

**115.13 (a).** The facility indicated in their responses to the Pre-Audit Questionnaire that the agency ensures that each facility it operates develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating these adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration all relevant factors. Westville Correctional Facility provided policies, annual staffing plans, memos, annual reports, unannounced rounds reports, and shift rosters as documentation; showing that a staffing plan is being utilized as developed.

According to interviews with Warden, PREA Coordinator, and the PREA Compliance Manager, and documentation review; when the facility calculates adequate staffing levels and determining the need for video monitoring, they considerate the following as stated in the standards:

- Generally accepted detention and correctional practices;
- Judicial findings of inadequacy;
- Findings of inadequacy from Federal investigative agencies;
- Findings of inadequacy from internal or external oversight bodies;
- All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);
- The composition of the inmate population;
- The number and placement of supervisory staff;
- Institution programs occurring on a particular shift;
- Applicable State or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Other relevant factors.

The WCF currently has 902 positions assigned to its manning table, 591 custody, 122 administrative, and 56 programs positions, 133 contractual staff along with supportive staff. The WCF provided a report showing the average daily number of inmates on which the staff plan was predicted; over the last 12 months.

**115.13 (b).** Staffing at the Westville Correctional Facility is predicated upon the average daily number of inmates (2984). The facility direct care staffing is based on the facility rated capacity. The facility makes its best efforts to comply on a regular basis with the presented staffing pattern that provides for adequate levels of staffing supplemented with the use of video monitoring to protect Westville Correctional Facility offenders against abuse. Policy requires each time the staffing pattern is not complied with, the facility documents and justifies it in the log books.

A memo dated 3/4/2019, indicated that the facility has not had to deviate from the staffing plan in the last 12 months. During the onsite interview, the Warden, further supported that there have been no deviations from the plan.

**115.13 (c).** The facility indicated in their response to the PAQ that at least once a year, the facility/agency, with the PREA Coordinator will review the staffing plan to see whether adjustments are needed. The WCF *Staffing Plan* (s) indicates that the facility in consultation with the PREA Coordinator, shall assess, determine, and document whether adjustments are needed to the staffing plan. The assessment will take place in January of every year or more as deemed necessary. The annual staffing plan will determine if adjustments are needed in:

- The staffing plan,
- The deployment of monitoring technology,
- The allocation of agency/facility resources to commit to the staff plan to ensure compliance with the staffing plan.

The Administrative Assistant 1 reported that during the past fiscal year, 75 new surveillance cameras were installed providing enhanced surveillance. This adds to the nearly 300 cameras at Westville Correctional Facility. The following locations were added in the past 12 months. The cameras were added to:

- Medication Rooms
- Receiving & Release (R&R) Hallway
- EC/IC Laundry
- 3 & 4 Dorm
- Pallet Shop
- High Mass Camera by Tower 1
- Upcoming installations include:
- EC, IC and GSC Gym and Recreation yards.
- Ice House
- A2 Dorm A3 Dorm, and A4 Dorm.
- EC School.

All of the camera placement at Westville Correctional Facility is done with safety security and PREA in mind. As pointed out on the walking tour, when an area is identified that cannot be easily viewed on camera, WCF placed a Guard one button there. Guard one is a staff rounds monitoring system. It consists of approximately 175 monitoring buttons and a rounds pipe that are strategically placed throughout the living areas across the facility. Staff are monitored to ensure they do rounds past each station once every 30 minutes.

When asked about the process, the PREA Coordinator it was stated that every facility completes an annual staffing plan 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. The PREA Coordinator also monitors plans for juvenile staffing ratios compliance and upgrades to video surveillance.

**115.13 (d).** The facility indicated in their response to the PAQ that the facility requires the intermediate-level or higher-level staff to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 18), intermediate-level or higher-level supervisors shall conduct and document unannounced rounds to identify and deter staff sexual misconduct and sexual harassment on all shifts. Staff shall be prohibited from alerting other staff members that these supervisory rounds are occurring.

The WCF provided copies of shift rosters throughout the year, showing where staff were placed throughout the facility along with a monthly account. Staff interviews and documentation indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Facility provided documentation of unannounced rounds which the rounds cover all shifts to included night and different timeframes. The policy prohibits staff from alerting other staff when unannounced rounds are conducted.

**Corrective action:**  
None

**Standard 115.14: Youthful inmates**

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

**115.14 (a)**

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

#### 115.14 (b)

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

#### 115.14 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*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.*

#### Findings by Provision:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Youthful Inmates Sentenced as Adults* policy, 01-04-102.
  - b. Pre-Audit Questionnaire (PAQ)
  - c. WCF Inmate Roster
2. Interviews:
  - a. Facility PCM
  - b. Random Staff

This standard does not apply, Westville Correctional Facility does not house offenders under the age of 18 years old. The Youthful Inmates Sentenced as Adults policy, (pg. 3), indicates that the counties will deliver youth incarcerated as adult offenders to a designated Division of Youth Services facility. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 18), states that 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 adult offender through the use of a shared dayroom or other common space, shower area, or sleeping quarters. In areas outside the housing unit, facilities shall maintain sight and sound separation between youthful offenders or provide direct supervision when youthful offenders have sight, sound, or physical contact.

The PREA Audit: Pre-Audit Questionnaire indicated in the past 12 months, the number of housing units to which youthful offenders was assigned is zero. Upon review of the inmate roster, there were no offenders under the age of 18 housed at WCF. Interviews with the Facility PREA Compliance Manager and randomly selected staff indicated youthful inmates are not housed in this facility.

**Corrective Action:**

None

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

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

**115.15 (a)**

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

**115.15 (b)**

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

**115.15 (c)**

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

#### 115.15 (d)

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

#### 115.15 (e)

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

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115 (08/01/2016).
  - b. IDOC Policy and Administrative Procedure, *Searches and Shakedowns* policy, 02-03-101 (08/01/2016)
  - c. IDOC, Policy and Administrative Procedure, *Health Services for Transgender Offenders*, 3.01A (05/01/2018)
  - d. IDOC Policy and Administrative Procedure, *Transgender and Intersex Offenders* policy, 02-01-118 (04/01/2019).
  - e. WCF Security Skills Search Procedures-Transgender Adult Male Offender with Developed Breast (Trans-Women) Memo and Training
  - f. Pat Frisk and Modified Frisk Search Lesson Plan
  - g. Staff training logs
2. Interviews:
  - a. PREA Coordinator
  - b. PREA Compliance Manager
  - c. Random Staff
  - d. Inmate Interviews

**Findings (By Provision):**

**115.15 (a).** The facility indicated in the PAQ, that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. The facility further indicated that no cross-gender strip or visual body cavity searches had been conducted in the 12 months preceding the onsite audit. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 20), states that “no facility shall conduct cross-gender strip searches or cross-gender visual body cavity searches except in emergency circumstances or when performed by medical personnel. All cross-gender strip searches conducted during emergency circumstances shall be thoroughly documented and provide justification for the search”.

**115.15 (b).** N/A—WCF, is an all-male facility.

The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility does not conduct cross-gender pat-down searches of offenders, except in the event of exigent circumstances. That being said, the facility indicated that no cross-gender pat-down search had been conducted in the 12 months preceding the audit, including during exigent circumstances.

**115.15 (c).** The facility indicated in their response to the PAQ that policy request that all cross-gender strip searches and cross-gender visual body cavity searches are documented. The IDOC, Policy and Administrative Procedure, *Searches and Seizures*, 02-03-101 (dated 08/01/2015), allows for female staff

to conduct pat and frisk searches of male offenders; upon completion of the opposite gender search lesson/training plans. The policy further states all strip search areas allow for offenders to be searched without being exposed to female staff. Opposite gender strip searches shall not be allowed, unless the opposite gender staff member believes that a “delay in retrieving possible prohibited property would jeopardize the safety, order, and/or security of the facility” (pp 6-8). Any strip search conducted by the opposite staff member must be documented on an incident report and submitted to the custody supervisor or designee.

**115.15 (d).** As indicated in the PAQ, the facility has implemented policies and procedures that enable 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, along with policies and procedures that require staff of the opposite gender to announce their presence when entering a resident housing unit. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016) is evidence of policy that would be in alignment with PREA Standard 115.15(d) (pg. 20).

The WCF, has a procedure in place, requiring the announcement of female staff as they enter the housing units. All announcements are to be logged in the unit log book. If a female staff is assigned to a post in the housing unit, they are required to announce their presence at the beginning of the shift. During the physical plant observation, the audit team observed female staff entering the male housing units not making the announcements. More specifically, when non security staff were entering the housing areas, cross gender announcements were not made. Upon review of the unit log books, there was indication that cross-gender announcements were documented. Documentation was noted in red ink.

Observations of restrooms and showers, during the tour confirmed inmates have privacy when using the restroom, showering and changing clothing. PREA friendly shower curtains are at the doorway of the bathrooms and the shower areas to provide a little privacy even in an open bay dormitory style pod or dorm. Fourteen security staff, representing staff from all shifts, was interviewed. One hundred percent of staff interviewed indicated that cross-gender pat searches were not permissible. One hundred percent of the interviewed staff stated that they were trained on conducting cross-gender pat searches and searches and searches of transgender and intersex inmates in a professional and respectful manner.

The auditor had opportunity to view offender and staff interactions. There was also ample time to observe the nature and quality of inmate supervision throughout the on-site audit process, and in all instances the auditor observed appropriate respect on the part of both inmates and staff. It was observed that shops and warehouses where inmates work had bathrooms that were used by staff and inmates and were not secure at all times; hence creating physical plant opportunity for PREA related incidences.

The facility had several identified transgender offenders, and staff reported that they are not allowed to search to determine genital status. Staff also reported that the transgender offenders can request a female staff to search them or conduct searches in the presence of medical staff; except for exigent circumstances.

Twenty-six random offender questionnaires were conducted. Two random sampled offenders indicated that they were unaware if staff make announcement when the opposite gender staff (non-medical) enter a living unit. Four offenders included in the random sample indicated that female staff never announce their presence when entering a housing unit. The remaining 20, reported that the female staff consistently announce their presence when entering a housing unit.

When random offenders were asked if they were every in full view of female staff (not including medical staff) when on the toilet, showering, or changing clothes three inmates answered yes, two offenders indicated sometimes, and 21 offenders indicated either no or never.

During the onsite audit a correction action was requested for cross-gender announcements and securing shops and warehouse restroom doors. The WCF provided evidence of the corrective action by:

- Providing proof that signs were placed at entryways reminding staff to make the cross- gender announcements.
- Pictures of doors were locks were installed to the shops and warehouse restrooms.

**115.15 (e).** The IDOC, Policy and Administrative Procedure, *Searches and Seizures*, 02-03-101 (dated 08/01/2015), prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the offender's genital status is unknown, it shall be determined during conversations with the offender, record review, or a broader medical examination conducted in private by a qualified medical practitioner (pg. 8). The IDOC Policy and Administrative Procedure, *Transgender and Intersex Inmates*, 02-01-118 (dated 04/01/2019), states that, when an offender self-identifies as a gender other than that assigned at birth and the offender's genital status is unknown, the status shall be determined during the medical intake reception screening process by reviewing available medical records or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner during the Intake Health Appraisal (IHA)".

The IDOC, Policy and Administrative Procedure, *Health Services for Transgender Offenders*, 3.01A (dated 05/01/2018), (pg. 3), during the medical appointment, the determination of the genital status (if previously unknown or previously diagnosed as ambiguous) shall be a part of the individualized assessment of the offender's physical characteristics and the offender's health service's needs. This assessment may assist with housing assignments to provide the safest and most secure environment for the offender, the offender population, the Department, and Department staff.

Per the PAQ, no searches occurred at WCF in the past 12 months. One hundred percent of the interviewed staff stated that they were trained on conducting cross-gender pat searches and searches and searches of transgender and intersex inmates in a professional and respectful manner. The facility had several identified transgender residents, and staff reported that they are not allowed to search to determine genital status. Staff also reported that the transgender inmates can request a female staff to search them or conduct searches in the presence of medical staff; except for exigent circumstances.

Interviews with transgender inmates reported that they are not placed in a housing area only for transgender or intersex inmates; while at Westville Correctional Facility. The inmates did not believe that they were strip-searched for the sole purpose of determining their genital status.

**1115.15 (f).** As reported in the PAQ, WCF trained 100% of security-staff on conducting cross-gender pat down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Staff are trained (Pat, Frisk, and Modified Frisk Searches Lesson Plan) on an annual basis. On 2/26/2018, a memo (Security Skills Search Procedures-Transgender Adult Male Offender with Developed Breast (Trans-Women) was provided to the staff addressing how to conduct a search on an offender who has developed breast. The memo further stated that "when conducting the search of the upper torso, the search shall be conducted as follows: "Search above, below, and between breasts with the back of the hand". Staff were required to acknowledge and sign their understanding of the procedural change.

All interviewed random staff reported that they would not strip search an offender to determine their genital status. It was reported that medical staff are the only ones who can determine the offender's genital status; if in question. After review of the training documents and interviews conducted, staff have been properly trained on how to conduct a cross-gender pat-down search of transgender and intersex offenders.

**Corrective action:**

1. Implement practice that consistently requires staff of the opposite gender to announce their presence when entering a resident housing unit. Corrective action was addressed during the on-site audit.
2. Secure restrooms at the outdoor shops and warehouses. Corrective action was addressed during the on-site audit.

**Recommendation:**

1. The probationary auditor and team recommended that the announcements are made, beyond the beginning of a shift. Based upon the concern the facility was provided the corrective action plan to place signage at the entryways of units to remind the staff to conduct cross-gender announcements. In order to demonstrate compliance with the correction action for this standard, the facility submitted seven pictures in the entryway of units. The pictures provided reminders to staff of cross-gender announcements. More specifically the pictures stated "Opposite Gender Staff Must Announce Female on Unit".
2. The probationary auditor and audit team, recommended that the facility place locks on restrooms near the outdoor shops and warehouses were readily accessible to inmates and staff. Evidence of said locks provided.

This provision is now compliant.

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

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

**115.16 (a)**

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

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

#### 115.16 (b)

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

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in

obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115 (dated 08/01/2016).
  - b. IDOC Policy and Administrative Procedure, *Offenders With Physical Disability* policy, 00-02-202 (dated 01/01/2018)
  - c. Telephonic Interpretation Contract (Propio LS, LLC)
  - d. Using QPA Interpreter Telephonic and In Person Account Memo
  - e. Sample use of QPA Interpreter
  - f. WCF Staff Interpreters (Memo)
  - g. Offender Education Program Documentation
  - h. PREA Posters (English/Spanish)
  - i. Adult Offender Handbook (English/Spanish)
  - j. Sexual Assault Prevention and Reporting brochure
2. Interviews:
  - a. Agency Head Designee/PREA Coordinator
  - b. Targeted Offender Interviews

### Findings (By Provision):

**115.16 (a).** The Indiana Department of Correction requires Westville Correctional Facilities to establish procedures to provide disabled inmates equal opportunity to participate in and benefit from all aspects of facility efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 9), section Offender Education Program, establishes procedures to provide disabled inmates equal opportunity to participate and benefit from all aspects of the agencies PREA policies and standards.

The IDOC, Policy and Administrative Procedure, *Offenders/Students with Physical Disabilities*, 00-02-202 (dated 01/01/2013), the Department shall provide staff, offenders/students, and visitors access to: qualified staff or other persons familiar with the challenges faced by persons with physical and/or mental impairments; programs designed to educate and assist offenders/students with disabilities; and all legal requirements for the protection of offenders/students with disabilities (pp. 2-3).

Indiana Department of Corrections Policy 02-01-115, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), Sexual Assault Response Team (SART) also requires that arrangements are made to ensure that SART members who must interact with the sexual assault victim are able to communicate directly through interpretive technology or through non-offender interpreters, with offenders who have Limited English proficiency (LEP), are “deaf” or speech impaired (pg. 9). Policy also requires that “accommodations shall convey all written information verbally to offenders with limited reading skills or who are sight impaired.

Interviewee with the Agency Head Designee/PCM reported that each facility has multiple options for interpreters. Each facility has a braille copy of the offender PREA brochure. The WCF also has 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.

Nine targeted inmates with disabilities and/or inmates who are limited English proficient (LEP), reported feeling safe at the facility. The disabilities included: physical, visual, hearing impaired, and cognitive. Each inmate indicated that the facility provided information about sexual abuse and sexual harassment that they were able to understand. One inmate interviewed (Chinese) using the language-line to communicate with Auditor #3 during his interview. This same inmate confirmed that his Case Manager utilized the language line to complete his intake process and review the inmate handbook. None of the targeted inmates interviewed reported that the disability hinders the inmate (s) from receiving information consistent with the random sample of inmates interviewed.

**115.16 (b).** The policy indicates that inmate education shall be in a manner that is easily understandable to the offenders. Offenders with English Language Proficiency (LEP) or disabilities shall be provided assistance to ensure that effective communication of the Department’s Sexual Abuse Prevention policy and procedures for reporting abusive sexual behavior. The Facility PREA Coordinator provided a copy of a contract between Indiana Department of Corrections and Propio LS LLC. to provide Interpreter/Translator Services in Spanish and other languages. This contract provides over the phone interpretive services Spanish and non-Spanish services. Additionally, the facility provided a memo dated 5/15/ 2018, providing a list of staff who can be utilized as interpreters when required. There were 12 staff listed that can read, write or speak (Russian, Spanish, German, Punjabi, Hindi, or Arabic); along with one staff who can Alphabetical sign.

Westville Correctional Facility, reported that there has been no use of a QPA for PREA related education or incidents. The facility provided examples of when interpreters where used. As previously stated, nine targeted inmates with disabilities and/or inmates who are limited English proficient (LEP), reported feeling safe at the facility. The disabilities included: physical, visual, hearing impaired, and cognitive. Each inmate indicated that the facility provided information about sexual abuse and sexual harassment that they were able to understand. One inmate interviewed (Chinese) using the language-line to communicate with Auditor #3 during his interview. This same inmate confirmed that his case manager utilized the language line to complete his intake process and review the inmate handbook. None of the targeted inmates interviewed reported that the disability hinders the inmate (s) from receiving information consistent with the random sample of inmates interviewed

Westville Correctional Facility (WCF) had posters located throughout the facility in Spanish and English, providing information on reporting to the Indiana Coalition Against Domestic Violence. The WCF *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.

**115.16 (c).** Westville Correctional Facility prohibits inmates as serving for interpreters for each other. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that offenders shall not be used as interpreters or readers unless there would be a delay in obtaining an effective interpreter that could compromise the offender's safety, the performance of first responders or the investigation of the inmate's allegations (pg. 9).

The Facility PAQ indicated that the use of inmate interpreters, inmate readers, or other types of inmate assistants is limited except in limited circumstances where an extended delay would jeopardize an offender's safety and wellbeing is prohibited. There have been no instances at WCF where inmate interpreters, readers, or other types of inmate assistants were used to interpret or translate during this audit period. One inmate interviewed (Chinese) using the language-line to communicate with Auditor #3 during his interview. This same inmate confirmed that his case manager utilized the language line to complete his intake process and review the inmate handbook.

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:**  
**None**

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

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

##### **115.17 (a)**

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

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115 (08/01/206)
  - b. IDOC Policy and Administrative Procedure, *Human Resources* policy, (-3/01/2-15)
  - c. IDOC Policy and Administrative Procedure, *Information and Standards of Conduct for Departmental Staff* policy, 04-03-103, (12/01/2012)
  - d. WCF Release of PREA Information Examples
  - e. WCF Request for Information, PREA Investigations Examples
2. Interviews:
  - a. Human Resources Administrator

## Findings (By Provision):

**115.17 (a).** The facility indicated in their responses to the PAQ that the facility does not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who— (1) 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); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in the paragraph (a)(2) of this section.

In reviewing the IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that the agency shall not shall not enlist the services of any volunteer, intern, or contractor, who may have contact with offenders, 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); 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 activity as described in A and B of the policy (pg. 8).

Additionally, the IDOC has a pre-employment form, *Request for Information Prison Rape Elimination Act (PREA) Investigations*, that is asked of formal institutional employers to verify any history of PREA related investigations. Upon verification that there was an allegation of sexual abuse of sexual harassment, the IDOC can request any information related to substantiated findings of staff sexual misconduct or sexual harassment with an inmate from a former institutional employer. Such forms are documented and held in the employee personnel files. A review of 20 staff personnel files demonstrated that WCF is in compliance with this policy.

**115.17 (b).** The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility 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. The IDOC, Policy and Administrative Procedure, *Human Resources*, 04-03-102 (dated 03/01/2015, ), (pgs. 11-12), has a process in place for other correctional agencies to verify any history of a current or former employee relative to sexual abuse or sexual harassment involving the former staff, the request shall be forwarded to the Department's Executive Director of Human Resources.

The IDOC has a pre-employment form, *Request for Information Prison Rape Elimination Act (PREA) Investigations*, that is asked of formal institutional employers to verify any history of PREA related investigations. Upon verification that there was an allegation of sexual abuse of sexual harassment, the IDOC can request any information related to substantiated findings of staff sexual misconduct or sexual harassment with an inmate from a former institutional employer. Such forms are documented and held in the employee personnel files.

The facility uses "Mandatory Pre-Interview Questions" in addition to the PREA Questions for applicants. The Mandatory Pre-Interview Questions ask the following; "Have you engaged in sexual abuse in a prison, jail, lock up community confinement facility, juvenile facility, or other institution; have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, over or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, have you been civilly or administratively adjudicated to have engaged in the activity described in

number 1 and 2 above; have you ever had a substantiated finding of sexual harassment of an offender, resident or student in a prison, jail, lockup, community confinement facility, juvenile facility or other institution?”. If an employee omits material information regarding sexual misconduct or provides materially false information the Department will consider that as possible grounds for termination.

The auditor interviewed Human Resources staff during the onsite visit. The interviewee indicated that they consider any incidents or 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 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).** The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility policy requires that before hiring new employees who may have contact with inmates, the agency shall: (1) Perform a criminal background records check; and (2) 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.

In reviewing the IDOC, Policy and Administrative Procedure, *Information and Standards of Conduct for Departmental Staff*, 04-03-103 (dated 12/01/2002), (pg. 11), states that before the facility hires any new employees who may have contact with offenders, to complete a criminal background record check consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse before hiring. Policy also requires that criminal background records checks be completed on current employees every four years. Criminal record checks will include:

- Criminal history background check
- Driver's license checks 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).

An interview with the Human Resources Administrator, indicated that when conducting criminal record background checks consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employees, who may have contact with inmates, who are considered for promotions. Such actions are also taken for contractors. All employers and contractors at WCF receive a background and criminal record check using Indiana Data and Communications Systems (IDACS).

According to the PAQ, in the last 12 years, the facility has hired 171 staff who may contact with inmates who have had criminal background checks. A review of 20 personnel files (staff/contractors/volunteers) documented that Westville Correctional Facility conducted the above referenced background checks.

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.

**115.17 (d).** The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility does perform a criminal background records check before enlisting the services of any contractor who may have contact with residents. Consistent with employee background checks; 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. The contractors, volunteers, and interns, are also required to review and sign a Mandatory Pre-Service PREA Question document addressing any prior sexual abuse in a correctional setting. A review of two volunteers and two contractors reflects that such forms are completed and signed.

An interview with the Human Resources Administrator stated that when conducting criminal record background checks, WCF considers pertinent civil or administrative adjudications for all newly hired contracted employees. Such information is retained in the contracted employee personnel file.

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.

**115.17 (e).** The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility either conducts criminal background records checks at least every five years of current employees and contractors who may have contact with residents or has in place a system for otherwise capturing such information for current employees.

IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), requires criminal background records check, in accordance with Policy and Administrative Procedure 04-03-103, "Information and Standards of Conduct for Departmental Staff," before enlisting the services of any staff who may have contact with offenders (*pg. 6*). Additionally, the department shall also ensure that criminal background records checks are conducted at least once every four years on current staff who may have contact with offenders.

When interviewing the human resources staff during the onsite audit, it was reported that the background checks are conducted on employees and contractors every four years. They conduct, state and federal checks. The interviewee stated that facility asks all applicants and employee who may have contact with inmates about previous misconduct, by utilizing a pre and post interview questionnaire. The facility also imposes upon employees a continuing affirmative duty to disclose any such previous misconduct. As current employees they are required to report any arrests in writing within five days. Interviewee responses were in alignment with the standard.

Upon review of 20 personnel files, it was initially found that three files were missing the required background checks for promotion or new hire. A corrective action was put in place to locate and submit the completed background checks or to conduct the required background checks. Within a few days, the facility provided the background checks on the three requested individuals. The background checks were processed on 4/5/2019. Through the review of 20 personnel files, the facility provided documentation to demonstrate the information documenting the process and signed PREA Employment Questionnaires as a part of the hiring packet.

**115.17 (f).** The IDOC, Policy and Administrative Procedure, *Human Resources*, 04-03-102 (dated 12/01/2002), (pg. 12), addresses that Mandatory Pre-Service PREA Questions, will be asked during the interview portion for promotion, demotion, or transfer process all applicants/employees who may have contact with offenders. The WCF, utilizes the *Mandatory Pre-Service PREA Questionnaire*, evidence in review of 20 personnel files. The questionnaire allows employees to complete a self-evaluation. Upon completion of the questionnaire, applicants must affirm accuracy and duty to disclose. This policy is in alignment with the intent of the standard.

**115.17 (g).** The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that per policy material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. In reviewing the IDOC, Policy and Administrative Procedure, *Information and Standards of Conduct for Departmental Staff*, 04-03-103 (dated 12/01/2002), if an employee omits material information regarding sexual misconduct or provides materially false information the Department will consider that as possible grounds for termination (pg. 12).

The IDOC, Policy and Administrative Procedure, *Human Resources*, 04-03-102 (dated 12/01/2002), addresses that Mandatory Pre-Service PREA Questions, will be asked during the interview portion for promotion, demotion, or transfer process all applicants/employees who may have contact with offenders (pg. 12). Upon review of 20 personnel files, it was found that staff are required to review and sign that they understand the consequences for inaccuracies and untruthfulness.

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).** As previously discussed, the IDOC has a pre-employment form, *Request for Information Prison Rape Elimination Act (PREA) Investigations*, that is asked of formal institutional employers to verify any history of PREA related investigations. Upon verification that there was an allegation of sexual abuse of sexual harassment, the IDOC can request any information related to substantiated findings of staff sexual misconduct or sexual harassment with an inmate from a former institutional employer.

The WCF provided examples, in which they have requested PREA related information from other facilities. Such forms are documented and held in the employee personnel files. Interviewed HR staff confirmed that the facility will provide information on employment hired and released dates and other basic information; and can provide detailed information on a former employee substantiated allegation of sexual abuse or sexual harassment, upon receiving a request from an institutional employer.

While conducting the onsite audit, there were concerns that background checks were not completed, as required by the standard on three employees. The below concern was discussed with the WCF leadership team and addressed within one day of the onsite audit.

Concern: Ensure that all personnel files have the completed criminal background checks; and that background checks are consistently conducted on employees consistent with policy standards; every new hire, promotion, or transfer; and all employees every four years.

Based upon the interviewee responses and the example PREA requests for information provided, the auditor finds the facility meets standard 115.17, provision (h).

**Corrective action:**  
None

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

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

**115.18 (a)**

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

**115.18 (b)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115 (08/01/2016).
  - b. WCF Camera System Memo

- c. Staffing Plan (2019-2017)
2. Interviews:
  - a. PREA Coordinator/Agency Head designee
  - b. Administrative Assistant 1
  - c. Warden

### Findings (By Provision):

**115.18 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 20), addresses the standard requirements that when designing or acquiring any new facility and in planning and substantial expansion or modification of existing facilities, the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.

The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility has made substantial expansions or modifications to existing facilities since the last PREA audit. During the last PREA audit, it was identified, the need for 22 additional cameras. The facility Warden and supportive staff reported that the facility has made significant enhancements in its video monitoring system.

The facility leadership provided an email stating that during the past fiscal year, 75 new surveillance cameras were installed providing enhanced surveillance. This adds to the 435 cameras at Westville Correctional Facility. The following locations were added in the past 12 months.

- Medication Rooms
- Receiving & Release (R&R) Hallway
- EC/IC Laundry
- 3 & 4 Dorm
- Pallet Shop
- High Mass Camera by Tower 1
- Upcoming installations include:
  - EC, IC and GSC Gym and Recreation yards
  - Ice House
  - A2 Dorm A3 Dorm, and A4 Dorm
  - EC School

**115.18 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), further states that the facility will consider how technology will enhance the ability to protect inmates; when installing or updating video monitoring, electronic, or surveillance monitoring systems (pg. 20).

The facility Management Team indicated when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the plan will consider how the technology may enhance the facility's ability to protect inmates from sexual abuse. The facility considers American Correctional Association (ACA) and PREA standards when assessing physical plant for blind spots. The Warden reported that there are no applicable state or local laws that govern the need for video monitoring. The PREA Coordinator/Agency designee reported that, the IDOC and WCF 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.

As reported by WCF staff, Administrative Assistant 1, all of the camera placement at Westville Correctional Facility is done with safety security and PREA in mind. As pointed out on the facility walk thru, when an area is identified that cannot be easily viewed on camera, the WCF places a Guard one button there. Guard one is a staff rounds monitoring system. It consists of approximately 175 monitoring buttons and a rounds pipe that are strategically placed throughout the living areas across the facility. Staff are monitored to ensure that they do rounds past each station once every 30 minutes. While conducting the walking tour, video camera review, found that there were no cameras that have direct viewing of the inmate's toilet.

The facility has taken substantial measures to increase video monitoring and install enhanced video monitoring systems. Some of the enhancements include zoom monitoring capability. Current operations and practices exceed the requirements of this provision. The proof documentation provided supports compliance.

**Corrective action:**

None

**RESPONSIVE PLANNING**

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

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

**115.21 (a)**

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

**115.21 (b)**

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

#### 115.21 (c)

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

#### 115.21 (d)

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115 (08/01/2016).
  - a. IDOC Policy and Administrative Procedure, *Investigations and Intelligence*, 00-01-103 (dated 09/01/2016)
  - b. WCF Forensic Exam SANE/SAFE Memo
  - c. WCF Forensic Exam SANE/SAFE and Victim Advocate Memo
  - d. Indiana Coalition Against Domestic Violence, Inc. (ICADV) Contract
  - e. Additional Services for Victims of Sexual Abuse Form (Spanish/English)
  - f. Investigative File
2. Interviews:
  - a. PREA Compliance Manager
  - b. Interviews: Inmates who Reported Sexual Abuse
  - c. Random Staff

### Findings (By Provision):

**115.21 (a).** The facility indicated in their responses to the Pre-Audit Questionnaire that the agency/facility is responsible for conducting administrative and criminal sexual abuse investigations. The IDOC, Policy and Administrative Procedure, *Investigations and Intelligence*, 00-01-103 (dated 09/01/2016), addresses the protocols for a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions (pgs. 10-14). The policy covers in all

aspects of the investigation, detailing the initial contact with the victim, the forensic examination process, gathering and preserving direct and circumstantial evidence, and if applicable referral for prosecution.

The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that “sexual abuse reports shall be investigated by the facility’s Investigations and Intelligence staff. Sexual harassment reports shall be investigated by staff designated by the Superintendent to conduct administrative investigations” (pg. 23). The WCF utilizes on site investigators to conduct administrative and criminal investigations. If the offender (s) or victim (s) have left the facility, the facility can contact outside law enforcement for further investigation. The outside law enforcement identified on the PAQ is the Indiana State Police.

During the on-site audit, 14 random staff were asked, “Do you know and understand the agency’s protocol for obtaining usable physical evidence if a resident alleges sexual abuse?” Twelve out of 14 were able to talk about securing the scene and other 1st responder duties. One said they would call the police and one didn’t know. Three who talked about 1st responder duties added that they would help collect evidence. The same staff were asked, “Do you know who is responsible for conducting sexual abuse investigations?” Nine of the 14 random staff believed it to be someone in the facility, three believed it to be the police or someone from outside the facility and two did not know.

There were concerns identified with one sexual assault investigation reviewed. Without re-investigating the case; review of the investigative report, found that potential DNA evidence/semen was not properly submitted for testing. Additionally, it is undetermined if the chain of custody was handled in accordance with policy and standards.

**115.21 (b).** The facility indicated in their responses to the Pre-Audit Questionnaire that the protocol is developmentally appropriate for youth but was not 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. The protocol is appropriate, and is 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. It should be noted that the facility does not house Youth/Adolescents.

**115.21 (c).** The facility indicated in their responses to the Pre-Audit Questionnaire that the facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility and that there is no charge for these examinations. The facility responded that inmates would be transported to St. Anthony’s/Michigan City for SANE/SART examination and that all efforts would be documented in a Serious Incident Report (SIR). The facility also indicated that there had been no forensic exams in the past 12 months.

The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), indicates that “Victims of sexual abuse shall receive timely, unimpeded access to quality medical and mental health services free of charge following an incident of sexual abuse, whether or not they name an abuser or cooperate with the investigation” (pg. 25). The WCF provided a memo stating that “during the previous 12 months no offender has been taken to the hospital for a forensic exam by SANE/SAFE nurse”. Review of investigative files and other supportive documents provided by the facility reflect no forensic medical exams were conducted during this period.

During the onsite audit, it should be noted that a transgender inmate reported that, “she” was forced to perform oral sex on another inmate. “She” stated that the alleged abuser, proceeded to ejaculate in “her” mouth. The victim stated that “she” immediately notified staff; however, when investigated, “she” felt that staff discouraged “her” from seeking medical help. More specifically stating that the assigned investigator told “her” that it would require a lot of medical paperwork and that “she” would be placed in a “worse dorm”. The victim further reported that “she” spit the semen in a sandwich bag and hid it underneath her mattress.

The allegation was investigated; and according to the Report of Investigation, the victim refused to seek outside medical care, but was escorted to the facility urgent care for a medical evaluation. Subsequently outside medical or victim advocacy and supportive services were not provided.

When interviewing the PREA compliance manager, it was reported a victim can request a victim advocate, qualified agency staff member, or a qualified based organization to accompany and provide victim advocacy related services; as indicated by the standard. The facility provides the inmates with contact information for the Indiana Coalition Against Domestic Violence (ICADV). The offender education material provides contact information and scope of services that can be provided to the inmate. The WCF utilizes members of the SART team to serve as qualified agency staff, or contracted mental health staff to emotional supportive services. The SART team serves as onsite advocates.

**115.21 (d).** The facility indicated in their responses to the Pre-Audit Questionnaire that the WCF attempts to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the facility makes available to provide these services a qualified staff member from a community-based organization, or a qualified facility staff member. The facility documents efforts to secure services from rape crisis centers. The WCF provided agreements for collaborative services with the Indiana Coalition Against Domestic Violence.

The agreement for collaborative services with the Indiana Coalition Against Domestic Violence stated they would provide emotional supportive and referrals as needed, to IDOC adult offenders and juvenile students. services to accompany and support through the forensic medical examination process and investigatory interviews. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), indicates that the facility will have available to the victim a victim advocate. If not available to provide victim advocate services, the facility makes available (to provide services) a qualified staff member from a community-based organization or a qualified facility staff member (pgs. 27-28).

The IDOC has a Sexual Assault Response Team (SART), it is “a multi-disciplinary team developed to provide services to victims of sexual assault in conjunction with victim advocates, forensic examiners and prosecutors to aid in successful prosecution of perpetrators”. A memo provided by the WCF indicates that the facility has a practice to send a Qualified SART member/ Victim Advocate with the victim of an assault to accompany and support the victim. SART members are trained to provide emotional support and accompany victims through the investigative process upon request. SART members have also been trained to assist with referrals to Medical, Crisis intervention and other resources as needed or request by the victim”.

**115.21 (e).** The facility indicated in their responses to the Pre-Audit Questionnaire that the facility would provide, if requested by the victim, a victim advocate, a qualified agency staff member, or a qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide emotional support, crisis

intervention, information, and referrals. The WCF provided, IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 27), and the agreement for collaborative services with the ICADV as documentation.

As indicated above, a memo provided by the WCF indicates that the facility has a practice to send a Qualified SART member/ Victim Advocate with the victim of an assault to accompany and support the victim. SART members are trained to provide emotional support and accompany victims through the investigative process upon request. SART members have also been trained to assist with referrals to Medical, Crisis intervention and other resources as needed or request by the victim”.

Interviews with the PREA compliance manager further confirmed that the IDOC/WCF has a contract with the IDOC to ensure inmates are provided access to an organization that can provide victim advocacy services. The PREA compliance manager further reported that the contract was identified by the state through the RFP process.

When interviewing inmates who reported sexual abuse, one offender reported that they were offered but refused services. The other offender reported that he was not offered to contact someone, however he contacted his wife, and he later spoke with his therapist.

**115.21 (f).** N/A-the IDOC and WCF is responsible for administrative and criminal investigations.

**115.21 (g).** N/A—the IDOC and WCF is responsible for administrative and criminal investigations.

**115.21 (h).** For the purposes of this standard, 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:**

In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

3. Implement a written protocol to ensure that chain of custody of evidence is properly managed through the investigative process.
4. First Responders and Investigative staff will provide evidence of completion of additional training to include collection and storage of evidence and chain of custody.

Additionally, if there are any investigations that meet the threshold of evidence collection and referral for prosecution; the facility will provide evidence of chain of custody. The corrective action for Standard 115.21 will be monitored for 60 days effective the date, the facility receives the interim report.

**Completed Corrective Action:**

The facility provided the auditor with documentation demonstrating compliance with the requirements of standard 115.21 (a); Evidence Protocol and Forensic Medical Examinations. The standard requires that the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

On August 22, 2019 the WCF provided the auditor with a list of all staff who have completed the training, along with the PowerPoint slides for the training. Eight investigators/first responders and the PREA Compliance Manager completed the training on August 21, 2019. The training was completed by the agency PREA Coordinator. The scope of the training included: Evidenced Protocol and Forensic Medical Examinations; Policies to Ensure Referrals of Allegations for Investigations; and Specialized Training for Investigations (Criminal and Administrative Investigations, Evidentiary Standards for Administrative

Investigations, Investigation Outcomes, Other Considerations (MH, Notices, Incident Reviews, SIRs, Investigation Report, and Evidence Documentation).

As indicated the following documents were reviewed:

1. A list of all staff who completed the PREA Refresher training.
2. PREA Investigation refresher training material.

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

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

#### 115.22 (a)

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

#### 115.22 (b)

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making compliance determination:**

- 2. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. IDOC Policy and Administrative Procedure, *Investigations and Intelligence*, 00-01-103 (dated 09/01/2016)
  - c. Sexual Abuse/Harassment Investigation Outcome Offender Notification Samples (23)
  - d. Investigations (23)
  - e. Email Correspondence (Review of Staff Misconduct Case)
- 3. Interviews:
  - a. PREA Coordinator/Agency Head Designee
  - b. Investigative Staff
  - c. Offender who Reported Sexual Abuse

**Findings (By Provision):**

**115.22. (a).** The WCF, reported in the PAQ that facility ensures that administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), outlines employee responsibilities for reporting allegations of sexual abuse, staff designated as first responder duties, along with the agencies stance that all allegations of sexual abuse and sexual harassment will be thoroughly investigated (pg. 6). The IDOC, Policy and Administrative Procedure, *Investigations and Intelligence*, 00-01-103 (dated 09/01/2016), requires “a prompt, thorough and objective investigation of sexual abuse and/or sexual harassment” (pg. 11).

In the PAQ, the facility reported 29 allegations of sexual abuse and sexual harassment were received during the past 12 months. It was also reported that all 29 resulted in administrative investigations.

<b>Allegation</b>	<b># Received</b>	<b># Investigated</b>	<b># referred for criminal investigation.</b>
<i>Sexual abuse and sexual harassment allegations</i>	29	29	0 ***1 case was referred after recommendation of the audit team.

An interview with the PREA coordinator/agency head designee, indicated that every report of possible sexual abuse or sexual harassment received at a facility, receives an administrative investigation. If there

appears to be criminal violation then an Investigations & Intelligence officer will conduct the investigation. Only staff that have attended training for sexual abuse investigations are assigned to investigate, PREA related cases.

When conducting inmate interviews, it was found that an allegation of sexual abuse that was reported in June 2018, was not completed until March 2019. After review of the allegations, there is no known reason or information provided which would cause the delay in the investigation; hence the investigation was not completed in a timely manner. The same case, involved DNA evidence, that was not sent for testing as it was reported in the investigation that there was inconsistencies in the clothing items described by the victim; and “results from the lab, even if they were to return to (redacted name), would not substantiate (redacted name) allegations of assault”. The conclusion of investigation stated that the lead investigator opted not to proceed any further; however recommended transferring one offender to another facility.

While the facility met the provision of having a process to ensure administrative or criminal investigations for allegations of sexual abuse are completed; the process of completing investigations in a timely manner was questionable.

**115.22 (b).** The IDOC Policy and Administrative Procedure, *Investigations and Intelligence*, 00-01-103 (dated 09/01/2016), indicates that the *Intelligence Sexual Abuse and Harassment* reports shall be investigated by the facility’s Investigations and Intelligence staff (pg. 6). The IDOCs policy regarding the referral of sexual abuse and sexual harassment allegations for criminal investigation is published on the Agency website. This auditor visited the website in February of 2019 and confirmed the policy was both public and available.

Two investigative staff were interviewed. Both investigators reported that allegations of sexual abuse and sexual harassment are investigated internally. One investigator reported that the SART team does the initial inquiry that initiates the investigation. It was also reported that if there is a conflict with conducting the investigation, the facility investigators will confer with the Indiana State Police to further assist.

While conducting the on-site audit, it was found that one allegation of staff on inmate sexual abuse was not referred for criminal investigations. Although the incident involved staff engaging in inappropriate sexual activity with the inmate, the facility lead investigator, did not refer the case for criminal prosecution. As indicated in the email to the local prosecutor, the facility lead investigator did not think the substantiated allegation of sexual acts between an IDOC/WCF employee and an offender met threshold for referral for criminal prosecution.

After further discussion with facility leadership and the agency PREA compliance manager, a corrective action plan was implemented. The plan required the facility to refer the case to the local prosecutor. On 4/14/2019 at approximately 1:54pm, the substantiated allegation of sexual contact between a staff member and an inmate was referred to LaPorte County DAs office.

**115.22 (c).** N/A—The auditor is not required to audit this provision of the standard.

**115.22 (d).** N/A— The auditor is not required to audit this provision of the standard.

**115.22 (e).** N/A—No component of the Department of Justice is responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment at WCF.

**Corrective action:**

In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

3. All cases of substantiated sexual abuse that meet the criminal codes of Indiana shall be referred to the local prosecutor to determine, if such cases shall be prosecuted. The WCF satisfied this corrective action by referring the staff on inmate, substantiated allegation of sexual abuse case to the local prosecutor.
4. The WCF shall thoroughly investigate cases, which includes but not limited to sending direct or circumstantial evidence for DNA testing.

The corrective action for Standard 115.22 will be monitored for 60 days effective the date, the facility receives the interim report.

**Recommendation:**

While not required to achieve compliance, the probationary auditor recommends that the WCF establish a practice to ensure investigations are thoroughly and timely completed. If investigations, require an extensive timeline for completion, documentation should be provided, describing the delay in timely completion of the investigation.

**Completed Corrective Action:**

During the corrective action phase, there were no substantiated allegations of sexual abuse or sexual harassment that would have met the criminal codes of Indiana, to refer for prosecution. However, it should be noted that on August 22, 2019, the Indiana Department of Corrections PREA Coordinator conducted a training with the facility first responders covering the process of referral for prosecution.

**TRAINING AND EDUCATION**

**Standard 115.31: Employee training**

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

**115.31 (a)**

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. IDOC Staff Development and Training Curriculum (Prison Rape Elimination Act)
  - c. Acknowledgement of Receipt of Training and Brochures "Sexual Assault Prevention" (need more examples)
  - d. Employee Training Records
  - e. Sexual Abuse Prevention and Reporting Brochure (Offender and Staff)
  - f. Offender Handbook
2. Interviews:
  - a. PREA Compliance Manager
  - b. Specialized Staff Interviews
  - a. Random Sample of Staff (14)
3. On-site Observation:
  - a. Review of the Offender Intake Process (10 offenders)

### Findings (By Provision):

**115.31 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 7), stated that all new employee orientation and annual in-service training shall include the following components:

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

Staff Development and Training curriculums were evaluated by the probationary auditor and contained all items indicated above.

The PAQ indicated that 100% staff currently employed were trained or retrained on the PREA requirements. The WCF provided the entire record of all staff and their trainings. Upon completion of training must sign a Staff Acknowledgment of Receipt of Training “Sexual Assault Prevention” Forms indicating staff were trained in the Department Policy 02-01-115, Sexual Abuse Prevention and understood the PREA Training. Staff are also acknowledging that they have received Department of Corrections Brochure, “Sexual Assault Prevention” and a copy of any facility brochures/documents relating to sexual abuse prevention and reporting if they had not already received them. They are also acknowledging the Department’s Zero Tolerance for sexual misconduct, abuse and assault involving staff and/or offenders. Staff are warned that any person who commits any sex act while on duty and/or while in a Department facility or office with or in the presence of an offender shall be terminated and that the Department will pursue prosecution. The facility provided additional acknowledgment statements for review during the on-site audit.

<i>Time Frame</i>	<i>Annual Inservice</i>
7-1-2017 to 6-30-2018	571 Staff Completed
7-1-2018 to 4-5-2019	615 Staff Completed

Interviews with all staff, including randomly selected staff (14), confirmed that they receive 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. Staff were especially able to describe the steps they would take in responding to an allegation, a suspicion, report or knowledge of sexual abuse. Staff reported that regardless of how they received the report and regardless of who made the report, they would take it seriously and immediately report it to their supervisor while taking steps to separate the alleged victim from the alleged perpetrator. They also were very knowledgeable of protecting the alleged crime scene and actions they should take to prevent the victim and perpetrator from degrading or eliminating evidence. Additionally, staff was consistently able to identify who is responsible for conducting investigations in the facility.

**115.31 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 7), indicates that “all training shall be tailored to the gender of the offender population at a given facility”. The facility reported in the PAQ that training is tailored to the gender of the inmates at the facility any staff reassigned to WCF from another facility received training upon their entry into the facility

The IDOC lesson plans, were written specifically for female and male offenders, as well as you; and are provided appropriately for the designated facility. The male offender lesson plan was provided at the facility, as male offenders were housed at WCF. Proof of practice was evident in the training lesson plan and random staff interviews also substantiated receipt of PREA gender specific training upon initial employment prior to post reporting.

**115.31 (c).** The PAQ indicated that 100% of the WCF staff currently employed were trained or retrained on the PREA requirements. The facility provided a 100% sample of staff training records. The *PREA Staff Development and Training Curriculum* was reviewed with staff on an annual basis at in-service training, per the IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated

08/01/2016), (pg. 7). Random staff interviews and confirmation from the PCM indicated that as part of the annual training staff were provided with a PREA informational brochure to keep.

**115.31 (d).** The PAQ indicated that facility requires employees who may have contact with inmates to document, via signature, that they understand the training they received. Staff signature was provided on the PREA Training Documentation Form in the employee Personnel file. Upon review of personnel files, it was observed that staff sign a Staff Acknowledgment of Receipt of Training “Sexual Assault Prevention” Forms indicating staff were trained in the Department Policy 02-01-115, *Sexual Abuse Prevention* and understood the PREA Training that they received. Staff are also acknowledging that they have received Department of Corrections Brochure, “Sexual Assault Prevention” and a copy of any facility brochures/documents relating to sexual abuse prevention and reporting if they had not already received them. As part of the signature process the employees acknowledged they understood the material presented and had the opportunity to have any of their questions answered regarding the IDOC PREA training.

Further, based upon random staff interviews (14) and specialized staff interviews, all had received annual in-service training. Per the PCM, all facility staff received annual in-service training, at which PREA was part of the In-Service Agenda. During the onsite documentation review, of 20 employees randomly sampled, all files had current training documentation on file. The WCF, provided training records for 100% of its current staff. When randomly reviewing staff training records, it was evident that staff are consistently receiving annual in service PREA related trainings.

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:**

None

**Standard 115.32: Volunteer and contractor training**

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

**115.32 (a)**

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

**115.32 (b)**

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

**115.32 (c)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115 (08/01/2016).
  - b. IDOC Staff Development and Training Curriculum (Prison Rape Elimination Act)
  - c. Acknowledgement of Receipt of Training and Brochures "Sexual Assault Prevention"
    - i. Contractor
    - ii. Volunteers
  - d. Contract and Volunteer personnel file
2. Interviews:
  - a. PREA Compliance Manager
  - b. Volunteer Coordinator
  - c. Volunteers (2)
  - d. Contractors (2)

### Findings (By Provision):

**115.32 (a).** According to the PAQ, all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), indicates that "training in the detection and response to sexual behavior shall be made a part of the volunteer, intern and contractor orientation training and annual in-service training" (pg. 8).

Upon review of the IDOC Staff Development and Training Curriculum (Prison Rape Elimination Act), volunteers and contractors are trained consistent with all direct care level staff. Additionally,

volunteers/interns/contractors receive handouts, brochures and material consistent with staff training and informational material.

The WCF provided a sample of 14 contracted staff and one volunteer, Acknowledgement and Receipt of Training Brochure “Sexual Assault Prevention”, signed statements. During the onsite phase of the audit, additional contracted and volunteer acknowledgement statements were reviewed.

The WCF mental health and medical staff are contracted, therefore they additionally receive specialized training for medical and mental health related services.

The training practice of providing IDOC supported PREA training to all contractors and volunteers was confirmed by documentation review, as well as during interviews with the Volunteer Coordinator, volunteers and contractors.

**115.32 (b).** The IDOC Staff Development and Training Curriculum (Prison Rape Elimination Act) provided included the IDOC’s zero-tolerance of sexual abuse and sexual harassment, as well as how to report such incidents. Each volunteer, intern, or contractor is provided a copy of the same brochure staff receive related to sexual abuse detection, prevention, and reporting. Interviews with volunteers (2) and contractors (2) confirmed that they had received PREA trainings through the facility. Each were able to articulate the Agency’s zero-tolerance policy towards sexual abuse and sexual harassment, as well as how to report such incidents.

Two volunteers interviewed reported that they attend a two-day training every year in a classroom setting. The training covered things like; how to report, what to report, hotline number for offenders, signs to look for if someone is being abused, dress code, interactions with offenders, and definitions of sexual abuse and sexual harassment. When interviewing the facility volunteer coordinator, it was further reiterated that all volunteers are trained at orientation on the agencies zero tolerance policy to sexual abuse and sexual harassment. It was reported that approximately 135 volunteers provide services at the facility on a monthly basis.

**115.32 (c).** As reported in the PAQ, WCF maintains documentation confirming that volunteers/contractors understand the training they have received. the IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), documentation will be maintained to confirm that volunteers and contractors understand the training they received (pp. 7-8). Upon receipt of PREA training and related brochure, the individual signs and dates an Acknowledgement of Receipt of Training and Brochures – Sexual Assault Prevention Form. By providing a signature on this form the volunteer or contractor acknowledged their understanding of the material presented in the PREA training provided and the opportunity to have had their questions related to this material answered.

Based upon the onsite record review, Wexford (Medical and Mental Health) and Aramark (Food Services) contractors were up-to-date on PREA-related trainings. As reported in the PAQ, the facility had a combined total of 454 contractors and volunteers. Upon review of the training records it was found that:

<i>Time Frame</i>	<i>Annual Inservice</i>
7-1-2017 to 6-30-2018	69 Contractors Completed
7-1-2018 to 4-5-2019	101 Contractors Completed

Site documentation evaluation, records review along with interviews; provides evidence that the WCF meets the intent of the standard.

**Corrective action:**

None

**Standard 115.33: Inmate education**

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

**115.33 (a)**

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

**115.33 (b)**

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

**115.33 (c)**

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

**115.33 (d)**

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

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

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. Signed Offender Education Statements (39)
  - c. Signed Westville Correctional Facility-Orientation Statements (39)
  - d. PREA Posters (Spanish/English)
  - e. IDOC Adult Offender Handbook (Spanish/English)
  - f. PREA Inmate Brochure
  - g. Sexual Abuse Report to Ombudsman Process (Spanish/English)
  - h. Sample LEP interpretation services (1)

2. Interviews:
  - a. Intake Staff (1)
  - b. Random/Target Sample of Inmates
3. Onsite Observation
  - a. Intake Process

### Findings (By Provision):

**115.33 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pgs. 8-9), requires that offenders are provided verbal and written information regarding the following:

- The Zero Tolerance Policy of any sexual conduct,
- Prevention and intervention,
- Self-protection,
- Reporting sexual conduct including abuse and/or assault, and
- Treatment and counseling available to offenders who are victims of sexual assault.

Per the PAQ, 1223 inmates admitted during the past 12 months received information at the time of intake of the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. As reported in the PAQ, 8% of offenders did not receive the given information at intake. It should be noted that 89 offenders were not at the facility for more than 30 days.

At the time of the onsite audit, there was only one staff who conducted offender intake assessments. The intake staff reported that she provides inmates with the information on zero-tolerance policies and how to report incidents or suspicion of sexual abuse and sexual harassment within one or two days of admission. The intake staff ensures that current and transferred offenders have been educated on the agency's zero tolerance policy on sexual abuse or sexual harassment by providing information via video; the *Offender Handbook*, and *Sexual Abuse Prevention and Reporting* brochures. The probationary auditor observed the intake process of 10 inmates; and the process as described by the intake staff was confirmed.

Interviews with random/target offenders (51) confirmed their understanding of PREA safeguards and the Westville Prison zero-tolerance policy. Further, each inmate confirmed that inmate PREA education is provided in written forms in (i.e. Inmate Handbook, entrance packet), personal instruction, videos, and posters and in English and Spanish.

Intake records of 39 inmates entering the facility in the past 12 months; corroborated that offenders received the sexual abuse and sexual harassment education at intake. It was found that one record did not contain the inmate signature on one of the two identified forms.

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

**115.33 (b).** According to the PAQ, of the 1223, only 1125 offender's length of stay was for 30 days or more. It was reported that 1125, offenders received comprehensive education. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 9), stated that the offender education program should be completed within 7 days of intake or transfer.

The intake staff reported that she will sit down and meet with each individual inmate and go over the signed *Offender Education Program* and the *Westville Correctional Facility Orientation Statement*, acknowledgement statement. During the intake process, the intake staff will assess whether there are any challenges with understanding the information and will make adjustments based on language or cognitive delays. In general, inmates are made aware of their rights within 24-48 hours. The probationary auditor, observed said process of 10 offenders during the onsite audit. It should be noted that the 10 offenders, arrived at the facility the previous day.

At the orientation session, the offenders sign the *PREA Offender Education and WCF Orientation Forms*. These acknowledgement forms state that they understand the Agency's zero tolerance policy towards sexual abuse and sexual harassment, and have been provided with various methods to report victimization. From the offenders interviewed, the majority reported their orientation and PREA inmate education session had occurred within their first 'few days' to a 'week' of their arrival. Initially, inmates reported, that they did not recall receiving information however after further probing and overview of the offender handbook, inmates were able to articulate receiving said information.

Intake records of 39 inmates entering the facility in the past 12 months corroborated that inmates received the sexual abuse and sexual harassment education at intake. It was found that one record did not contain the inmate signature on one of the two identified forms.

A review of the appropriate documentation, interviews with appropriate 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.

**115.33 (c).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 8-9), requires that this information is provided in a manner easily understandable for offenders. Offenders are required to receive the brochure created by the Department advising the offender of the potential dangers of sexual conduct and the Department's Zero Tolerance for such behavior. The brochure, entitled, *Sexual Abuse Prevention and Reporting* provides information on the Zero Tolerance Policy, what should be reported, how to report sexual abuse and sexual harassment, treatment and Counseling, and tips for Prevention. Supplemental information is also provided to the offender during intake, providing additional services for victims of sexual abuse. The additional services provided information on the Indiana Coalition Against Domestic Violence (ICADV).

The offenders at WCF received information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment at intake. The intake staff ensures that current and transferred offenders have been educated on the agency's zero tolerance policy on sexual abuse or sexual harassment by providing information via video; the *Offender Handbook*, and *Sexual Abuse Prevention and Reporting* brochures. The intake staff ensures that current and transferred offenders have been educated on the agency's zero tolerance policy on sexual abuse or sexual harassment by providing information via video; the *Offender Handbook*, and *Sexual Abuse Prevention and Reporting* brochures. Documentation provided to the auditor prior to the on-site visit indicated that the information is given in an age appropriate fashion. Multiple examples of signed acknowledgement forms were reviewed.

**115.33 (d).** As indicated in the PAQ, inmate PREA education is available in formats accessible to all inmates, includes those that are: limited English proficient (LEP), Deaf, Visually Impaired, otherwise disabled, limited in their reading skills. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 9), states that "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". Additionally, the policy states that offenders who are LEP or have other identified disabilities will be providing assistance to ensure that they are appropriately receiving and able to understand the information.

The interviewed intake staff reported that she will assess if there are any delays or challenges in the offender's ability to understand the information. If there are any identified challenges, appropriate measures will be taken to ensure the offender can understand the information provided. The WCF provided a sample of an inmate who received LEP interpretation services at intake.

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.

**115.33 (e).** As reported in the PAQ, the agency maintains documentation of offender participation in the PREA education sessions. Documentation of offender participation in the PREA comprehensive education sessions is available per policy and facility procedures in the offender files. Offender files were reviewed to assure fidelity with this documentation. Thirty-eight of the 39 files reviewed, indicated that offender education and acknowledgement was properly documented.

Overall the facility is in compliance with the provision.

**115.33 (f).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 7), indicates that PREA information, such as posters, offender handbooks, and brochures in English and Spanish must be continuously available throughout the prison. The policy further instructs facilities to display posters where they can be seen by staff, visitors, and offenders in English and Spanish.

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 the 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 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:**

None

**Recommendation:**

- Westville Correctional Facility will verify and ensure that offenders sign all pages of the intake and orientation documents.

**Standard 115.34: Specialized training: Investigations**

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

**115.34 (a)**

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

#### 115.34 (b)

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115 (08/01/2016).
  - b. IDOC Staff Development and Training, Sexual Assault Response Team Curriculum:
    - i. *Sexual Assault Evidence Protocols*
    - ii. *Conducting Sexual Assault Investigations*
    - iii. *Sexual Assault Response Team Overview*
    - iv. *Staff Sexual Misconduct*
    - v. *Victim Advocacy*
  - c. Moss Group PREA Specialized Investigations Training Certificate (4 staff—need all investigators)
  - d. DOC-Sexual Assault Response Team/North SART Training Roster
2. Interviews:
  - a. Investigative Staff (2)
  - b. SART Team Member

### Findings (By Provision):

**115.34 (a).** As indicated in the PAQ, agency policy requires that investigative staff are trained in conducting sexual abuse investigations in confinement settings. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 14), supports the standard in that “all investigators shall receive training in conducting sexual abuse investigations in a confinement setting and attend SART training prior to completing investigations of sexual abuse/assaults”.

The IDOC and WCF has a process in place where designated staff members are considered first responders. The first responders, conduct initial assessments of the investigation. Due to the nature and extent of their involvement with the investigative process, policy indicates that SART members are required to received specialized training for the treatment and investigation of sexual assault victims. Its further states that investigators must be trained as SART team members prior to completing investigations of sexual abuse or sexual assaults. Westville Correctional Facility provided a training roster dated 4/5/2018, showing 28 staff that completed Sexual Assault Response Team Training. The staff represented: custody, medical, education, and administration.

During interview, the facility Investigators were able specify specialized training received. One investigator reported receiving the IDOC Sexual Assault Response Training and also receiving specialized investigator training at the PREA Conference last year. One investigator reported receiving the specialized training, when the agency began implementing PREA standards. When further probed, both investigators discussed the training addressing how to both administrative and criminal sexual abuse and sexual harassment investigations, interviewing techniques, crime scene protection, Miranda and

Garrity; along with chain of command. When interviewing a SART member, the extent of training was consistent with the information provided by the interviewed investigators.

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.

**115.34 (b).** The WCF provided evidence of the IDOC Staff Development and Training Curriculum for Investigative staff (*Sexual Assault Evidence Protocols, Conducting Sexual Assault Investigations, and Moss Group PREA Specialized Investigations Training Program*). The IDOC Policy and Administrative Procedure, Investigations and Intelligence, 00-01-103 (dated 09/01/2016), (pgs. 11-12), states that investigators shall include: 1.) Interviewing sexual abuse victims; 2.) Proper use of Miranda and Garrity warnings; 3.) Sexual abuse evidence collection in confinement settings; 4.) Criteria and evidence required to substantiate a case for administrative action; and 5.) Criteria and evidence required to refer a case for prosecution.

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.

**115.34 (c).** As indicated in the PAQ, the agency maintains documentation showing that investigators have completed the required trainings. The PAQ also, indicates that 7 WCF staff have completed the required training.

During the pre-audit phase, WCF provided evidence of four investigators who completed the required investigations training. Additionally, WCF, provided evidence of 28 staff who completed the SART training. 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: None**

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

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

#### **115.35 (a)**

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

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.35 (b)

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

#### 115.35 (c)

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

#### 115.35 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. Memo-Health Services Administrator
2. Interviews:
  - a. Medical Staff

b. Mental Health Staff

**Findings (By Provision):**

**115.35 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pgs. 6-7), requires that all staff, including contracted medical and mental health, complete both new employee orientation and annual in-service training. The training lesson plan provided to this 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 whom to report allegations of sexual abuse/harassment and the roles and responsibilities of the Sexual Abuse Response Team (SART).

As reported in the PAQ, 75 medical and mental health staff who work regularly at the facility, have received the training required by policy. This represents 100% staff completion. Based upon interviews with medical and mental health staff, each was able to provide evidence of training to support their knowledge and understanding to detect signs of sexual abuse, professionally interact with victims, preserve physical evidence, as well as perform health care reporting documentation responsibilities. It should be noted that the training suggests that the preservation of evidence will be referred to the SART team, and that the local hospital conducts the SANE evaluations.

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).** The WCF 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. A memo provided by the Health Services Administrator indicated that, "in the event we need a SANE nurse exam, our procedure is to contact the ER and make sure a SANE nurse is available or on call. We will then transport the patient to the ER for the SANE nurse exam.

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 medical and mental health staff at WCF are contracted by Wexford. The facility maintains training records of the contracted medical and mental health staff. A sample of medical and mental health staff records were reviewed and confirmed that the staff receives training as required by the standard.

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 (d).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pgs. 6-7), requires that all staff, including contracted medical and mental health, complete both new employee orientation and annual in-service training. This PREA training is comprised of the lesson plan mandated for agency employees to take at orientation and in-service training. The training included all 10 components of 115.31a.

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:**

None

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

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

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

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. IDOC Policy and Administrative Procedure, *The Establishment, Maintenance and Disposition of Offender Records* policy, 01-04-104.
  - c. Screening and Risk Assessments (39)
  - d. Sexual Violence Assessment Tool (SVAT) Instructions
2. Interviews:
  - a. Staff Responsible for Risk Screening

- b. Random Sample of Inmates
- c. PREA Coordinator
- d. PREA Compliance Manager
- e. Random Sample of Inmate Interviews

### Findings (By Provision):

**115.41 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 15-16), requires staff to conduct a comprehensive screening of offenders upon entry into an IDOC facility. A comprehensive assessment is achieved through interviews and review of offender's records. The assessment will attempt to determine "whether the offender may be a potential sexual aggressor or potential sexual assault victim". Such assessments will be conducted within 24 hours of intake. This process is also required if an offender is transferred from another IDOC facility.

The WCF, Intake Staff Member is also responsible for performing the offender screening for risk of victimization and abusiveness. The staff reported that the *Sexual Violence Assessment Tool (SVAT)*, is the tools used to determine victimization or abusiveness. Such assessments are typically done within 24, no more than 72 hours of an offender's admission into the facility. According to the SVAT instructions, staff are supposed to use information from the inmate interview along with the offender, in order to complete the SVAT.

Twelve interviewed inmates were placed at the facility within the last 12 months. The interviewed inmates recalled being asked questions regarding prior history of sexual abuse, or whether they identified as being gay, lesbian, or bisexual. Most inmates did not recall being asked similar questions again since their arrival at the facility.

During the onsite audit, the probationary auditor observed the intake process. Informal interviews were conducted with two of the 10 offenders who were going through the intake process. The offenders reported that they arrived at the facility the prior day. The probationary auditor also observed the intake staff member going over the SVAT questionnaire with the offenders.

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 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 15,17), states that intake shall occur within twenty-four (24) hours of an offender's admission to an IDOC facility. It also states that a new SVAT shall be conducted within 72 hours of an offender who has been transferred from another IDOC facility.

According to the PAQ, 100% of the inmates who entered the facility within the past 12 months were screened for risk of sexual victimization or risk of sexually abusing inmates within 72 hours of their entry into the facility. A review of 39 offender files, confirmed that offenders are screened within the time frames of this standard. It should also be noted that the policy further states that "within thirty (30) days of the offender's transfer, staff shall reassess the offender's risk of victimization or abusiveness considering any additional information received by the facility since the intake assessment and complete a new SVAT if needed" (17).

The intake staff interviewed reported that she meets with the offenders within 72 hours of admission into the WCF. Twelve interviewed inmates were placed at the facility within the last 12 months. The

interviewed inmates recalled being asked questions regarding prior history of sexual abuse, or whether they identified as being gay, lesbian, or bisexual. As previously stated, most inmates did not recall being asked similar questions again since their arrival at the facility.

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).** The Westville Correctional Facility utilizes the IDOC *Sexual Violence Assessment Tool-Adults (SVAT)* to conductive an objective screening. The SVAT considers 9 of the 10 risk criteria as listed in 115.41 (d). The WCF does not house offenders detained solely for civil immigration purposes. The offender is asked questions, relative to their perception of vulnerability. During the onsite audit, the probationary auditor, observed the intake officer going over the assessment tool with the offenders.

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 (d).** The intake screening tool (SVAT) used by WCF considers: (1) whether the inmate has mental, physical, or development 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 is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) whether the inmate has previously experienced sexual victimization; and (9) the inmate's own perception of vulnerability. The WCF does not house inmates detained solely for civil immigration purposes.

The interviewed intake staff, confirmed that the above referenced items are considered when conducting the initial risk screening. The process for conducting the initial screening include: review and completion of SVAT. If she feels the offender has any disabilities that may hinder their ability to understand the content, she will make adjustments to ensure they can properly answer the questions.

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 SVAT, used by the IDOC/WCF considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse; when assessing the inmate's risk of being sexually abusive. The interview with the intake staff, further confirmed that prior convictions for violent offenses, prior history of institutional violence and sexual abuse is in the scoring matrix. The SVAT tool, along with the offender's records are used to further analyze and assess risk for sexually abusive behaviors. Additionally, the WCF utilizes said information to classify and house offenders.

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).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 17), states that "within thirty (30) days of the offender's transfer, staff shall reassess the offender's risk of victimization or abusiveness considering any additional information received by the facility since the intake assessment and complete a new SVAT if needed". Documentation of the 30-day review is located on the bottom of the SVAT form.

The PAQ reported that 100% of offenders completed the SVAT within the follow up mandated time frames. A review of 39 offender files showed that the facility consistently conducted reassessments within the 30-day timeframes. The PCM reported that a process was put in place to ensure that the reassessments were completed. The PCM will not sign off on the SVAT tool until the reassessment has occurred. During the random inmate interviews, most offenders did not recall being asked similar questions again since their arrival at the facility.

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 (g).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 17), the policy states that a reassessment can occur at any time 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”. The Facility PREA Committee can change the PREA flag status if deemed appropriate. There was evidence of such incidents, that the Warden conducted further review of the inmate file and recommended a flag status change.

The interviewed intake staff reported that the PCM coordinates to ensure the 30-day reassessments are completed. Most random interviewed inmates could not recall participating/completing a 30-day reassessment. There was no evidence confirming that reassessments were occurring on a routine bases upon the conclusion of PREA related incident.

**115.41 (h).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 16), states that “an offender’s refusal to provide information to assist with establishing the aggressor/victim likelihood on the SVAT shall not result in disciplinary actions against the offender”. No interviewed offenders reported being disciplined for refusing to respond or complete the SVAT.

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 (i).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 16), indicates that each facility must ensure that proper measures are put in place to limit access to information stated on the SVAT. More specifically the policy states that, each “facility shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this assessment in order to ensure that sensitive information is not exploited to the offender’s detriment by staff or other offenders” (16).

The PREA Coordinator, indicated that the SVAT is deemed confidential and only designated staff may access to the information. The facility PCM, reported that the inmates risk assessment (SVAT), is filled in the packet room and has to be checked out by approved staff. Details of the responses to the tool are not accessible to all staff. More specifically, a correctional officer cannot check out the offender file/packet. The intake staff, further supported the process, by stating that the document is considered confidential and that she sends it to the facility PCM.

While conducting the onsite phase of the audit, the probationary auditor, observed a PREA box outside of the PCMs office. After further discussion, it was reported that upon the conclusion of the intake process,

the intake officer places all SVAT tools in the secure box. The PCM reviews the box on a daily basis and then routes to the necessary staff to complete the 30-day assessment.

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.

**Corrective action:** In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

4. The WCF will provide a list of all offenders who have reported an incident of sexual abuse or sexual harassment; and show evidence that the facility reassessed the offenders risk level when warranted due to a: receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.
5. The WCF will provide scanned copies of the reassessments. Such reassessments should include those offenders who reported sexual harassment and abuse in the requested time frames and those whose investigations concluded in the requested time frames.
6. The WCF ensure the reassessments occur in a timely manner and they are reviewed and documented with time stamped dates and signatures.

The corrective action for Standard 115.41 will be monitored for 60 days effective the date, the facility receives the interim report.

Completed Corrective Action:

The WCF provided a list of offenders who were placed at the facility between May and June of 2019. The probationary auditor reviewed 200 of the submitted assessments and reassignments. The facility provided evidence off offenders who have received reassessments within 30 days.

Documentation:

1. List of Offenders who arrived at the facility in May and June 2019.
2. Offender Assessments and Reassessments.

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

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

### **115.42 (a)**

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

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. IDOC Policy and Administrative Procedure, *Health Services for Transgender Offenders* policy, 3.01A
  - c. Offender Information System (Offender Flags)
  - d. Offender Information System (Current Offenders Likely PREA Victims/Predators)
  - e. IDOC Transgender Evaluation, State Form 56492
2. Interviews:
  - a. PREA Compliance Manager
  - b. Staff Responsible for Risk Screening
  - c. Transgender/Intersex Inmates (7)

## Findings (By Provision):

**115.42 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 16), states that “the facility shall use information from the risk screening 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”. Additionally, such decisions should be made on an individual basis to ensure the safety of each offender.

The above-mentioned policy, provides that “offenders who are identified as a ‘likely PREA aggressor’ shall not be housed in the same cell as or in a bed adjacent to offenders who are identified as a ‘likely PREA victim.’ Offenders who have been identified as a “likely PREA victim” shall not be housed in the same cell as, or in a bed adjacent, to an offender identified as a “likely PREA aggressor” and may be housed in Protective Custody or other assignment that reduces the likelihood of sexual victimization” (18).

Per interview with the PCM, as well as intake staff, housing decisions are made to ensure that victims and predators are not put together. The facility will not place victims and aggressors in the same room. Facility prevention; will allow for increased supervision/visual watch. The WCF has several different housing units. Interviews with targeted inmates indicated that the facility will change offenders housing units to ensure that vulnerable offenders are further protected from those who show high risk of sexual abusiveness. The Offender Information System (OIS), provides a report, that includes but not limited information that allows for staff to readily know who is PREA victim or PREA aggressor likely. The report also includes the housing assignments of the offenders.

A review of the appropriate documentation, interviews with offenders and 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 (b).** As stated in the PAQ, Westville Correctional Facility, makes individualized determinations about how to ensure the safety of each inmate. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 16), further states that the facility shall make individual determinations to ensure the safety of each offender. When making housing the decisions, the intake staff reported that the WCF will not place identified victims and aggressors in the same room.

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 (c).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 16), states that the agency shall consider whether to assign a transgender or intersex inmate to a facility for male or female offenders, on a case-by-case basis. More specifically, that the facility must ensure appropriate placement to ensure that the offenders health and safety, and whether a placement would present management or security problems. The policy further states that serious consideration “shall be given to such an offender’s own views with respect to his or her own safety” (17).

The PCM reported that the facility will assess safety based on the SVAT. He also stated that transgender and intersex offenders are offered the same services as all offenders at the facility, to ensure that they are not being treated different or segregated. When ensuring safety, the facility will utilize the results of the SVAT and they will look at the number of PREA aggressive offenders identified on each housing unit. Most offenders are housed based on their program mode.

Seven targeted offenders interviewed identified as transgender. Overall the targeted offenders reported feeling safe at the facility and that there were no isolated housing areas for LGBTI inmates.

A review of the appropriate documentation, interviews with offenders and 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 (d).** According to IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 16-17), 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 offender. Decisions will be made on an individualized basis regarding the facility assignment of transgender or intersex offenders.

PCM and interviewed intake staff, stated that placement and programming assignments for transgender or intersex offenders are reassessed every six months or more if needed. If an incident occurs, said inmate (s) would receive another reassessment. When requested, the facility could not provide proof or evidence that such reassessments occurred.

**115.42 (e).** Per the above-mentioned policy, each transgender or intersex offenders' own views with respect to his or her safety shall be given serious consideration. The PCM and the interviewed intake staff, both reported that such consideration is provided to transgender and intersex offenders. Seven targeted inmates interviewed identified as transgender. Overall the targeted inmates reported feeling safe at the facility.

A review of the appropriate documentation, interviews with offenders and 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).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 17), states that "transgender and intersex offenders shall be given the opportunity to shower separately from other offenders". The seven targeted transgender inmates interviewed, reported that any inmate can shower by themselves if requested. The PCM further supported what was reported by the offenders; and also indicated that if the offender makes the request, he will set up different shower times.

A review of the appropriate documentation, interviews with offenders and 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 IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 18), states that, "no facility shall place lesbian, gay, bisexual, transgender or intersex offenders in dedicated units solely on the basis of such identification or status". This was confirmed through discussion with the Warden, PREA Coordinator, and PCM; all denied such practice at WCF. From site observation and interviews with targeted inmates, this information was judged to be consistent with policy and report. Additional review of the identified targeted offenders and the facility housing roster; did not appear to have any housing areas perceived or identified as lesbian, gay, bisexual, or transgender.

A review of the appropriate documentation, interviews with offenders and 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:** In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

1. Ensure that the facility is completing reassessments at least twice a year consistent with policy requirements and provision standards, on transgender or intersex inmates. The reassessments should address placement and programming assignments and review any threats to safety experienced by the offender.
2. When conducting the reassessments, the facility will ensure that the offender has input and said input and reassessments are time stamped and signed.
3. The facility will conduct reassessments of all transgender or intersex offenders currently housed at the facility, and establish a written protocol to ensure that reassessments are occurring, consistent with the IDOC policy requirements.

The corrective action for Standard 115.42 will be monitored for 60 days effective the date, the facility receives the interim report.

### Standard 115.43: Protective Custody

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

##### 115.43 (a)

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

##### 115.43 (b)

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

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

**The following evidence was analyzed in making compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. WCF Voluntary Placed in Segregation Memo
  - a. Pre-Audit Questionnaire (PAQ)
  - c. Investigation Files
2. Interviews:
  - a. Warden
  - b. Lead Investigator
  - c. Staff who Supervise Inmates in Segregated Housing

**Findings (By Provision):**

**115.43(a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pgs. 17-18), states that “offenders at high risk of sexual victimization shall not be placed in involuntary restrictive status housing areas unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers”. The policy further states that the facility should allow for said offender to have access to program, privileges, education, and work assignments to the extent possible. Any restrictions to such programs should be documented. Any placement extending past 30 days, per policy, requires documentation, justifying continued placement.

As reported in the PAQ, no offenders at risk for sexual abuse or sexual harassment who were held/placed in involuntary segregation. A memorandum was provided by the warden indicating that there have been no voluntary offenders placed in segregation due to their fear of being sexually assaulted in the last 12 months. When interviewing the warden, it was reported that the WCF does not utilize segregating housing for victims who report sexual abuse or sexual harassment; however only for conduct issues with an offender.

While conducting the targeted interviews, one transgender female offender stated that she reported to authorities in person of being sexually abused while at WCF. The same inmate further stated that upon making the report she was placed in segregation for a period of six months pending the outcome of the PREA investigation. Another targeted transgender female offender reported that after making a report of sexual harassment, he was placed in a holding enclosure for several hours while the facility investigated his PREA report. During said time, he was not offered food or programming. The offender further stated that the method by which the facility processed his report has him less likely to make a report in the future.

When following up on the above referenced use of segregation for a victim who reported sexual abuse or sexual harassment, it was found that the lead investigator initiated the request to place an alleged PREA victim in segregated housing. The offender was removed from the housing area and placed in segregation; while the case was investigated. A follow up, occurred with the lead investigator and it was reported that everywhere they placed the victim, he was vulnerable for victimization. The victim had been placed on multiple units for other PREA related allegations; and when they tried to move her, she would complain that she didn’t want to go. An email correspondence from the lead investigator further stated “I

am placing him in RHU to properly ensure his safety while we look at these multiple incidents and to alleviate further management issues regarding his placement”.

The victim in this case was placed on segregation for six months; and she reported that she wrote over 30 letters to the lead investigator and he never responded, and no one ever checked on her. Upon review of the documentation, there was no documentation or justification for the continued placement on segregation. A PREA Retaliation Monitoring form was completed every 15 days, for 90 days. The form indicated that it was reviewing for housing changes, but the only comments were, “In RHU for safety and pending investigations” and “no change”. The form was signed by a supervisor saying no retaliation found, prior to the completion of monitoring.

During the onsite phase of the audit, concern was pressed to the facility leadership, regarding the use of involuntary segregated housing as a result of a PREA allegation. On April 11, 2019, the Warden wrote a memo stating that “no offender is to be transferred to restrictive housing as a result of, or immediately after, filing a Prison Rape Elimination Act (PREA) allegation without first completing the attached PREA Housing Assignment Review”. The requestor must obtain permission from the Warden prior to transferring the offender to restrictive housing.

**115.43(b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 18), states that “any adult offender placed in restrictive status housing, for this purpose, shall have access to programs, privileges, education, and work assignments to the extent possible”. It further states that restrictions of any such programming shall be documented.

The staff who supervise inmates in restrictive housing reported that offenders who are at high risk for sexual victimization are not placed in segregated housing for protection from sexual abuse or having alleged sexual abuse. When interviewing one transgender offender, it was reported that they were placed in segregated housing immediately after making a PREA related allegation. The offender subsequently remained in segregated housing for six months. The above-mentioned offender in segregated housing was initiated by lead investigator.

**115.43(c).** The WCF reported that zero inmates who were at risk for sexual victimization, were placed in involuntary segregated housing. Upon interview two targeted offenders, it was reported that they were placed in segregated housing after making an allegation of sexual abuse or sexual harassment. One offender reported that it was for a few hours and a second transgender targeted offender stated that she was in segregated housing for six months.

Documentation reviewed, confirmed that the above-mentioned offender was placed in segregated housing for a six-month period. Initial housing was requested by the lead investigator stated that the victim had been involved in three PREA related allegations in the last month. Placement in restrictive housing was requested to properly ensure the victims safety, while the multiple allegations were investigated along with “alleviating further management issues regarding his placement”.

The Warden and staff who supervise inmates in segregated housing, reported that restrictive housing is not utilized for individuals who are at risk or who have made an allegation of sexual abuse. Upon notify the Warden of the above-mentioned case, a memo was distributed, notifying staff that the use of restrictive housing for offenders who report sexual abuse, must be pre-approved by the Warden.

**115.43(d).** The WCF, had one incident that resulted in involuntary segregated housing assignment pursuant to this standard. The staff member who requested placement in segregated housing, documented via email the request, based on ensuring the victims safety, while multiple PREA allegations

were investigated along with “alleviating further management issues regarding his placement”. Further review of documentation could not justify the basis for the facility’s continued placement of the offender in involuntary segregated housing.

**115.43(e).** The one identified case of involuntary segregated housing assignment did not have proper documentation showing that the facility reviewed, every 30 days, to determine whether continued separation from general population was needed. The facility completed a PREA Retaliation Form for 90 days; however, the form had very limited information and did not explain why continued placement was required.

The interviewed staff who supervise inmates in segregated housing was unaware of any offenders who were placed in segregated housing as an alternative means of separation from a likely or accused abuser. One interviewed offender who reported being placed in segregated housing after a PREA related allegation, stated that no one checked in on “her” and that she wrote over 30 letters to the investigator and never received a response. The facility did not provide any documentation indicated that such reviews occurred.

There was identified concern noted about the application of this standard at WCF, based on interviews and review of investigation documentation. While the facility reported no instances of offenders being placed on segregated housing, such instances were identified. Upon review of the investigation, the request for said placement and the lack of follow up for continued placement was evident. The Warden wrote a memo to facility leadership, reminding of the policy requirements for placement in segregated housing and that no offender who alleges sexual abuse or sexual harassment shall be placed in restrictive housing without the Wardens pre-approval.

**Corrective action:** In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

4. The WCF leadership will ensure that investigation staff and the PCM have knowledge and understanding of the use of protective custody for offenders who report sexual abuse or sexual harassment.
5. The WCF leadership will conduct a policy review with the investigation staff and PCM; having them sign and acknowledge their knowledge, responsibility, and understanding of the policy regarding the placement of inmates of high risk for sexual victimization in involuntary segregated housing.
6. The WCF will provide the probationary auditor with a list of any investigations that were concluded or initiated during the below referenced monitoring time frame. The WCF shall provide all supplementary documentation to include but not limited to:
  - a. Date of report/allegation;
  - b. Immediate actions taken as a result of the allegation;
  - c. Housing or programming changes;
  - d. If placed in segregated housing verification of why the victim was placed in segregated housing;
  - e. Required reassessments; and
  - f. Verification that the placement in segregated housing was reviewed and approved by the facility warden.

The corrective action for Standard 115.43 will be monitored for 60 days effective the date, the facility receives the interim report.

Completed Corrective Action:

On August 22, 2019 the WCF provided the auditor with a list of all staff who have completed the training, along with the PowerPoint slides for the training. Eight investigators/first responders and the PREA Compliance Manager completed the training on August 21, 2019. The training was completed by the agency PREA Coordinator. The scope of the training included: Evidenced Protocol and Forensic Medical Examinations; Policies to Ensure Referrals of Allegations for Investigations; and Specialized Training for Investigations (Criminal and Administrative Investigations, Evidentiary Standards for Administrative Investigations, Investigation Outcomes, Other Considerations (MH, Notices, Incident Reviews, SIRs, Investigation Report, and Evidence Documentation).

On April 11, 2019, Warden Seiver provided a memo indicating when and how the use of restrictive housing for PREA related allegations. Additionally, there was a form created that must be completed prior to transferring an offender to restrictive housing.

As indicated the following documents were reviewed:

1. A list of all staff who completed the PREA Refresher training.
2. PREA Investigation refresher training material.
3. Memo-Use of Restrictive Housing

## REPORTING

### Standard 115.51: Inmate reporting

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

##### 115.51 (a)

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

##### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No **N/A**

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. IDOC Policy and Administrative Procedure, *Offender Grievance Process* policy, 00-02-301
  - b. Pre-Audit Questionnaire (PAQ)
  - c. Correspondence-Sexual Abuse Report to Ombudsman
  - d. PREA Posters (Spanish/English)
  - e. IDOC Adult Offender Handbook (Spanish/English)
  - f. PREA Inmate Brochure
2. Interviews:
  - a. PREA Coordinator
  - b. PREA Compliance Manager

## Findings (By Provision):

**115.51 (a).** The facility indicated in their responses to the Pre-Audit Questionnaire that they had established procedures allowing for multiple internal ways for offenders to report privately to agency officials about: sexual abuse and sexual harassment; retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. The WCF, offered IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 21), as documentation.

The agency has a comprehensive PREA Policy 02-01-115, section *Reporting of Sexual Abuse*, states that “staff shall accept reports made verbally, in writing, anonymously, from third parties, and shall promptly document any verbal reports. Offenders shall be permitted to make these reports to any staff person or to an outside organization that has been arranged through a Community Partnership” (21). The policy further states the requirements of facilities to have multiple methods for offenders to report sexual abuse, sexual harassment, and retaliation for reporting sexual abuse or sexual harassment.

The WCF has multiple processes in place, by which offenders may report sexual abuse or sexual harassment; including but not limited to: offender Kiosks, IDOC Sexual Abuse Hotline, Ombudsman address, Indiana Coalition Against Domestic Violence (ICADV), #40 on inmate phones (which is automatically directed to the internal investigations unit. The facility provides the inmates with contact information for the Indiana Coalition Against Domestic Violence (ICADV). The offender education material provides contact information and scope of services that can be provided to the inmate. Additional posters are placed throughout the facility.

During random (26) and specialized offender (25) interviews, as well as random staff interviews, they were able to articulate a number of internal ways to privately report any sexual abuse, sexual harassment or retaliation. Staff stated that the offenders can contact the hotline, tell staff, tell family or friends. One hundred percent of the interviewed inmates stated that they can report sexual abuse or sexual harassment by calling the hotline or telling staff. The offenders understood the purpose of the hotline; however, they did not know what to expect once the hotline was accessed to make a report. Most of the offenders did not feel that they could make a report in a confidential manner.

Offenders were aware of multiple ways to report to include but not limited to: the hotline, tell a trusted staff member, notify a relative, tell the lieutenant (PREA compliance manager), or write a letter and place in the medical box. During the onsite tour, the offender phones were checked to ensure they were working properly. It was observed that the phones were active and available for offenders to report sexual abuse or sexual harassment.

A review of the appropriate documentation, interviews with offenders and 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 (b).** The facility has provided offenders with the ability to contact a private and public entity outside of the IDOC. The offenders can contact the ICADV hotline and mail, as well as the Ombudsman by mail. Both ICADV and the Ombudsman were responsible to follow up on any allegations of sexual abuse and sexual harassment or retaliation they received while allowing the offender, upon request, to remain anonymous.

During the offender interviews (51), the Ombudsman and ICADV were cited as resources to anonymously report sexual abuse, sexual harassment, or retaliation. However, most offenders stated that they would

make a report via telling staff. The WCF provided an example; whereas an offender contacted the Ombudsman to make a report of sexual harassment. The Ombudsman subsequently followed up the allegation with the facility PCM. The allegation was thoroughly investigated and a response plan was immediately activated.

The PCM, further articulated the offenders means to make a report by using the offender phone system, Ombudsman, and victim services organization; as well as report directly to investigations. Such reports can be made directly or anonymously.

**115.51 (c).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 21), states that, “staff shall accept reports made verbally, in writing, anonymously, from third parties, and shall promptly document any verbal reports”. The policy indicates that all reports of sexual abuse or sexual harassment shall be documented on an Incident Report by the end of the shift.

The inmate handbook describes multiple means for offenders to report. Such means include: verbally, in writing, anonymously, and from third parties. Fifty-one interviewed offenders, described being aware of multiple means to report. Most of the inmates were aware of multiple ways to report to include but not limited to: the hotline, tell a trusted staff member, notify a relative, tell the lieutenant (PREA compliance manager), or write a letter and place in the medical box. However, the interviewed offenders expressed not being sure how confidential the report would remain.

A review of the appropriate documentation, interviews with offenders and 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).** The facility indicated in their response to the Pre-Audit Questionnaire that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. It was also reported that staff are informed of these procedures through policy and training materials. IDOC offered Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), their PREA brochures in English and Spanish, PREA posters in English and Spanish, and IDOC Staff Development and Training/Prison Rape Elimination Act curriculum as documentation.

The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 23), indicates that “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, PCM, or the Executive Director of PREA, via the IDOC Sexual Assault Hotline”. Staff training material and brochures provide staff with multiple means for privately reporting sexual abuse or sexual harassment.

Interviews with 14 random staff, further support that the WCF has made staff aware of the multiple ways in which staff can make a private report. All were confident that they could report sexual abuse or sexual harassment of offenders in private. The various ways described included but not limited to: writing a letter to the Ombudsman, discussing with the Warden, Lieutenant or Supervisor, call the hotline, and/or leave a note in the staff box.

**Corrective action:**  
**None**

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

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

### 115.52 (a)

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

### 115.52 (b)

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

### 115.52 (c)

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

### 115.52 (d)

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

### 115.52 (e)

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

### 115.52 (f)

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

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Offender Grievance Process* policy, 00-02-301, dated (10/01/2017)
  - b. Pre-Audit Questionnaire (PAQ)
  - c. PREA Related Grievance/IDOC Incident Report Form (1)
  - d. WCF Example of Sexual Abuse Grievance Memo
  - e. Grievances (80)
2. Interviews:
  - c. Grievance Officer
  - d. Random Staff (14)
  - e. Inmates who reported sexual abuse (2)

### Findings (By Provision):

**115.52 (a).** The agency has an administrative process for dealing with offender grievances regarding sexual abuse and is not exempt from this standard. Per the PAQ, there were no PREA-related grievances filled during the reporting period. The WCF provided a memo stating the same. While interviewing the facility Grievance Coordinator, it was reported that PREA related grievances are immediately sent to investigations. The facility does not use the same protocols for PREA related matters, as an investigation is the only proper way to handle a PREA related grievance.

Although the facility reported that there were no PREA related grievances, there was one PREA related grievance that occurred in December 2018. According to the report, the offender was notified that his allegation was investigated and notified of the results of the investigation, subsequent grievance.

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.

**115.52 (b).** The *Offender Grievance Process Policy*, subsection *PREA Grievances*, removes all standard time limits to the grievance process related to PREA. Time limits are only applicable to any portion of the grievance that does not allege sexual abuse. The policy further states that “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” (pg. 5). The policy provides guidance, that nothing in this subsection restricts the agency’s ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.

In review of the offender handbook, the grievance process in accordance with this standard is properly covered.

**115.52 (c).** The IDOC Policy and Administrative Procedure, *Offender Grievance Process* policy, 00-02-301, states that “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” (pg. 5). It further states that the grievance will not be referred to the staff member, of which the complaint is against to respond.

In review of the offender handbook, the grievance process in accordance with this standard is properly covered.

**115.52 (d).** The IDOC Policy and Administrative Procedure, *Offender Grievance Process* policy, 00-02-301, requires the Department to issue a final decision based on the merits “of any portion of a grievance alleging sexual abuse within ninety (90) days of the initial filing of the grievance” (pg. 5). The policy further states that the 90-day time period shall not include any time that the offender may use to prepare the appeal. The grievance policy indicates that “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” (pg. 5). If there is an extension, the facility is required to notify the offender in writing of any such extension and provide a date why which the decision shall be made.

The were no documented cases, where the facility requested an extension. The one case identified was immediately referred to and investigated. Said results were reported back to the offender within timeframes. A review of the appropriate documentation, interviews with offenders and 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).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 22), states that “third party reports by family, friends, and other members of the public can be made electronically by submitting an email to [IDOCPREA@idoc.in.gov](mailto:IDOCPREA@idoc.in.gov) or telephoning (toll free) the IDOC Sexual Assault Hotline at (877) 385-5877”. While conducting the onsite review, it was found that contact information was posted in visiting rooms and also identified on the Department’s website. The facility had PREA related brochures for visitors located in the front entryway and in the visitation area.

The IDOC Policy and Administrative Procedure, *Offender Grievance Process* policy, 00-02-301, also addressed the allowance of third-parties to file grievances on behalf of the offender. The policy states that “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” pg. 6). If an offender declines assistance through a third party, the department shall document the offender’s decision.

Upon review of the PAQ, it was noted that there were no allegations in the last 12 months where in inmate declined third-party assistance in filling a grievance of alleged sexual abuse. There was no additional information provided to indicate that there were no inmates who declined third-party assistance in filling a grievance.

**115.52 (f).** The offender grievance policy states that, “when receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent 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” (pg.5). The Warden is then required to 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” (pg. 5). Final decision of the allegations of substantial risk of imminent sexual abuse, shall be issued to the offender within 5 calendar days.

Per the PAQ, there were zero emergency PREA grievances filed in the past 12 months. A comprehensive review of the grievance documents along with interviews while conducting the site review confirmed application of this standard.

**115.52 (g).** The agency *Offender Grievance* policy, states that the facility may elect to discipline an offender for filling a grievance related to sexual abuse when it may demonstrate that said grievance was file in bad faith (pg. 5). As reported in the PAQ, and information gathered during the site review, no offenders were disciplined for filling grievances alleging sexual abuse.

**Corrective action:**  
**None**

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

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

#### **115.53 (a)**

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

### 115.53 (b)

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. Pre-Audit Questionnaire (PAQ)
  - c. Offender Education Program Documentation
  - d. PREA Posters (English/Spanish)
  - e. Adult Offender Handbook (English/Spanish)
  - f. Sexual Assault Prevention and Reporting brochure
  - g. Ombudsman Correspondence (1 report)
2. Interviews:
  - a. Random Sample of Inmates
  - b. Inmates who Reported Sexual Abuse

### Findings (By Provision):

**115.53 (a).** The WCF provides offenders with access to the Indiana Coalition Against Domestic Violence (ICADV) for emotional supportive services related to sexual abuse. Throughout the WCF, the ICADV telephone number (including toll-free, 24/7 access) and address are visible in poster form (available in both English and Spanish) in the offender housing areas; specifically, near the offender phone access points. Access and use of the kiosks system were observed during the physical plant inspection. Per the facility PCM, there were no persons detained at the facility for the sole purpose of civil immigration.

During the site review, informal interviews with the offenders, also supported knowledge and awareness of the ICADV phone services. During random and target interviews, a majority of the interviewed offenders reported being unaware of services available to deal with sexual abuse outside of the facility if needed. All of the inmates reported having open access to the hotline number. When probed, the offenders recalled receiving information in the handbook and the PREA brochure.

Initially, two interviewed offenders who reported sexual abuse indicated that while at the facility, the facility did not give them mailing addresses and telephone numbers for outside services. Since they were not offered the services, they were unsure when they could speak to the outside provider, what they could discuss, or if the conversation would be confidential. After further discussion, both offenders confirmed that each was provided an opportunity to contact community-based advocate and they were seen by a medical provider after the incident.

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

**115.53 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 28), states that, “offenders shall be informed of the extent to which any calls and correspondence will be subject to monitoring for mandatory reporting purposes where applicable”. The policy also provides for victim advocate counselors to have access to the offender, by arranging a special visit with the PCM. During intake, the offenders sign the *Medical and Mental Health Duty to Report Acknowledgement* form. More specifically, the verbiage includes limitations to confidentiality in the IDCADV contract. The ICADV posters and handouts, include language about confidentiality and that “phone calls will not be routinely monitored, however can be reviewed for possible disciplinary action if there is suspected abuse or misuse of this service”.

The *Sexual Assault Prevention and Reporting Offender Information Brochure*, not only provides information on the ICADV, but also how to report sexual abuse confidentially to facility staff as well as Departmental Headquarters, and the agency Ombudsman. All offenders receive this brochure upon arrival at the facility. Any mail written to the Ombudsman is treated like legal mail. The offender can seal the envelope in front of staff, once the staff member has inspected that it is free of contraband.

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

**115.53 (c).** The agency provided on the PAQ an upload a renewed contract, with the ICADV. The contract is set to expire on 9/30/2019. The contract provides for the provision of emotional services to offenders. Per the PAQ, there zero inmate calls from the WCF directly to the ICADV, in the past 12 months. However, there was one documented case, where an offender made a PREA related allegations to the Office of the Ombudsman. An audit team member, spoke by telephone to the staff member at the ICADV.

It was reported that the ICADV received 3 calls from WCF. Two calls were from the same offender requesting a follow up on PREA issue that happened at another facility. One call was from an inmate that did not leave enough information, determine if the call was PREA related.

**Corrective action:**  
**None**

### Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. The IDOC, Policy and Administrative Procedure, *Offender Grievance Process*, 00-02-301 (dated 10/01/2017)
  - c. Pre-Audit Questionnaire (PAQ)
  - d. IDOC PREA Website
  - e. Offender Education Program Documentation
  - f. PREA Posters (English/Spanish)
  - g. Adult Offender Handbook (English/Spanish)
  - h. Sexual Assault Prevention and Reporting brochure

### Findings (By Provision):

**115.54 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 22), states that “third party reports by family, friends, and other members of the public can be made electronically by submitting an email to [IDOCPREA@idoc.in.gov](mailto:IDOCPREA@idoc.in.gov) or telephoning (toll free) the IDOC Sexual Assault Hotline at (877) 385-5877”. Postings of this information was confirmed on the Departments’ website by the probationary auditor. Additionally, PREA posters and brochures were made available in the visiting room in both English and Spanish.

The agency policy further allows for PREA grievances to be filled by third parties. The IDOC, Policy and Administrative Procedure, *Offender Grievance Process*, 00-02-301 (dated 10/01/2017), (pgs. 6-7), states that “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”. The Warden’s Memorandum uploaded to the Syncplicity site, stated that there had been no sexual abuse grievances filed.

#### Corrective action:

None

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - c. Pre-Audit Questionnaire (PAQ)
  - b. WCF Investigation Files
  - c. WCF Investigation Memo
2. Interviews:
  - a. Random Sample of Staff
  - b. Medical and Mental Health Staff
  - c. Warden or Designee/PREA Coordinator
  - d. Volunteer and Contractors

## Findings (By Provision):

**115.61 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pgs. 21-22), requires that “any staff person, volunteer, or contractor that has reason to believe that sexual abuse or sexual harassment has occurred, whether or not it occurred in a Department facility, has a duty to immediately report this information to the Shift Supervisor on duty, PREA Compliance Manager, facility executive staff or the Executive Director of PREA”. Reporting also requires staff to immediately monitor retaliation against an offender or staff reporting an incident of sexual abuse or sexual harassment, as well as any staff neglect violation of duty to report that may have contributed to any incidents of retaliation. Contractor (2), volunteer (2); and random staff interviews (14); indicated a clear understanding of the duty to report the above mentioned immediately.

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.

**115.61 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg.22), states that “apart from reporting to designated supervisors, staff shall not reveal any information related to a sexual abuse or sexual harassment report to anyone other than to the PREA Compliance Manager or staff involved with investigating the alleged incident”. One-hundred percent of the interviewed random staff were clear on their responsibility to hold said reports confidential, and that they would report to the shift supervisor or the PCM.

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.

**115.61 (c).** Per the above-mentioned policy, medical and mental health staff, are required to report sexual abuse pursuant to 115.61 (a). The policy further states that “if medical personnel detect signs of potential sexual abuse during a routine medical or dental examination, they are required to discuss their concerns with the offender and report their suspicions of all incidents of offender sexual assaults that occur in the Department with Investigations and Intelligence staff” (26).

Interviews with medical and mental health staff, indicated that they are fully aware of their duty to report and the limitations of confidentiality. They indicated that upon intake, inmates are provided documentation to sign regarding consent and the limitations of confidentiality prior to initiating treatment.

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.

**115.61 (d).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 22), requires that if the alleged sexual abuse involves an offender under eighteen (18) or an endangered/vulnerable adult, the incident shall be reported to the Child Protective Services as required in the administrative procedures for Policy 03-02103, “The Reporting, Investigation and Disposition of Child Abuse and Neglect.” The WCF does not house offenders under the age of 18. Interviews with the Warden and the PREA Coordinator, supported that there were no investigative reports to have met the criteria for endangered/vulnerable adult status reporting during the reporting period.

**115.61 (e).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pgs. 21-22), reports that all incidents of alleged sexual abuse and sexual harassment are

reported to investigated by the facilities Intelligence and Investigations Unit; which also includes any third party and anonymous reports. The WCF did not have any third party or anonymous reports.

During the interview with the Warden, it was confirmed that all reports of sexual abuse and sexual harassment allegations are forwarded to the WCF investigation staff. The facility has 4 investigators dedicated to investigating sexual abuse and sexual harassment allegations. If someone calls the facility to make a report, the call is immediately forwarded for investigation to the facilities Intelligence and Investigations Unit.

Reviews of the investigation (20) files showed that when staff receive a PREA allegation from an offender, the allegation gets investigated. There was some concern noted that the investigative staff had a case that thoroughness of the investigation was questionable and that the completion of the investigation was delayed; for reasons undocumented. Upon notification the Warden implemented a corrective action, addressed to the facility executive staff and the Investigative and Intelligence staff. The memo stated that "all investigations shall be completed in a timely manner. The reasons for any delay in the investigative process shall be documented in the investigative report".

**Corrective action:**

**The above corrective action was addressed.**

**Standard 115.62: Agency protection duties**

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

**115.62 (a)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - d. Pre-Audit Questionnaire (PAQ)
  - b. Investigation Files (20)
2. Interviews:
  - a. Agency Head
  - b. Warden or Designee/PREA Coordinator
  - c. Random staff

### Findings (By Provision):

**115.62 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 23), states that “when a staff person receives a report from an offender of sexual abuse and/or sexual harassment or threatened sexual abuse, the staff person shall report it to the Shift Supervisor”. This may happen by placing the offender in Protective Custody, Administrative Restrictive Status Housing, or any other appropriate action (23). The WCF reported in the PAQ that the agency had no documented incidents where the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

The interviewed agency head designee/PREA Coordinator reported that, the staff immediately separate 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. The Warden further confirmed said practice, indicating that during such instances the involved parties are separated, make sure the victim is ok, don't leave the victim alone/unsupervised, and staff would notify shift supervisor.

All the interviewed staff could articulate the response process if an inmate is at risk of imminent sexual abuse. The staff reported that action is taken immediately to address an inmate who is at risk of sexual abuse by immediately notifying the supervisor and separate the victim and perpetrator. All the staff reported that information would only be shared with necessary parties.

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:

None

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - e. Pre-Audit Questionnaire (PAQ)
  - b. Sexual Assault Annual Prevention Report (2014, 2015)
2. Interviews:
  - a. Warden

#### Findings (By Provision):

**115.63 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that when a Warden or designee receives an allegation that an offender was sexually abused at another facility, the information shall be reported to the head of the facility, in which the alleged abuse occurred. Per the PAQ, there were no allegations of sexual abuse received at WCF which required notification to another facility head. Additionally, there were no reported allegations of sexual abuse received at another facility who which notification was received at WCF during the reporting period.

**115.63 (b).** Per policy, the facility head notification shall occur within 72 hours of receipt of the initial allegation. Per the PAQ, there were no allegations of sexual abuse received at WCF which required

notification to another facility head. Additionally, there were no reported allegations of sexual abuse received at another facility who which notification was received at WCF during the reporting period.

**115.63 (c).** Per the PAQ, there were no allegations of sexual abuse received at WCF which required notification to another facility head. Additionally, there were no reported allegations of sexual abuse received at another facility who which notification was received at WCF during the reporting period.

**115.63 (d).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 23), states that “the Superintendent that receives such notification shall ensure that the allegation is investigated in accordance with this Policy and Administrative Procedure”. Based upon interviews with the Warden, any allegations consistent with the standard, would be investigated. The Warden could not recall any recent incidents of allegations from other facilities.

**Corrective action:**

None

**Standard 115.64: Staff first responder duties**

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

**115.64 (a)**

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

**115.64 (b)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. Pre-Audit Questionnaire (PAQ)
  - c. Investigation Report Example (14)
2. Interviews:
  - a. Security Staff and Non-Security Staff First Responders
  - b. Random Staff

### Findings (By Provision):

**115.64 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), provides guidance on the agencies standardized policy for First Responders/Sexual Assault Response Team (SART) in allegations of sexual abuse and sexual harassment. Upon learning of an allegation that an inmate has been sexually abuse, first responders are required to:

- Separate the alleged victim and abuser;
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- 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
- If the abuse occurred within a time period that 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 (*pp. 13-14*).

During the random staff interviews (14) and interviews with first responders (2), 100% of the staff clearly understood the responsibilities and facility procedures for responding to allegations of sexual abuse.

Per the PAQ, there were 14 allegations of sexual abuse reported in the last 12 months. Of those allegations, the first security staff member to respond to the report separated the alleged victim and abuser. Through review of investigation files for allegations of sexual abuse, it appears that appropriate protocols as listed above were followed. Two interviewed offenders who reported sexual abuse or sexual harassment while at the facility, reported that staff responded immediately after the allegation was made.

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

**115.64 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that “if the first responder is a non-custody staff, the responder shall request the alleged victim and alleged perpetrator not take any actions that could destroy physical evidence and notify custody staff as soon as possible” (pg. 14). Per the PAQ, there were zero instances where a non-security staff served as the first responder. The facility provided a memo to further support, zero instances where non security staff served as first responders in the past 12 months.

During interviews with non-security and security staff who serve as first responders (2), it was uniformly clear regarding the responsibility related to responder duties. Based on record review onsite, investigation file review, and interviews with the random staff, PCM, and Investigators, the information reported is consistent. In sexual abuse files reviewed, the alleged victim kept separate from the alleged abuser, until the case was investigated. In the report was received in a timely manner, the offender would be seen by medical staff and referred to the SANE if applicable. Interviews with 2 offenders who reported sexual abuse or sexual harassment, further supported the facilities first responder practices/duties.

A review of the appropriate documentation, interviews with offenders and 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:**  
None

#### Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. WCF Operational Directive, Manual of Policies and Procedures, *Sexual Assault Prevention*, 02-44.
  - c. IDOC Health Services Division, *Sexual Assault Manual*, January 1, 2018.
  - d. Investigations/SART Notes (20)
2. Interviews:
  - a. Warden
  - b. PCM
  - c. Medical and Mental Health
  - d. Staff First Responders
  - e. Investigations

### Findings (By Provision):

**115.65 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that “the Superintendent at each facility shall establish a Sexual Assault Response Team (SART) and a written facility plan in a Facility Directive to coordinate actions taken in response to an incident of sexual assault, among staff first responders, medical and mental health practitioners, investigators, and facility executive staff” (*pg. 12*).

The WCF has a written institutional plan, titled: *Sexual Assault Prevention (Effective 02/01/2016)*. The plan addresses the responsibilities of all staff involved in a coordinated response to a sexual assault. The components of the facilities written institutional plan include but not limited to:

- Purpose;
- First Responder Duties;
- SART Activation;
- Notification to the Shift Supervisor shall alert the Superintendent, the Office of Investigations and Intelligence, the Prison Rape Elimination Act (PREA) Compliance Manager, members of the PREA Committee, or other designated staff;
- Medical Responsibilities -including external providers (SANE/St. Franciscan Hospital);
- Investigation and Intelligence Responsibilities;
- Collection of Evidence;
- Victim Support; and
- Case Record Retention

The facility also provided a copy of the IDOC Health Services Division, *Sexual Assault Manual*. The manual provides comprehensive procedures that must be followed in order to identify and preserve evidence for use in prosecution. When interviewing the Warden, the process was further confirmed in that in response to an allegation of sexual abuse; staff are supposed to immediately notify the shift supervisor, trained SART members will conduct the initial inquiry into the allegation, and then referred to the Investigation Unit, to further investigate. Interviews with the PCM, Medical and Mental Health, facility investigators; along with Staff First Responders, further confirmed the facilities coordinated institutional response to incidents of sexual abuse and sexual harassment.

A review of the appropriate documentation, interviews with offenders and 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:**

**None**

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

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

**115.66 (a)**

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

**115.66 (b)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. WCF Memo—Collective Bargaining

**Findings (By Provision):**

**115.66 (a, b).** Indiana Department of Correction, does not have collective bargaining. This section is not applicable. A memo was stating that “there was no Collective Bargaining Agreement for the staff at Westville Correctional Facility in the past (12) months”.

**Corrective action:** N/A

**Standard 115.67: Agency protection against retaliation**

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

**115.67 (a)**

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

**115.67 (b)**

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

**115.67 (c)**

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

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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. Pre-Audit Questionnaire (PAQ)
  - c. Investigations/Monitoring for Retaliation (20)
2. Interviews:
  - a. Agency Head Designee/PREA Coordinator
  - b. Warden
  - c. Designated Staff Member Charged with Monitoring Retaliation/PCM/Investigator
  - d. Inmates in Segregated Housing
  - e. Inmates who Reported a Sexual Abuse

### Findings (By Provision):

**115.67 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), establishes protective measures for offenders and staff that report sexual abuse or sexual harassment, or that cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff (pg.12). The policy requires that the PREA Committee monitor, include any offender Reports of Conduct, housing or program changes, or negative performance reviews or reassignments of staff. At WCF, the assigned Investigator conducts monitoring for retaliation until the conclusion of the investigation and the PCM will monitor for retaliation thereafter.

**115.67 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that "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 emotional support services for offenders or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations" (pg. 12).

Interviews with the Agency Head Designee/PREA coordinator, indicated that if an alleged victim or witness claims they are experiencing retaliation we will investigate that report. The agency 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, the agency will investigate and consult HR staff in mitigating the retaliation. This may involve reassignment, discipline or termination depending on the circumstances. The Warden and PCM/Designated Staff Member Charged the Monitoring Retaliation, further supported the facilities compliance with the standard and agency policy. The PCM further stated that the monitoring will occur for 90 days. He will meet with the offender every 15 days and talk to them on the dorms to see how they are doing.

The facility reported that no offenders were placed on segregated housing after reporting sexual abuse or sexual harassment. However, when conducting targeted interviews, it was found that one transgender

offender was placed in restrictive housing for approximately five months as a result of reporting sexual abuse. Upon review of the file, interviews with the investigator; the offender was initially placed on the restrictive housing unit, to protect him while several allegations of sexual abuse or sexual harassment was being investigated. The files did not provide any evidence as to why the offender remained on restrictive housing for five months. Additionally, when conducting the monitor for retaliation, the documentation was vague and did not provide substantial content to further support compliance with this standard.

The offender reported, feeling as the facility was punishing him for making multiple PREA allegations. The offender reportedly made multiple attempts to talk to the investigator; however, there was no response. The file review, shows that the monitoring for retaliation ended at 90 days rather than through the duration of the case being investigated. The form indicated that it was reviewing for housing changes, but the only comments were, "In RHU for safety and pending investigations" and "no change". The form was signed by the supervisor saying no retaliation found, prior to the completion of monitoring.

A targeted transgender female offender interviewed, reported being put in a holding cell for several hours after reporting an allegation of sexual harassment. While in the holding cell, the offender reported that she was no provided food or programming. The offender indicated that the method by which the facility processed her report made her less likely to make a report in the future.

During the exit meeting, the probationary auditor expressed concern with the utilization of restrictive housing for offenders who reported sexual abuse or sexual harassment. In response to the concern, the facility warden issued a memo. The memo dated April 11, 2019, stated that "no offender is to be transferred to restrictive housing as a result of, or immediately after, filing a Prison Rape Elimination Act (PREA) allegation without first completing the attached PREA Housing Assignment Review". The requestor must obtain permission from the Warden prior to transferring the offender to restrictive housing.

**115.67 (c).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that the agency will monitor the offender for at least 90 days for possible retaliation associated with reporting sexual abuse or sexual harassment or participating in a related investigation (pg. 12). The policy further states that "In the case of offenders, the monitoring shall also include periodic status checks. Other individuals cooperating with an investigation who express fear of retaliation shall be monitored as well. A facility's obligation to monitor shall terminate if the facility determines that the allegation is unfounded" (pg. 12).

The WCF reported that there were no incidents of retaliation that occurred over the last 12 months. While the facility reported that there were no incidents of retaliation reported over the last 12 months, two offenders who reported sexual abuse and/or sexual harassment, reported feeling retaliated against by investigations for reporting a PREA allegation. As mentioned above, one offender was placed in restrictive housing for five months while his allegation was being investigated. Aside from the facility reporting the need to investigate multiple PREA related allegations made by the offender in a short period of time along with seeking to protect the inmate during the course of the investigation, the facility could not provide any documentation as to why the case took so long to investigate nor why the offender required continued placement in restrictive housing.

An interview with the warden and the designated staff who monitors retaliation, indicated that, they will monitor retaliation by talking to the offender and look for signs that they are being harassed. They will review write ups and take necessary measures to include up to transferring to another facility if necessary. Monitoring usually last 90 days; however, could last longer if necessary.

In review of 20 retaliation monitoring forms, the scope of content is general and does not provide much insight on specific items such as: (1) inmate disciplinary reports, housing, or program changes. It should also be noted that not all reviewed retaliation monitoring forms, provided monitoring for 90 days.

**115.67 (e).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), policy states that “In the case of offenders, the monitoring shall also include periodic status checks. Other individuals cooperating with an investigation who express fear of retaliation shall be monitored as well” (pg. 12).

As previously stated, the agency head designee/PREA Coordinator; reported that, if an alleged victim or witness claims they are experiencing retaliation the agency will investigate the report. The agency 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. The Warden further supported the PREA Coordinators response to how the agency would respond to individuals who cooperate with an investigation that express fear of retaliation.

**115.67 (f).** Per policy, the facilities obligation to monitor shall terminate if the facility determines that the allegation is unfounded (pg. 12). Upon file review, there were no identified cases where an allegation was unfounded.

**Corrective action:** In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

1. The WCF will provide a list of all offenders who have reported an incident of sexual abuse; and show evidence that the facility monitored for retaliation for 90 days; except in instances where the case was found to be unfounded.
2. The above referenced list of all offenders who reported an incident if sexual abuse shall include any cases that were ongoing, initiated, or concluded between April 1 and June 5, 2019.

The corrective action for Standard 115.67 will be monitored for up to 90 days.

### Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. Pre-Audit Questionnaire (PAQ)
  - c. WCF PREA Housing Assignment Memo
2. Interviews:
  - a. Warden
  - b. Staff who Supervise Inmates in Segregated Housing
  - c. Inmates in Segregated Housing
  - d. Targeted Offenders

### Findings (By Provision):

**115.68.** As reported in Standard 115.43, IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pgs. 17-18), states that "offenders at high risk of sexual victimization shall not be placed in involuntary restrictive status housing areas unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers". The policy further states that the facility should allow for said offender to have access to program, privileges, education, and work assignments to the extent possible. Any restrictions to such programs should be documented. Any placement extending past 30 days, per policy, requires documentation, justifying continued placement.

As reported in the PAQ, no offenders at risk for sexual abuse or sexual harassment who were held/placed in involuntary segregation. In the pre-audit phase, a memorandum was provided by the warden indicating that there have been no voluntary offenders placed in segregation due to their fear of being sexually assaulted in the last 12 months. When interviewing the Warden is reported that the WCF does not utilize segregating housing for victims who report sexual abuse or sexual harassment; however only for conduct issues with an offender.

While conducting the targeted interviews, one transgender female offender, stated that she reported to authorities in person of being sexually abused while at WCF. The same inmate further stated that upon making the report she was placed in segregation for a period of six months pending the outcome of the PREA investigation. Another targeted transgender female offender reported that after making a report of sexual harassment, she was placed in a holding enclosure for several hours while the facility investigated his PREA report. During said time, she was not offered food or programming. The offender further stated that the method by which the facility processed her report has her less likely to make a report in the future.

When following up on the above referenced use of segregation for a victim who reported sexual abuse or sexual harassment, it was found that the lead investigator initiated the request. The offender was removed from the housing area and placed in segregation; while the case was investigated. A follow up,

occurred with the lead investigator and it was reported that everywhere they placed the victim, he was vulnerable for victimization. The victim had been placed on multiple units for other PREA related allegations; and when they tried to move her, she would complain that she didn't want to go. An email correspondence from the lead investigator further stated "I am placing him in RHU to properly ensure his safety while we look at these multiple incidents and to alleviate further management issues regarding his placement".

The victim in this case was placed on segregation for five months; and she reported that she wrote over 30 letters to the lead investigator and he never responded, and no one ever checked on her. Upon review of the documentation, there was no documentation or justification for the continued placement on segregation. A PREA Retaliation Monitoring form was completed every 15 days, for 90 days. The form indicated that it was reviewing for housing changes, but the only comments were, "In RHU for safety and pending investigations" and "no change". The form was signed by the supervisor saying no retaliation found, prior to the completion of monitoring.

On April 11, 2019, the Warden wrote a memo stating that "no offender is to be transferred to restrictive housing as a result of, or immediately after, filing a Prison Rape Elimination Act (PREA) allegation without first completing the attached PREA Housing Assignment Review". The requestor must obtain permission from the Warden prior to transferring the offender to restrictive housing.

**Corrective action:** In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

5. The WCF will ensure that the use of post-allegation protective custody is in accordance to the agency policy and PREA standard 115.68.
6. The WCF will provide a list of all offenders who have reported an incident of sexual abuse; and provide the housing assignment of such offenders between April 1 and June 5, 2019.
7. If an offender is placed in protective custody, the facility shall provide written documentation of any and all use of segregated housing to protect offenders who is alleged to have suffered sexual abuse.
8. The above referenced list of all offenders who reported an incident of sexual abuse shall include any cases that were ongoing, initiated, or concluded during the corrective action timeframe.

The corrective action for Standard 115.68 will be monitored for 60 days, effective the date the facility receives the report.

Corrective Action:

The WCF provided a housing assignment, associated with cases of reported sexual abuse or sexual harassment. Upon review of the seven cases, there was no indication that offenders were placed in post-allegation protective custody beyond necessary to protect the offender.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. IDOC Policy and Administrative Procedure, *The Operation of the Office of Investigations and Intelligence*, 00-01-103.
  - c. Pre-Audit Questionnaire (PAQ)
  - d. IDOC Staff Development and Training Curriculum, Sexual Assault Response Team Curriculum
  - e. 12-month investigation files
2. Interviews:
  - a. Warden
  - b. PREA Coordinator
  - c. PREA Compliance Manager
  - d. Investigative Staff
  - e. Inmates who Reported Sexual Abuse

**Findings (By Provision):**

**115.71 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), and IDOC Policy and Administrative Procedure, *Investigations and Intelligence*, 00-01-103 (dated 09/01/2016); demonstrate that the department has a comprehensive policy to conduct investigations into sexual abuse and sexual harassment allegations in prompt, thorough, and objective manner. More specifically the policy describes that the investigation shall begin with the activation of the facility Sexual Assault Response Team (SART). Investigations of sexual abuse or sexual harassment allegations shall be completed with the same standards of a prompt, thorough, and objective; including third-party and anonymous reports.

The above-mentioned policies further state that, Investigations shall:

- Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data;
- Interview alleged victims, suspected perpetrators, and witnesses; and,
- Review prior complaints and reports of sexual abuse involving the suspected perpetrator.

During interviews with the facility investigators (regarding criminal and administrative investigations), it was reported that PREA-related incidents, necessitate an immediate response. It was further reported that the investigations are initiated by the facility SART, who conducts initial inquiry into the allegations. The SART member will then notify the facility investigators, providing detail of the initial inquiry. Upon the probationary auditor's review of 23 investigations, all were started within the same day of the PREA allegation.

The 23 PREA-related allegations that were investigated in the 12-month were reviewed:

Allegation	Number	Finding
Sexual Abuse Staff on Offender	1	Unsubstantiated
	1	Substantiated
Sexual Abuse Offender on Offender	4	Unsubstantiated
	1	Substantiated
Sexual Harassment Staff on Offender	10	Substantiated
Sexual Harassment Offender on Offender	6	Substantiated
<b>Total</b>	23	
Referral from Criminal Investigations Staff on Offender	1	Referred for criminal prosecution after on-site review.

There were concerns identified with one sexual assault investigation reviewed. Without re-investigating the case; review of the investigative report, found that potential DNA evidence/semen was not properly submitted for testing. Additionally, it is undetermined if the chain of custody was handled in accordance with policy and standards.

**115.71 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that “staff conducting either sexual abuse or sexual harassment investigations shall be trained in conducting sexual abuse investigations in a confinement setting, preserving evidence, maintaining chain-of-custody, and staff and offender sexual misconduct” (pg. 24). Per the PAQ, the WCF reported having seven specially trained investigators. While conducting the on-site review, it was found that only four staff are specially trained and responsible for conducting investigations into allegations of sexual abuse and sexual harassment. The specialized investigator training record was provided for three of the four PREA related investigators.

As previously discussed, SART members, also serve as first responders conducting initial inquiry into allegations of sexual abuse and sexual harassment. The Sexual Assault Response Team (SART) members responsibilities include but not limited to: ensuring that the victim is removed from the area and receives prompt medical intervention; 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. SART members must complete a specialized training, developed by the IDOC. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that, all investigators “shall receive training in conducting sexual abuse investigations in a confinement setting and attend SART training prior to completing investigations of sexual abuse/assaults” (pg. 14). The SART training includes: sexual assault response team overview, sexual assault evidence protocol, conducting sexual assault investigations, sexual assault evidence protocol, staff sexual misconduct, and victim advocacy.

During interviews, one investigator, who’s specialized training record has not been provided; reported that she received said training when the agency began implementing the PREA standards. The lead investigator reported that they completed the IDOC sexual assault training (Moss Group) last year at the PREA Conference. The training was described to include responding to an initial report, chain of command, and SART Responder. After further probing, both investigators described training around: techniques of 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 or prosecution referral.

Upon review of staff training files and interviews conducted, there are no noted concerns; the facility is in compliance with Provision 116.71 (b).

**115.71 (c).** Per policy, the facility investigator has been trained specifically on the gathering and preservation of direct and circumstantial evidence. IDOC Policy and Administrative Procedure, *Investigations and Intelligence*, 00-01-103 (dated 09/01/2016) provides that Investigations shall:

- Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data;
- Interview alleged victims, suspected perpetrators, and witnesses; and,
- Review prior complaints and reports of sexual abuse involving the suspected perpetrator (pp. 11-12).

Such evidence may include available physical and DNA evidence, and any available electronic monitoring data (e.g. phone calls, kiosk, cameras). The investigative process may include interviewing of the alleged victim (s), perpetrator (s), and potential witnesses. A comprehensive file review, will include, reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator. All investigations reviewed, conducted at minimum an interview and review of video footage. Review of investigation files (23) found that the WCF did a good job immediately responding to allegations of sexual abuse or sexual harassment. The facility would immediately separate involved parties no matter the nature of the allegation. Video monitoring and telephone systems were reviewed routinely, as a part of the investigation process

When interviewing the facility investigators, they were able to describe a variety of evidence gathering techniques, and the process by which to proceed toward substantiating an allegation of sexual abuse or sexual harassment. The evidence gathering process includes but is not limited to: statements (victim/perpetrator/witness), camera footage review; mail review, property search, review prior complaints, collect DNA kits, and seize clothing.

When conducting the on-site audit phase, there were concerns identified with one sexual assault investigation reviewed. Without re-investigating the case; review of the investigative report, found that potential DNA evidence/semen was not properly submitted for testing. Additionally, it is undetermined if the chain of custody was handled in accordance with policy and standards.

There were two identified cases of substantiated sexual misconduct that was not referred for criminal prosecution. One case involved an offender on offender; in which the offender was reportedly forced to engage in sexual acts with another offender. Upon review of the file, although substantiated, the case was not considered nor referred for review of criminal prosecution.

A separate case of sexual misconduct involved an offender and a staff. The case included direct evidence to substantiate an allegation of sexual abuse. The case concluded at the end of 2018; however, the facility did not refer the case to the local prosecutor to determine criminal charges until the onsite audit. During the onsite audit a corrective action was implemented, recommending the facility to refer the case to the local prosecutor. On 4/14/2019 at approximately 1:54pm, the substantiated allegation of sexual contact between a former staff member and an inmate was referred to LaPorte County DAs office.

Overall the facility did a good job immediately responding and conducting initial inquiry into allegations of sexual abuse or sexual harassment. There were noted concerns regarding the collection of circumstantial evidence and the use of said evidence in conducting a comprehensive finding of fact; along with referral

of cases of substantiated allegations of sexual misconduct for criminal prosecution. Based on review of files and interviews with staff, the facility did not meet compliance with Provision 115.71 (c).

**115.71 (d).** IDOC Policy and Administrative Procedure, *Investigations and Intelligence*, 00-01-103 (dated 09/01/2016), states that “when the evidence supports criminal prosecution the agency shall consult with the prosecutor prior to conducting compelled interviews. Substantiated cases that appear to be criminal in nature shall be referred for prosecution” (pg.12). Interviews with two investigators, reported that they will not consult with prosecution prior to conducting compelling interviews because the facility investigators are also criminal investigators.

Three of the 23 reviewed investigation files provided opportunities to collect circumstantial or direct evidence. Upon review there was several concerns noted, regarding the handling of evidence and referral for prosecution. One case that was referred for outside medical care, as a result of an offender on offender sexual abuse allegation; did not provide information indicating if DNA evidence was collected to determine case findings. While conducting the on-site review, an offender reported securing evidence (semen) in a baggy. The evidence was reported to a facility counselor and then to investigations. When informally interviewed during the on-site audit, the facility counselor reported that upon review no evidence was found; however, the investigation report states that baggy was collected; but not sent for DNA testing. A second offender on offender case was substantiated for sexual misconduct, was not referred for criminal prosecution. Lastly, in a case involving staff on offender sexual misconduct, the facility investigator elected not to send the case to the local prosecutor to determine criminal prosecution.

The probationary auditor in training, expressed concern with the facility leadership regarding the investigative process of two of the three cases. More specifically one case where staff sexual misconducted was substantiated but not forwarded to the prosecutor; and a second case where the facility elected not to have evidence sent for DNA testing. The third case, was identified, during the off-site audit phase.

Based on review of the investigation files and interviews with offenders and staff, it was found that the facility did not the requirements of Provision 115.71 (d).

**115.71 (e).** IDOC Policy and Administrative Procedure, *Investigations and Intelligence*, 00-01-103 (dated 09/01/2016), requires that investigators assess each alleged victim, suspect, or witness on an individual basis and does not determine the individual’s credibility based on their status as an offender or staff member. Additionally, “no facility shall require an offender or youth who alleges sexual abuse to submit to a polygraph examination, voice stress analysis, or other truth-telling device as a condition for proceeding with the investigation of such an allegation” (pg. 12).

Upon interview with the investigators it was reported that credibility of an alleged victim, suspect, or witness shall be assessed by: observing conduct during interviews, consistency of statements, and history of the accused. The lead investigator reported that they do not use the victims’ history to determine credibility. Interviews with one targeted offender, expressed concern of retaliation of reporting multiple PREA allegations. Both investigators reported that offenders are not required to submit to a polygraph test. Two interviewed offenders who reported sexual abuse, further stated that they were not required to submit to a polygraph test as a condition for proceeding with the investigation of such an allegation.

When reviewing a PREA related investigation associated with the targeted offender, there was email correspondence that indicated, investigations made decision to place the victim/offender in restrictive housing for “her” protection and to reduce continued allegations while multiple PREA allegations were being investigated. The offender was subsequently held in restrictive housing for six months. Follow up

with the lead investigator regarding the case, indicated that the targeted offender made multiple PREA related allegations; and everywhere they were housed, allegations were being made. There was concern that the offender was seeking to get moved around to be closer to another offender. It was also reported that every place they offered to send the offender "she" refused; however, documentation was not provided to support the offering of placement on a unit, aside from restrictive housing.

The above referenced concerns were discussed with the facility warden and PC; more specifically that the handling of the PREA related allegation has an appearance of retaliation for reporting. The warden issued a memo to facility leadership and investigation staff, indicating that no offenders shall be placed on restrictive housing as a result of making a PREA allegation without prior approval from the warden. Additionally, the requestor must submit a form to the PCM and attain written permission.

**115.71 (f).** Per the IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), investigative findings shall include a determination to assess staff actions or failures that may have contributed to acts of alleged sexual abuse and/or sexual harassment. Such information shall be documented on a Sexual Incident Report. The report should include but not limited to: a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and investigative facts and findings.

Twenty-nine investigations occurred in the last 12 months; however, 23 were reviewed by the probationary auditor. The investigations conducted at WCF, were entered into the SIR database. The investigators further elaborated that they would assess staff actions by reviewing Guard One, video footage, legitimate rounds, and observe an indication of indifference during interviews. It was also reported that administrative investigations are documented in a full report similar to a criminal related investigation. Discussion with the facility investigators and review of investigation files confirmed that the investigative process required by the standard was met.

**115.71 (g).** As stated in Provision 115.71 (f), investigative findings are documented and shall determine staff actions or failures that may have contributed to acts of sexual abuse and/or sexual harassment. The WCF investigators are administrative and criminal trained investigators. The investigator is responsible for notifying local state police, if assistance is needed in an investigation, and consultations with the local prosecutor when this is potential for a criminal violation. Staff actions that could have contributed to a PREA related incident is documented on the conclusion of the investigation report.

During interviews with two facility investigators, it was reported that criminal investigations are documented in a written report consistent with administrative investigations. The investigators further confirmed that if there is a conflict with a case, they will reach out to Indiana State Police for assistance. There were no instances in the last 12 months that warranted seeking assistance from Indiana State Police.

Upon review of 23 investigation cases, there was one substantiated allegation of staff sexual misconduct, and one substantiated allegation of offender on offender sexual misconduct. The cases were handled internally and not referred to the local prosecutor to determine criminal prosecution. Upon review of the records and discussion with the lead investigator, they did not feel the sexual misconduct warranted referral to local prosecution. It was further stated that, the facility investigation staff did not believe the case met Indiana Criminal Code.

During the onsite phase of the audit, the audit team discussed concern with a substantiated allegation of sexual abuse case that was not referred to the local prosecutor. Upon further discussion with the Warden and the agency PREA coordinator; while onsite, the case was referred to the local prosecutor for review.

The referral was sent during the on-site audit. As of today, an update has not been provided on the status of the referral.

**115.71 (h).** As reported in the PAQ, the WCF substantiated allegations of conduct that appear to be criminal in nature are referred for prosecution. The WCF reported zero substantiated allegations of sexual misconduct that was referred for prosecution. IDOC Policy and Administrative Procedure, *Investigations and Intelligence*, 00-01-103 (dated 09/01/2016), further states that substantiated cases that appear to be criminal in nature shall be referred for prosecution (pg. 12).

The interviewed investigators further reported that only substantiated cases that meet the criteria of Indiana criminal code will be referred for prosecution. While conducting the on-site audit, a case of sexual misconduct involving an offender and a staff, contained direct evidence to substantiate the allegation of sexual abuse. The case was substantiated and concluded at the end of 2018; however, the facility did not refer the case to the local prosecutor to determine criminal charges until consultation with the agency PREA coordination as recommended by the audit team. During the post on-site audit an additional substantiated case of offender and offender sexual assault was identified; however not referred for criminal prosecution.

During the onsite audit a corrective action was implemented, recommending the facility to refer the staff and offender case to the local prosecutor. As of the date of this report that has been no response from local prosecutors regarding the decision to criminally prosecute the case.

**115.71 (i).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), provides guidance on record retention. The policy states that “reports of investigations of alleged sexual abuse and sexual harassment shall be maintained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years” (pg. 25). Per interview with the PREA coordinator, this protocol is followed by the agency.

During the onsite audit phase, the probationary auditor, did not review investigations that occurred plus five years ago.

**115.71 (j).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that “all allegations of sexual abuse and sexual harassment shall be investigated even when the alleged perpetrator or alleged victim have left the Department’s employment, or are no longer under Department authority” (pg. 23). The IDOC Policy and Administrative Procedure, *Investigations and Intelligence*, 00-01-103 (dated 09/01/2016), further states that the “departure of the alleged perpetrator(s) or victim(s) from employment or custody/supervision does not warrant termination of investigation. Outside law enforcement shall be contacted if this occurs” (pg.12).

The interviewed investigators reported that if a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation, they will continue the investigation, as if the person was still employed. The assigned investigator would contact the employee to meet them offsite for an interview or request that they come to the facility.

**115.71 (k).** N/A

**115.71 (l).** N/A—A separate entity is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment at WCF. The warden, PREA coordinator, and PREA compliance manager confirmed that an outside agency does not conduct investigations in IDOC

facilities. The investigator also reported that the WCF has never had an outside agency conduct an investigation at the facility; however, if necessitated they would support the process.

**Corrective action:** In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

4. Implement a protocol to ensure that chain of custody of evidence is properly managed through the investigative process.
5. First Responders and Investigative staff will provide evidence of completion of additional training to include collection and storage of evidence, chain of custody, utilization of restrictive housing as a result of a PREA related investigation, and referral for criminal prosecution.
6. The WCF must ensure that direct or circumstantial evidence (e.g. bodily fluids, clothing items) are thoroughly tested, as a part of the investigation process.
7. The WCF will ensure that when the quality of evidence appears to support criminal prosecution that they consult with the local prosecutor prior to conducting any compelled interviews.
8. The WCF will provide the complete investigation report for all sexual abuse allegations, that occurred between April 1 and June 5, 2019, and additional supportive documents for cases that have been referred for prosecution.

The corrective action for Standard 115.71 will be monitored for 60 days; effective the date the facility receives the interim report.

Completed Corrective Action:

On August 12, 2019, the WCF provided a memo from the new Warden (John Galipeau) indicating that Investigations will not be officially completed until it's reviewed and approved by the Warden.

On August 22, 2019 the WCF provided the auditor with a list of all staff who have completed the training, along with the PowerPoint slides for the training. Eight investigators/first responders and the PREA Compliance Manager completed the training on August 21, 2019. The training was completed by the agency PREA Coordinator. The scope of the training included: Evidenced Protocol and Forensic Medical Examinations; Policies to Ensure Referrals of Allegations for Investigations; and Specialized Training for Investigations (Criminal and Administrative Investigations, Evidentiary Standards for Administrative Investigations, Investigation Outcomes, Other Considerations (MH, Notices, Incident Reviews, SIRs, Investigation Report, and Evidence Documentation).

As indicated the following documents were reviewed:

1. Investigation Completion Date (Memo)
2. A list of all staff who completed the PREA Refresher training.
3. PREA Investigation refresher training material.

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

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

#### **115.72 (a)**

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

### **Auditor Overall Compliance Determination**

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

### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. Pre-Audit Questionnaire (PAQ)
  - c. Investigation Files (23)
2. Interviews:
  - a. Investigative Staff

#### Findings (By Provision):

**115.72 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), defines how to substantiate an allegation of sexual abuse and sexual harassment; and that administrative or criminal investigation findings do not impose a higher standard than preponderance of evidence. The policy states that a substantiated allegation, is investigated and determination is on a preponderance of the evidence (pg. 5).

Two interviewed investigators stated that a preponderance of evidence is the standard used to substantiate an allegation of sexual abuse or sexual harassment. One investigator further elaborated that the standard of proof in administrative investigations is, as they state, 51% which constitutes a preponderance of the evidence.

Based on review of 23 investigation files associated with administrative or criminal findings of substantiated cases, it appeared that the WCF used preponderance of evidence of most cases. There was one previously discussed case, where direct evidence was not further tested to assist with findings associated with the administrative and/or criminal investigation. Additionally, there was identified concern regarding the processing and collective evidence; and completing an investigation in a timely manner.

**Corrective action:** In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

4. Implement a protocol to ensure that chain of custody of evidence is properly managed through the investigative process.

5. First Responders and Investigative staff will provide evidence of completion of additional training to include collection and storage of evidence, chain of custody, utilization of restrictive housing as a result of a PREA related investigation, and referral for criminal prosecution.
6. The WCF must ensure that direct or circumstantial evidence (e.g. bodily fluids, clothing items) are thoroughly tested, as a part of the investigation process; for investigations that occurred between, April 1 and June 5, 2019.

The corrective action for Standard 115.72 will be monitored for 60 days; effective the date the facility receives the interim report.

**Corrective Action Completed:**

On August 22, 2019 the WCF provided the auditor with a list of all staff who have completed the training, along with the PowerPoint slides for the training. Eight investigators/first responders and the PREA Compliance Manager completed the training on August 21, 2019. The training was completed by the agency PREA Coordinator. The scope of the training included: Evidenced Protocol and Forensic Medical Examinations; Policies to Ensure Referrals of Allegations for Investigations; and Specialized Training for Investigations (Criminal and Administrative Investigations, Evidentiary Standards for Administrative Investigations, Investigation Outcomes, Other Considerations (MH, Notices, Incident Reviews, SIRs, Investigation Report, and Evidence Documentation).

The WCF did not have any PREA related investigations that required implementing chain of custody for circumstantial evidence. The probationary auditor reviewed seven provided allegations of sexual abuse or sexual harassment and could not determine that there were any allegations that would rise to collection of circumstantial evidence.

As indicated the following documents were reviewed:

1. Investigation Completion Date (Memo)
2. A list of all staff who completed the PREA Refresher training.
3. PREA Investigation refresher training material.

**Standard 115.73: Reporting to inmates**

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

**115.73 (a)**

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

**115.73 (b)**

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

**115.73 (c)**

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

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

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

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

### **The following evidence was analyzed in making compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115 (08/01/2016)
  - b. Pre-Audit Questionnaire (PAQ)
  - c. WCF Sexual Abuse Incident Reports (13)
2. Interviews:
  - a. Warden
  - b. PREA Compliance Manager
  - c. Investigative Staff
  - d. Inmates who Reported a Sexual Abuse

### **Findings (By Provision):**

**115.73 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that the PREA Compliance Manager, will inform an offender in writing as to whether the allegation has been substantiated, unsubstantiated, or unfounded (*pg. 24*). The policy further states that all notifications should be documented. As reported in the PAQ, WCF had 14 allegations of sexual abuse that was completed by the agency in the last 12 months. The facility reported that all 14 cases inmates were notified, verbally or in writing, of the results of the investigation.

The warden and two interviewed investigators reported that the notification of the results of an investigation are completed by the PCM. Two interviewed offenders who reported sexual abuse, also stated that they were not notified of the results of the PREA related investigation. One offender stated that facility staff "was walking around recently asking everyone to sign the notification forms".

Thirteen investigation files for sexual abuse allegation was reviewed. Upon review, the probationary auditor could not identify any notification forms that was completed subsequent to the completion of the allegation. There were seven completed notification forms provided; however, the forms were not properly dated to determine when the offender was notified of the results of the investigation. When conducting the onsite audit, interviews with the PCM and review of the investigation files/notification forms, it was found that the facility was not completing notifications on a routine basis. It was also reported that a new process was put into place in March 2019 to ensure notification is being properly conducted.

**115.73 (b).** The agency is responsible for conducting all investigations into allegations of sexual abuse and sexual harassment, therefore 115.73 (b) does not apply.

**115.73 (c).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that following an offender's allegation that a staff member has committed sexual abuse, the facility shall subsequently inform the offender whenever:

- 1) The staff member is no longer posted within the offender's unit;
- 2) The staff member is no longer employed at the facility;
- 3) The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or,
- 4) The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility (pp. 24-25).

The WCF has a *Sexual Abuse/Harassment Investigation Outcome Offender Notification* Form, that is supposed to be completed upon the conclusion of the investigation. Upon review of one investigation file of a substantiated allegation of sexual abuse (offender and staff), it was found that the notification form was not completed. As previously discussed, two interviewed offenders who reported sexual abuse, stated that they were not of the results of a PREA related investigation. Based upon review of offender interviews and investigation files it was found that the WCF was not compliant with Provision 115.73 (b).

**115.73 (d).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that following an offender's allegation that a staff member has committed sexual abuse, the facility shall subsequently inform the offender whenever:

Following an offender's allegation that he or she has been sexually abused by another offender, the facility shall subsequently inform the alleged victim whenever:

- 1) The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or,
- 2) The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility (pg. 24).

Upon review of one investigation files of a substantiated allegation of sexual abuse (offender and offender), it was found that the offender was not indicted or convicted on a charge related to sexual abuse at the facility. Therefore, there were no PREA related allegations that conformed to notifications required by this standard provision during the review period.

**115.73 (e).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that all notifications or attempted notifications are documented (pg. 24). While the agency has a form and a process in policy to document notifications, the WCF was not routinely conducting offender victim notification.

**115.73 (f).** The auditor is not required to audit this provision.

**Corrective action:** In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

4. The facility shall complete and document that offenders have been notified of the results of all allegation that a staff member has committed sexual acts against the offender. The documentation shall address if:
  - a. The staff member is no longer posted within the offender's unit;
  - b. The staff member is no longer employed at the facility;
  - c. The agency learns that the staff member has been indicted on a charge related to sexual abuse with the facility; or

- d. The agency learns that the staff member has been convicted on a charge related to sexual abuse.
- 5. The facility shall complete and document that offenders have been notified of the results of all sexual abuse and sexual harassment allegations. The documentation shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
- 6. The facility shall complete the notification form in entirety; to include have the staff and offender date the form; acknowledging the date of receipt.

The corrective action for Standard 115.73 will include any cases that occurred between, April 1 and June 5, 2019. Monitoring for corrective action shall occur for 90 days.

**Recommendation:**

- 2. Although not required by the provision, it is recommended that the forms are handwritten, not electronically dated.

**Completed Corrective Action:**

There were no substantiated allegations of sexual abuse reported during the corrective action phase. The facility provided documentation where victim notification occurred or was attempted on the seven investigation cases provided to the probationary auditor. It should also be noted that only three of the completed notification forms, provided an offender signature. The remainder four indicated that the offender refused to sign.

**DISCIPLINE**

**Standard 115.76: Disciplinary sanctions for staff**

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

**115.76 (a)**

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

**115.76 (b)**

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

**115.76 (c)**

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

**115.76 (d)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. IDOC Policy and Administrative Procedure, *Information and Standards of Conduct for Departmental Staff*, 04-03-103.
  - c. IDOC *Adult Disciplinary Process Appendix I: Offenses*.
  - d. Pre-Audit Questionnaire (PAQ)
  - e. 12 months of Investigations (14)
  - f. Employee Personnel File (1)
2. Interviews:
  - a. The Department Head Designee/PREA Coordinator
  - b. Warden

### Findings (By Provision):

**115.76 (a).** The WCF reported in the PAQ that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 7), states that staff who have engaged in the above-mentioned acts may be subjected to disciplinary sanctions up to including termination from the Department for violation of the sexual abuse and sexual harassment policies. Interviews with the PREA Coordinator and Warden confirmed understanding of the Agency's ability to implement disciplinary sanctions on staff.

**115.76 (b).** IDOC Policy #04-03-103—*Information and Standards of Conduct for Departmental Staff*, states that “dismissal shall be the presumptive disciplinary sanction for a staff person that violates the Department’s sexual abuse or sexual harassment policies”. The WCF reported that one staff violated the Department’s zero tolerance policy for sexual abuse and sexual harassment.

Upon review of the investigation and the involved employees personnel file it was found that the employee was initially placed on suspension, while the allegation was being investigated. Upon conclusion of the investigation the employee was terminated.

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 (c).** IDOC Policy #04-03-103—*Information and Standards of Conduct for Departmental Staff*, requires the employer to consider all factors prior to imposing a disciplinary sanction. This includes the seriousness of the offense, and the employee’s work history. According to the PAQ, there were no disciplinary sanctions imposed during the 12-month reporting period that would apply to this standard provision.

**115.76 (d).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 25), states that “all staff terminations for violations of the Department’s sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement and to any relevant licensing bodies, unless the activity was clearly not criminal”.

As reported in the PAQ, Westville Correctional Facility (WCF) stated that there were no staff from the facility that was reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating the agency sexual abuse or sexual harassment policies. After review, of one investigation it was found that the facility did not meet its policy standard by referring a substantiated case of staff sexual misconduct to the local prosecutor to determine criminal charges.

When interviewing the lead investigator, it was reported, that the investigation team did not think the incident met the threshold for violating Indiana Statute for criminal prosecution. After further review with the PCM, a corrective action plan was immediately recommended. On April 4, 2019, the WCF lead investigator submitted an email with the investigative report, to the local prosecutor, to determine if the case met threshold for further criminal prosecution. There have been no further updates as of the date of the submission of the audit.

After review of investigation files and interviews with staff, it was found that the facility was not in compliance with Provision 115.76 (d).

**Corrective action:** In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

3. The facility will develop a written protocol to ensure that all terminations or resignations for violations of sexual abuse or sexual harassment policies are reported to law enforcement agencies, unless the act was clearly not criminal.
4. If any cases arise between April 1 and June 5, 2019, the facility will provide evidence that the incident is reported to law enforcement agencies in accordance with Standard 115.76.

The corrective action for Standard 115.76 will be monitored for 60 days, effective the date the facility receives the interim report.

**Completed Corrective Action:**

There were no substantiated allegations of sexual abuse reported during the corrective action phase; therefore, the process of reviewing the protocol could not occur. On August 22, 2019 the WCF provided the auditor with a list of all staff who have completed the training, along with the PowerPoint slides for the training. Eight investigators/first responders and the PREA Compliance Manager completed the training on August 21, 2019. The training provided a refresher indicating the process of referring an employee who violated the agencies sexual abuse and sexual harassment policy to the local law enforcement agency.

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

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

**115.77 (a)**

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

**115.77 (b)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. Pre-Audit Questionnaire (PAQ)
  - c. WCF Sexual Abuse Against a Contract Staff Memo
2. Interviews:
  - a. Warden
  - b. Random Inmate Interviews

### **Findings (By Provision):**

**115.77 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 8), states that volunteers and contractors who engage in sexual abuse or sexual harassment with an offender, is strictly prohibited. If it is found that volunteers and/or contractors have violated said policy, the person (s) will be removed from the facility, not allowed to return and may be subject to criminal prosecution. The policy further states that “information regarding substantiated cases of sexual abuse shall be forwarded to relevant licensure bodies for external review.

As reported in the PAQ, there have been no volunteers or contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates in the past 12 months; nor any incidents/persons reported to law enforcement for engaging in sexual abuse of inmates.

Based on review of files it is found that the facility meets the requirements of the standard, and there were no identified concerns.

**115.77 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 25), states that the “facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of Department sexual conduct or sexual harassment policies by a staff member, contractor, or volunteer”. During the interview with the Warden, it was reported that the facility would immediately suspend the volunteer or contractor, while the incident was being investigated. The volunteer or contractor would be put on a gate closure list; prohibiting them from entering any IDOC facility.

Per the PAQ, there were zero reported incidents of volunteers or contractors who violated the sexual abuse and sexual harassment policy during the previous 12 months. The facility provided a Memo dated March 5, 2019, indicating that there were no reports of sexual abuse against a contract staff. Upon review of the facility investigations, there were no identifiable incidents that involved volunteers or contractors.

It should be noted that during the onsite facility walk thru, one offender requested to speak to the lead auditor regarding their concern with the contracted food services staff. The offender reported that, “he felt some inmates, that worked in chow were going to the area at 2:00am; earlier that what is required to prepare food”. The offender reported that he did not have concrete evidence, nor had he heard of any incidents, but he felt that some inappropriate sexual behavior was occurring. Said information was reported to the PC, PCM, and the Administrative Assistant to further look into.

A review of the appropriate documentation, interviews with offenders 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:**

None

**Standard 115.78: Disciplinary sanctions for inmates**

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

**115.78 (a)**

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

**115.78 (b)**

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

**115.78 (c)**

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

**115.78 (d)**

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

**115.78 (e)**

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

**115.78 (f)**

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

**115.78 (g)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115
  - b. IDOC Policy and Administrative Procedure, *Disciplinary Code for Adult Offenders*, 02-04-101.
  - c. Pre-Audit Questionnaire (PAQ)
  - d. WCF Inmate-Inmate Criminal Finding Guilt Memo
  - e. WCF Inmate-Inmate Conduct Reports Involving Consensual Sex (1)
  - f. Memo-Use of Restrictive Housing, 4-11-2019
2. Interviews:
  - a. Warden
  - b. Medical and Mental Health Staff

### Findings (By Provision):

**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. The IDOC Policy 02-01-115, further states that the offender education program advises offenders that any inmate who engages in any type of sexual abuse and/or sexual harassment shall be charged in accordance with the appropriate disciplinary code or code of conduct. The offenders, are also notified that "all such cases shall be referred to the Indiana State Police for criminal prosecution and to Child Protective Services as appropriate" (pg. 9).

Per the PAQ, there were no administrative or criminal findings of inmate-on-inmate sexual abuse that occurred at the facility in the last 12 months. The WCF provided a memo dated, January 22, 2019, stating that there have been no inmate-on-inmate criminal findings of sexual abuse in the last 12 months. However, when conducting file review, it should be noted that the WCF had one offender-on-offender substantiated allegation of sexual abuse. The incident occurred prior to the date of the memo and the case was not referred for criminal prosecution. Based on review of the nature of the allegations, it is undetermined why the case was not referred for prosecution, as it involved direct contact sexual abuse.

**115.78 (b).** The IDOC, Policy and Administrative Procedure, *The Disciplinary Code for Adult Offenders*, 02-01-101 (dated 06/01/205), (pg. 34), states that when determining appropriate sanctions for offenders, “staff may consider as aggravating or mitigating factors such circumstances, but not limited to, the following: (1) The offender’s prior disciplinary record, especially during the past twelve (12) months. The policy further states that disciplinary sanctions would be imposed in comparable offenses by other offenders with similar history, when determining the discipline penalty.

The interview with the Warden further confirmed that this policy is followed at WCF. Upon review of the investigation files, there was one substantiated case of offender-on-offender sexual abuse. As a result of the substantiated allegation, the offender received disciplinary sections consistent with *The Disciplinary Code for Adult Offenders*. The disciplinary action taken included: (21) day loss of phone privileges, 60 days of restrictive housing, and 30 days of earned crime credit deprivation.

**115.78 (c).** The IDOC, Policy and Administrative Procedure, *The Disciplinary Code for Adult Offenders*, 02-01-101 (dated 06/01/205), (pg. 34), states that when determining appropriate sanctions for offenders, “staff may consider as aggravating or mitigating factors such circumstances, but not limited to, the following: “the offender’s mental health status/state at the time of the violation, including the motivation for the offense and the offender’s attitude toward the offense and the victim”.

The interview with the Warden further confirmed that this policy is followed at WCF. There was one substantiated allegation of inmate-on-inmate sexual abuse that occurred over the last 12 months; in which an offender was disciplined. Upon review of the incident report and disciplinary findings, there was no indication of whether a mental disability or mental illness contributed to the allegation.

**115.78 (d).** Per the PAQ, the WCF offers therapy, counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse; and the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Interviews with the medical and mental health staff, indicated that all inmates are offered individual and group related services. When services are provided, it is voluntary participating for the inmates.

The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 26), “following an investigation substantiating an incident of offender-on-offender sexual abuse and/or if during risk screening it is determined an offender committed offender-on-offender sexual abuse, even if at another facility; mental health staff shall conduct a mental health evaluation of the known offender abuser within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate”. The interviewed mental health staff stated that, if a victim or aggressor is identified, staff will always refer them to mental health. The WCF does not have a specific victim group; and that is to avoid making such victims a target to other offenders in the facility. Trauma services are addressed in individual therapy. If an inmate refuses services, they can come back at a later date if they so choose too. The agency does not require the offender to participate in Mental Health programming, and thus, permits refusals.

**115.78 (e).** Per the PAQ and the *Disciplinary Code for Adult Offenders* policy, the WCF can discipline an offender for sexual conduct with staff, if it is found that the staff member did not consent to such contact. The WCF reported an incident where an inmate violated such policy. The incident was investigated and the offender was disciplined in accordance to said policy.

**115.78 (f).** The Agency policy prohibits disciplinary action against an inmate for reporting 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. Per the PAQ, no offenders were disciplined as a result of the making a PREA allegation.

While conducting interviews of targeted and random offenders, two offenders expressed concern that they felt disciplined for making a report. One targeted offender reported being put in a holding enclosure for several hours while the facility investigated his PREA report. The offender further stated that the method by which the facility processed his report has him less likely to make a report in the future. Another targeted offender, transgender female, reported that she was placed in segregated housing for five months following an allegation of sexual abuse.

The offender further stated that “she” was initially told that she was placed in segregation for her safety and security at the facility. She stated that she made multiple attempts to reach out to investigations, to discuss “her” concern with being placed in restrictive housing and no one responded. A follow up conversation occurred with the lead investigator. It was reported that although the above-mentioned offender had no write ups, they felt she was abusing the PREA reporting system, to get moved to the same unit as the boyfriend. It was further reported that they offered the offender several different housing options and she refused all of them.

Upon further review of the investigation documentation, there was no verification or documentation indicating why the targeted offender was placed in the segregated housing area for an extended period of time. Concerns, with the handling of case was discussed with the Warden, PC, and PCM. Due to the nature and scope of the concern, the facility Warden issued a memo to the facility leadership and investigation staff stating that “no offender is to be transferred to Restricted Housing as a result of, or immediately after, filing a Prison Rape Elimination Act allegation without first completing” a PREA Housing Assignment Review. Staff must obtain the Wardens pre-approval prior to transferring the offender to restricted housing. “No exceptions”.

**115.78 (g).** The Agency policy prohibits sexual activity between offenders. Consensual sexual activity between offenders is considered a Class B offense. Sexual conduct reports are only issued when the offender’s sexual activity had been investigated and determined to be consensual not coerced.

**Corrective action:** In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

2. The WCF must show a practice of following the Agency policy, in which staff will not discipline offenders who report allegations of sexual abuse or sexual harassment. To show compliance with this provision, the WCF shall provide the full investigation report of all investigations initiated and/or completed between April 1 and June 5, 2019. In addition to the full investigation report, and a 60-day review of the offender housing assignment for said associated investigations.

Provision 115.78 will be monitored for 60 days effective the date the facility receives the interim report.

**Completed Corrective Action:**

The WCF provided documentation of seven investigations that were completed between April and July 2019. There was no evidence in the documentation that offenders were disciplined for reporting allegations of sexual abuse and/or sexual harassment. Additionally, WCF provided evidence of an allegation where the offender was also in a mental health crisis due to other mental disorders, and additional measures were taken to protect the offender.

On April 11, 2019, Warden Seiver provided a memo indicating when and how the use of restrictive housing for PREA related allegations. Additionally, there was a form created that must be completed prior to transferring an offender to restrictive housing.

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

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

##### 115.81 (b)

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

##### 115.81 (c)

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

##### 115.81 (d)

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

##### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. PREA Audit Questionnaire (PAQ)
  - c. WCF Release Medical Information Memo
  - d. MH/Medical Screenings (20) \*\*\*some files were duplication of the same offender meeting criteria for victim and perpetrator of sexual abuse.
2. Interviews:
  - a. Inmates who Disclose Sexual Victimization at Risk Screening (3)
  - b. Staff Responsible for Risk Screening
  - c. PREA Compliance Manager
  - d. Intake Staff

### Findings (By Provision):

**115.81 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), addresses the provision, in that if an offender reports on the screening instrument that they have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake (*pg. 16*). The policy also states that medical and mental health will retain secondary materials, associated with documentation of compliance.

The WCF reported in the PAQ, that 100% of the offenders who reported prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. The intake staff is responsible for conducting the initial risk screening. The interviewed intake staff reported that if an offender indicates on the screening that they experienced prior sexual victimization whether in an institutional setting or in the community, the medical and mental health staff will offer follow up services. The offender name will be placed on the mental health case referral form. Follow up typically occurs within two or three days, but may take up to 30 days. The intake staff will notify the PCM and the PCM will email medical and mental health staff. It was also reported that if the offender reported recent sexual abuse, medical and mental health staff will be notified immediately. The PCM also confirmed the same process.

Three inmates interviewed disclosed prior sexual victimization. All of the inmates recalled speaking with staff upon admission about prior victimization; two inmates recalled being offered additional services to meet with medical or mental health staff.

Based on review of policy, offender medical and mental health files (14), interview with the intake staff responsible for conducting the initial evaluation, and interviews with offenders who reported prior sexual abuse, the facility is compliant with Provision 115.81 (a).

**115.81 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), addresses the provision, in that if an offender reports on the screening instrument that they have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake (pg. 16).

In the PAQ, WCF reported that they conduct follow-up meetings for offenders who have previously perpetrated sexual abuse, within 14 days of the intake screening. The facility stated that 100% of offenders who previously perpetrated sexual abuse in the past 12 months were offered a follow up meeting by a mental health practitioner. Nine medical and mental health files reviewed for offenders who previously perpetrated sexual abuse was reviewed. All nine included follow up meetings with mental health, within the appropriate timeframes.

The intake staff is responsible for conducting the initial risk screening. The interviewed intake staff reported that if an offender indicates on the screening that they previously perpetrated sexual abuse, the offender is offered follow-up mental health services. The referral will be made within a couple of days, however may be seen within 30 days by mental health staff. The intake staff will notify the PCM and the PCM will email medical and mental health staff.

Based on review of policy, offender medical and mental health files (9), an interview with the intake staff responsible for conducting the initial evaluation, and interviews with offenders who previously perpetrated sexual abuse, the facility is compliant with Provision 115.81 (b).

**115.81 (c).** The auditor is not required to audit this standard of the provision. The facility is a prison, whereby they would not receive offenders directly from jail, thereby it is judged to materially meet this provision.

**115.81 (d).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that “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” (pg. 26).

**115.81 (e).** As reported in the PAQ, medical and mental health practitioners obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), further supports medical and mental health staff responsibility to obtain informed consent (pg. 26). Westville Correctional Facility provided a memo dated 1/22/2019, indicating that “there has been no release of medical information for prior NON-Institutional Sexual Abuse in the last (12) months”.

Interviews with the medical and mental health staff reported being aware of their Duty to Report and the Limitations of Confidentiality. The staff indicated that the offender is informed of the limitations prior to initiating treatment. It should not note that the facility does not house offenders under eighteen years of age.

**Corrective action:**

N/A

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

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

**115.82 (a)**

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

**115.82 (b)**

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

**115.82 (c)**

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

**115.82 (d)**

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

**Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. IDOC Sexual Assault Manual
2. Interviews:
  - a. Medical and Mental Health Staff
  - b. Inmates who Reported Sexual Abuse
  - c. Security and Non-Security Staff First Responders

### Findings (By Provision):

**115.82 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that, "victims of sexual abuse shall receive timely, unimpeded access to quality medical and mental health services free of charge following an incident of sexual abuse, whether or not they name an abuser or cooperate with the investigation" (pg.25). As reported in the PAQ, inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It further stated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement.

Interviewed medical and mental health staff reported that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical and crisis intervention services. It was reported that the victim will first be referred to medical staff, then referred to behavioral health. Offender victims will receive immediate acute and ambulatory care. As reported, services are determined by professional judgement. When interviewing offenders (2) who reported sexual abuse, one offender reported being immediately seen by medical and mental health. One offender reported that they were not seen by anyone for six months. When review of the offender file, it showed that the offender initially refused services.

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

**115.82 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), provides that "if no qualified medical or mental health staff persons are on duty at the time a report of recent sexual abuse is made, first responders shall take preliminary steps to protect the victim and shall immediately notify the shift supervisor" (pg. 26). Interviewed security and non-security staff first responders described the actions taken as a first responder. Such actions included but not limited to:

- Notify shift supervisor
- Secure scene
- Make sure the person doesn't shower

- Secure any items in paper bags (collect evidence)
- Separate parties
- Conduct preliminary investigation (inquiry) until investigations takes over
- If outside medical is needed, will assign a staff to coordinate outside medical care

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.

**115.82 (c).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that “victims of sexual abuse shall be provided counseling by Health Services staff in a sensitive, culturally competent, and easily understood manner regarding transmission, testing and treatment methods (including prophylactic treatment), and the risks associated with sexually transmitted infection (STI) treatment” (pg. 26). Its further stated that medical personnel shall offer and encourage testing for HIV and viral hepatitis six (6) to eight (8) weeks following the sexual abuse.

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. Interviewed mental health staff reported that they are not aware of the medical protocols; however, interviewed medical staff stated that the offender (s) are given an information packet on STDs and STIs, and are offered prophylactics.

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.

**115.82 (d).** As previously stated, the IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that, “victims of sexual abuse shall receive timely, unimpeded access to quality medical and mental health services free of charge following an incident of sexual abuse, whether or not they name an abuser or cooperate with the investigation” (pg.25). The facility reported in the PAQ that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation.

Based on review of relevant polices, the facility in in compliance with the provision of this standard. No corrective action is warranted.

**Corrective action:**  
N/A

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

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

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

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

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

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

#### 115.83 (c)

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

#### 115.83 (d)

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

#### 115.83 (e)

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

#### 115.83 (f)

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

#### 115.83 (g)

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

#### 115.83 (h)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. IDOC Sexual Assault Manual
  - c. Pre-audit Questionnaire (PAQ)
  - d. Investigation files
  - e. Medical and Mental Health Records (19)
2. Interviews:
  - a. Medical and Mental Health Staff
  - b. Inmates who Reported Sexual Abuse

### Findings (By Provision):

**115.83 (a).** As previously stated, the IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that, "victims of sexual abuse shall receive timely, unimpeded access to quality medical and mental health services free of charge following an incident of sexual abuse, whether or not they name an abuser or cooperate with the investigation" (pg.25). 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 while in prison, jail, lockup, or juvenile facility.

During the facility tour, it was observed that the facility has onsite medical and mental health services and adequate staff to offer medical and mental health evaluations. Interviews with medical staff and offenders who reported sexual abuse indicated that such services are available to those who have been victimized by sexual abuse. When reviewing one offender file, who reported sexual abuse; there was clear documentation where the offender was seen by offsite medical services and follow up mental health services was provided.

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

**115.83 (b).** The above referenced policy further states that the evaluation and treatment of victims shall include, as appropriate, follow-up services, treatment plans, and, when clinically indicated, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody (pg. 25).

Interviews with medical and mental health staff indicated that the evaluation of and treatment of offenders who have been victimized entail:

- Referral for forensic medical services (local hospital)

- Conduct follow up services onsite
- Behavioral health will do an initial treatment plan
- If close to release refer to community-based services
- If necessary, the facility can call on an outside group to conduct emotional supportive services

Interviewed offenders who reported sexual abuse (2) indicated that mental health services were offered; one offender indicated that medical services were not necessary and the other offender reported that medical services were offered.

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

**115.83 (c).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that, the facility shall provide victims with medical and mental health services consistent with the community level of care (pg. 26). Interviewed medical and mental health staff reported that the services are offered consistent with community level of care. In review of nineteen medical and mental health records, the facility consistently offered medical and mental health services consistent with the community level of care.

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.

**115.83 (d).** N/A—WCF is an all-male facility; therefore, does not house female offenders.

**115.83 (e).** N/A—WCF is an all-male facility; therefore, does not house female offenders.

**115.83 (f).** As previously stated, the IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that, offenders shall be provided counseling by Health Services staff in a sensitive, culturally competent, and easily understood manner regarding transmission, testing and treatment methods (including prophylactic treatment), and the risks associated with sexually transmitted infection (STI) treatment. Medical personnel shall offer and encourage testing for HIV and viral hepatitis six (6) to eight (8) weeks following the sexual abuse (pg. 26).

As reported in the PAQ, inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Two interviewed offenders who reported sexual abuse stated that they were not offered tests for sexually transmitted infections. In review, one case did not involve sexual abuse, and the other interviewed offenders' case, it was reported that the offender refused services. When reviewing an offender-on-offender sexual abuse case, the victim was taken for outside medical care and offered tests for sexually transmitted infections.

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

**115.83 (g).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that, Victims of sexual abuse shall receive timely, unimpeded access to quality medical and mental health services free of charge following an incident of sexual abuse, whether or not they name an abuser or cooperate with the investigation (pg. 25). Two interviewed offenders who

reported sexual abuse, reported that they were not responsible for paying for any treatment related to incidents of sexual abuse.

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

**115.83 (h).** As reported in the PAQ, the WCF, attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that, “following an investigation substantiating an incident of offender-on-offender sexual abuse and/or if during risk screening it is determined an offender committed offender-on-offender sexual abuse, even if at another facility; mental health staff shall conduct a mental health evaluation of the known offender abuser within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate (pg. 26).

Interviews with medical and mental health staff, indicated that the WCF attempts to conduct mental health evaluations of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed necessary. It was further reported that if the person comes up on the assessment as an aggressor, the offender will be referred to mental health for an evaluation. This usually occurs within 72 hours. If the offender is placed on segregation, mental health will meet with them on a weekly basis. A review of at least 5 offender aggressor files, confirmed such evaluations occur.

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:**  
N/A

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

##### 115.86 (a)

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

##### 115.86 (b)

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

##### 115.86 (c)

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

#### 115.86 (d)

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

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. WCF Incident Mapping Report (March 2018-March 2019)
  - c. Sexual Abuse Incident Review form.
2. Interviews:
  - a. Warden
  - b. PREA Coordinator
  - c. PREA Compliance Manager
  - d. Incident Review Team

**Findings (By Provision):**

**115.86 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that, “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 (*pg. 11*). As reported in the PAQ, the WCF, 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. It was further reported that in the past 12 months, there were 29 criminal and/or administrative investigations of alleged sexual abuse and sexual harassment completed at the facility, excluding only “unfounded” incidents.

The WCF could not provide evidence that sexual abuse incident reviews were occurring consistently upon the conclusion of every criminal or administrative sexual abuse investigation. An informal interview with the PREA Coordinator, it was reported that WCF was provided a form (*Sexual Abuse Incident Review*), that should have been used to show evidence of Standard implementation.

**115.86 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that the sexual abuse incident reviews shall occur within 30 days of the conclusion of the investigation (*pg. 11*). As reported in the PAQ, the WCF, conducts criminal and/or administrative sexual abuse incident reviews within 30 days of the conclusion of the sexual abuse investigation. It was further reported that in the past 12 months, there were 29 criminal and/or administrative investigations of alleged sexual abuse or sexual harassment completed at the facility, that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents.

The WCF could not provide evidence that sexual abuse incident reviews were occurring consistently upon the conclusion of every criminal or administrative sexual abuse investigation. An informal interview with the PREA Coordinator, it was reported that WCF was provided a form (*Sexual Abuse Incident Review*), that should have been used to show evidence of Standard implementation.

**115.86 (c).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), provides that the review team “shall be comprised of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The PREA Compliance Manager shall serve as the Chairperson (*pg. 11*). As reported in the PAQ, the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

The warden reported that a review team of upper level management would meet to discuss the results of sexual abuse investigations. The WCF could not provide evidence that sexual abuse incident reviews were occurring consistently upon the conclusion of every criminal or administrative sexual abuse investigation. An informal interview with the PREA Coordinator, it was reported that WCF was provided a form (*Sexual Abuse Incident Review*), that should have been used to show evidence of Standard implementation.

**115.86 (d).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pp. 11-12), supports that the facility shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
2. 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;
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of staffing levels in that area during different shifts;
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
6. Prepare a report of its findings and any recommendations for improvement and submit the report to the Superintendent and Executive Director of PREA.

As reported in the PAQ, the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) - (d)(5) of this section and makes recommendation for improvement, and submits such reports to the facility head and the PREA Compliance Manager.

Interviews with the warden and the PCM indicated that the team would meet monthly to consider things like housing, inmate safety, and policy. It was also reported that is very rare that they would have to make policy changes. It should be noted that the PCM is the lead of the incident review team. The PCM stated that he chairs the monthly meetings. During the meetings they will look over the aggressor and victim list; the results of the investigation, and more recently go over the transgender questionnaire.

The WCF could not provide evidence that sexual abuse incident reviews were occurring consistently upon the conclusion of every criminal or administrative sexual abuse investigation. An informal interview with the PREA Coordinator, it was reported that WCF was provided a form (*Sexual Abuse Incident Review*), that should have been used to show evidence of Standard implementation.

**115.86 (e).** The above referenced policy further states that, “the facility shall implement the recommendations for improvement or document its reasons for not doing so” (pg. 12). As reported in the PAQ, the WCF, implements the recommendations for improvement of documents its reasons for not doing so.

The WCF could not provide evidence that sexual abuse incident reviews were occurring consistently upon the conclusion of every criminal or administrative sexual abuse investigation. An informal interview with the PREA Coordinator, it was reported that WCF was provided a form (*Sexual Abuse Incident Review*), that should have been used to show evidence of Standard implementation. It should be noted that the facility has a monthly incident mapping sheet, that documents the location of all incidents that occur throughout the facility.

**Corrective action:** In order to show compliance with this standard the facility is to provide the probationary auditor, via email with evidence of the following:

- The WCF will complete the Sexual Abuse Incident Review form that was created by the PREA Coordinator, within 30 days of the conclusion of every sexual abuse investigation.
- The WCF shall document that the review team shall include upper level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.
- The WCF shall ensure that the team addresses all key elements:
  - 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; and
  - Prepare a report of its findings and any recommendations for improvement and submit the report to the Superintendent and Executive Director of PREA.

Provision 115.86 will be monitored for up to 60 days effective the date the facility receives the interim report.

Completed Corrective Action:

The WCF provided documentation of three sexual abuse allegation investigations that were completed during the corrective action phase. The facility provided evidence that the cases were thoroughly reviewed using the sexual abuse incident review form provided by the PREA Coordinator. All key elements indicated above were addressed. Additionally, to address concerns as to when this process begins, WCF drafted a memo, signed by the new Warden indicating when an investigation is officially closed.

### Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016),
  - b. Adult SSV Report (2015-2017)
  - c. Sexual Assault Annual Prevention Report (2014, 2015)
  - d. Agency Annual PREA Report (2016, 2017)
  - e. Sexual Incident Review (SIR)
2. Interviews:
  - e. PREA Coordinator

f. PREA Compliance Manager

**115.87 (a/c).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that, the Executive Director of PREA shall develop a Department-wide report based upon the Sexual Incident Reports provided by the facilities. This report shall be completed by the federally mandated date and presented to the Department's Executive Staff for review and ensure the report is made readily available to the public through the Department website, ensuring all personal identifiers are redacted (pg. 29).

As reported in the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at the facilities under its direct control using standardized instrument and set of definitions. It was further reported that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

The content of the SIR completed with the review period was reviewed by the probationary auditor. The agency collected accurate and uniform data for every allegation of sexual abuse that occurred at the facilities under its direct control using a specific standardized instrument (*Sexual Assault Prevention Program Annual Report*). The report aggregates data for substantiated, unsubstantiated, and unfounded cases of:

- Inmate Sexual Harassment
- Abusive Sexual Contact
- Nonconsensual Sexual Act
- Staff Sexual Harassment
- Staff Sexual Misconduct

Based on review of documentation, the facility meets the requirements of the provision. No corrective action needed.

**115.87 (b).** As discussed in the above-mentioned provision, the agency collects aggregate data of incident-based sexual abuse annually. The policy, *Sexual Abuse Prevention*, further states that "all reports of Nonconsensual Sexual Acts, Abusive Sexual Contact, Staff Sexual Misconduct and Sexual Harassment as defined in this policy and administrative procedure shall be reported on a SEXUAL INCIDENT REPORT" (pg. 28). It is the responsibility of the PCM to submit SEXUAL INCIDENT REPORT (SIR) for each allegation that is a PREA related incident via the Sexual Incident Reporting System at: <http://myshare.in.gov/Pages/IDOC.aspx>.

The WCF reported in the PAQ, the agency aggregates the incident-based sexual abuse data at least annually. The policy further requires that all investigations, regardless of outcome, shall be reported via completion of an SIR with any relevant written statements and documents attached. The SIR is confidential and shall not be released to the public or offenders directly, unless as stipulated through an order of the court. It is the responsibility of the PCM to maintain a record of all sexual abuse reports at the facility. The probationary auditor viewed the Agency's current reports available online through 2017 and via the PAQ uploaded versions.

Based on review of documentation, the facility meets the requirements of the provision. No corrective action needed.

**115.87 (d).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that the content of each SIR should be discussed at monthly facility PREA committee

meetings (pg. 29). The facility reported in the PAQ, the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The probationary auditor viewed the facilities completed SIRs (29), Agency's current reports available online through 2017 and via the PAQ uploaded versions.

Based on review of documentation, the facility meets the requirements of the provision. No corrective action needed.

**115.87 (e).** As reported in the PAQ, the agency obtains incident-based and aggregate data from every private facility with which it contracts for the confinement of its inmates. It was further reported that the data from private facilities complies with SSV reporting regarding content. The PREA Executive Director (PREA Coordinator) is responsible for the development of an IDOC departmental report. The probationary auditor was able to review the facilities SSV Summaries for contacted facilities: New Castle (2015) and Heritage Trail (2015 ad 2016). Upon review, it was judged to have met the requirements of this provision.

Based on review of documentation, the facility meets the requirements of the provision. No corrective action needed.

**115.87 (f).** As reported in the PAQ, the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that the agency will provide all such data from the previous calendar year to the Department of Justice, by the federally mandated date (pg. 29).

Based on review of documentation, the facility meets the requirements of the provision. No corrective action needed.

**Corrective action:**

N/A

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

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

**115.88 (a)**

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

### 115.88 (b)

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

### 115.88 (c)

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

### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
  - c. IDOC PREA Website Information, Published Reports
    - i. Survey of Sexual Victimization (SSV)
    - ii. Sexual Assault Prevention Program (SAP)
2. Interviews:
  - a. PREA Coordinator/Agency Head Designee
  - b. PREA Compliance Manager (PCM)

### Findings (By Provision):

**115.88 (a).** As discussed in the PAQ, the IDOC and WCF, reviewed data collected and aggregated under § 115.87 to assess and improve the effectiveness of the facility’s sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 29), addresses facility leadership and PREA Coordinators responsibility to conduct annual evaluations of the facilities efforts to eliminate sexual abuse and ensure compliance with policies and standards.

Interviews with the PREA Coordinator/Agency Head Designee, revealed that the agency prepares an annual report of its findings and corrective action that includes the WCF information. The annually facility reports also covers actions by the agency to improve PREA compliance. This may involve agency level policy changes, additional staff training or creation of new forms for documentation of compliance. The PCM reported that he is responsible for collecting data and submitting agency-wide reports.

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.

**115.88 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 29), the policy further states that the evaluations “shall include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the facility’s progress in addressing sexual abuse”. Based upon the probationary auditor’s review of available annual reports and per policy, Agency data is aggregated annually.

**115.88 (c).** As reported in the PAQ, the agency makes its annual report readily available to the public at least annually, through its website. The Agency Head Designee/PREA Coordinator reported that the annual reports are presented to the Commissioner for signature and approval prior to being published on the agency website. The previous year’s report (2017-2013 SAP Report) was reviewed on the Agency’s website by the probationary auditor and conformed to the provisions of this standard.

Based on review of documentation Provision 115.88 (C) is compliant.

**115.88 (d).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 29), states that the published reports will ensure that all personal identifiers are redacted. The policy further states that material that poses a clear and specific threat to the safety and security of the facility will also be redacted. The agency PREA Coordinator, confirmed policy standards, stating that, only the number of incident types and findings are provided on the agency report. No specific incident information or personal identifying information is referenced on the agency report.

Review of the agency website, policies, agency reports, and interviewed staff; provide evidence of compliance with the intent of the standard.

**Corrective action:**  
**None**

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

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

#### **115.89 (a)**

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

#### 115.89 (b)

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

#### 115.89 (c)

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

#### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
  - c. IDOC PREA Website Information, Published Reports
    - i. Survey of Sexual Victimization (SSV)
    - ii. Sexual Assault Prevention Program (SAP)
2. Interviews:
  - a. PREA Coordinator

### Findings (By Provision):

**115.89 (a).** The WCF reported in the PAQ that incident-based and aggregate data is securely retained. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 296), provides direction on the agencies responsibility to collect and retain incident-based and aggregate data securely. Said data is made readily available to the public at least annually through the agency website. The facility maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.

During interview, the PREA Coordinator, reported every facility must complete an annual sexual abuse prevention reports annually and submit those reports to the PCM for review. These reports cover the same information as the report for the agency that is required in 115.87. The agency report is then written based on the information from the facility reports as well as the Sexual Incident Reporting System. The SIRS is based on the incident reports required for substantiated cases for the SSV. Access to the SIRS is restricted to select staff, authorized by me. The sexual abuse incident reviews from facilities are also forwarded to me for review as well. If there is an agency level correction that is needed, I will make that correction.

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.

**115.89 (b).** The IDOC made aggregated sexual abuse data from directly controlled and contracted facilities readily available to the public. The IDOC utilized website publications as a means by which to disseminate aggregated data. The probationary auditor visited the IDOC website in February 2019 and confirmed that appropriate reports associated with the Agency's 2013-2017 Sexual Assault Prevention publication and SSV, were uploaded and available. The PREA Coordinator confirmed this publication was uploaded annually.

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.

**115.89 (c).** As reported in the PAQ, the IDOC, removes all personal identifiers before making aggregate sexual abuse data public. Upon review of the report, all personal identifiers were removed. When interviewing the PREA Coordinator, it was reported that only the number of incident types and findings are provided on the agency report. No specific incident information or personal identifying information is referenced on the agency report.

Upon review of documentation, the facility is compliant with Provision 115.89 (C).

**115.89 (d).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 29), indicates that sexual abuse data is collected pursuant to 115.87 and maintained for at least ten (10) years. There is no Federal, State, or local law requiring data to be maintained otherwise. During discussion with the PREA Coordinator, it was confirmed that the data maintenance conformed to these standards.

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.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

##### 115.401 (a)

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

##### 115.401 (b)

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

##### 115.401 (h)

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

##### 115.401 (i)

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

##### 115.401 (m)

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

##### 115.401 (n)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

- 3. Documents: IDOC PREA Website
- 4. Interviews:
  - a. PREA Coordinator (PC)

### Findings (By Provision):

**115.401 (a).** The IDOC website contains the results of all of the PREA audits conducted since August 2015.

**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.

**115.401 (h).** During the inspection of the physical plant the probationary auditor and her team were escorted throughout the facility by the Warden, Administrative Assistant 1, PCM, PC, as well as other Executive or Security staff; integral to the functioning of the WCF. The audit team 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.

**115.401 (i).** During the probationary auditor and her team 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.

**115.401 (m).** The audit team was provided private rooms throughout the facility to conduct offender interviews. If an offender requested 2<sup>nd</sup> interviews, the staff were willing to bring the individuals back without discussion.

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.

**Corrective action:**  
None

### Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making compliance determination:

1. Documents: Agency website

#### Findings (By Provision):

**115.403 (f).** The IDOC, posts its PREA Audit reports on the Agency website. The reports are available for review at <https://secure.in.gov/idoc/2832.htm>. There is a link to the Final PREA Audit reports provided midway down the webpage under DOJ Audit Report-Adult.

The facility is compliant with Provision 115.403 (f).

**Corrective action:**

N/A

**AUDITOR CERTIFICATION**

I certify that:

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

**Auditor Instructions:**

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

Latera M. Davis \_\_\_\_\_

9/10/2019 \_\_\_\_\_

**Auditor Signature**

**Date**

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

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