

## Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim       Final

Date of Report    6/11/2018

### Auditor Information

Name: Sonya Love	Email: Sonya.Love@waldenu.edu
Company Name: Diversified Correctional Consultants	
Mailing Address: P.O. Box	City, State, Zip: Covington, Ga 30014
Telephone: 678-200-3446	Date of Agency Visit: 3/19-20/18

### Agency Information

Name of Agency		Governing Authority or Parent Agency (If Applicable)	
Marion County Juvenile Detention Center		Marion County Superior Courts	
Physical Address: 2451 North Keystone Avenue, Indianapolis, Indiana 46218		City, State, Zip: 2451 North Keystone Avenue, Indianapolis, Indianapolis 46218	
Mailing Address: same		City, State, Zip: same	
Telephone: 317-327-8300		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: We at the Marion County Juvenile Detention Center (MCJDC) work to establish safety and security as our culture while building competency for youth and staff. It is our goal to increase resident and staff accountability while providing Re-entry preparation for all detained youth			
Agency Website with PREA Information: <a href="http://www.indy.gov/eGov/Courts/Superior/Juvenile-Detention-Center/Pages/PREA-MCJDC">http://www.indy.gov/eGov/Courts/Superior/Juvenile-Detention-Center/Pages/PREA-MCJDC</a>			

### Agency Chief Executive Officer

Name: Paige Bova-Kervan	Title: Chief Operating Officer
Email: Paige.Bova@indy.gov	Telephone: 317-327-4513

### Agency-Wide PREA Coordinator

<b>Name:</b> Mary Dozier	<b>Title:</b> Director of Accreditation/PREA Coordinator
<b>Email:</b> Mary.Dozier@indy.gov	<b>Telephone:</b> 317-327-8300, x 8487
<b>PREA Coordinator Reports to:</b> Superintendent of Quality	<b>Number of Compliance Managers who report to the PREA Coordinator</b> none

### Agency Information

<b>Name of Agency:</b> Marion County Juvenile Detention Center				
<b>Physical Address:</b> 2451 North Keystone Avenue, Indianapolis, Indianapolis 46218				
<b>Mailing Address (if different than above):</b> <a href="#">Click or tap here to enter text.</a>				
<b>Telephone Number:</b> (317) 327-4513				
<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 checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal	
<b>Agency Type:</b>	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake	<input type="checkbox"/> Other
<b>Agency Mission:</b> We at the Marion County Juvenile Detention Center (MCJDC) work to establish safety and security as our culture while building competency for youth and staff. It is our goal to increase resident and staff accountability while providing Re-entry preparation for all detained youth				
<b>Agency Website with PREA Information:</b> <a href="http://indy.gov/eGOV/Courts/Superior/Juvenile-Detention-Center/Pages/PREA-MCCJDC">http://indy.gov/eGOV/Courts/Superior/Juvenile-Detention-Center/Pages/PREA-MCCJDC</a>				
<b>Is this agency accredited by any other organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

### Agency Administrator/Superintendent

<b>Name:</b> James Snider	<b>Title:</b> Superintendent of Quality
<b>Email:</b> James.Snider@indy.gov	<b>Telephone:</b> (317) 327-8300

### Agency PREA Compliance Manager

<b>Name:</b> Mary Dozier	<b>Title:</b> Director of Accreditation/PREA Coordinator
<b>Email:</b> Mary.Dozier@indy.gov	<b>Telephone:</b> 317-327-8300, x 8487

### Agency Health Service Administrator

<b>Name:</b> Candice Jones	<b>Title:</b> Health Services Administrator
<b>Email:</b> CNJones@correctcaresolutions.com	<b>Telephone:</b> 317-327-8541

<b>Agency Characteristics</b>	
Designated Agency Capacity: 144	Current Population of Agency: 77
Number of residents admitted to agency during the past 12 months	926
Number of residents admitted to agency during the past 12 months whose length of stay in the agency was for 10 days or more:	736
Number of residents admitted to agency during the past 12 months whose length of stay in the agency was for 72 hours or more:	926
Number of residents on date of audit who were admitted to agency prior to August 20, 2012:	0
Age Range of Population:	10-18
Average length of stay or time under supervision:	21.79
Agency Security Level:	Maximum
Resident Custody Levels:	Maximum
Number of staff currently employed by the agency who may have contact with residents:	98
Number of staff hired by the agency during the past 12 months who may have contact with residents:	75
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	3
<b>Physical Plant</b>	
Number of Buildings: 1	Number of Single Cell Housing Units: 7
Number of Multiple Occupancy Cell Housing Units:	0
Number of Open Bay/Dorm Housing Units:	0
Number of Segregation Cells (Administrative and Disciplinary):	16
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.):	
<p>Marion County Juvenile Detention Center employs a video camera system for video surveillance technology. Cameras are placed in strategic locations throughout the institution grounds to ensure the safety and security of both residents and staff.</p>	
<b>Medical</b>	
Type of Medical Agency:	Triage and basic service
Forensic sexual assault medical exams are conducted at:	Riley Children's Hospital and Eskenazi Hospital
<b>Other</b>	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the agency:	300
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	19

# Audit Findings

## Audit Narrative

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

### Pre-audit Preparation Period

In preparation for a scheduled PREA audit the agency posted notices in the agency to advise visitors, residents, staff, volunteers and contactors of the upcoming review. Posted notices included the name of the auditor, a contact address and an invitation for all to write private letters focusing on PREA related concerns or experiences. Prior to the onsite audit the auditor did not receive any letters. Based on the notices and interviews with random and targeted residents the notices were posted well in advance of the audit date of March 19-20, 2018. The auditor established lines of communication via email with the PREA Coordinator to discuss logistics and expectations for the onsite audit. The PREA Coordinator was established as the point-of-contact for the PAQ. The agency also submitted the Pre-audit questionnaire (PAQ) supporting documents such as PREA policies, proof of practices in the form of agency policy statements, and a resident handbook in multiple languages (Spanish/English/Burmese).

### Sample Methodology-Juvenile Residents

Marion County Juvenile Detention Center resident sample size was determined by the population census of male and female residents fifty-nine (59) on the first day of the audit in conjunction with the established sample size criteria outlined by the PREA Resource Center (PRC) representative rubrics. Random residents were selected from a population roster of different housing units, dated March 19, 2018. The overall number of random resident interviewed was thirteen (13).

Targeted residents were selected from a roster of self-identified individuals based on the established targeted categories such as Gay, Bisexual, Disabled, Transgender, Intersex, or a resident who reported prior sexual victimization during risk screening. Zero (0) residents were housed in segregated because of a PREA related incident. Zero (0) residents were identified as disable. One (1) resident was identified as limited English proficient (LEP). One (1) resident interviewed self-identified as Gay and one (1) resident interviewed self-identified during intake with a history of victimization in the community during risk screening.

### Sampling Methodology- Staff/Volunteers/Contractors

Specialized staff interviews (13) were selected based on the specific job responsibilities or role of the employee working in the agency. In some cases, staff held dual roles such as the PREA Coordinator and retaliation monitor. Random staff (10) (correctional and other disciplines) were selected from a roster of current employees working on each of the three shift rotations during the onsite audit review period. A sample of five (5) volunteers and one (1) foodservice contractor working at Marion County Juvenile Detention Center were interviewed. Volunteers were interviewed by phone while the foodservice contractor was interviewed face-to-face. Likewise, the community SANE point of contact for Riley Children's Hospital was interviewed by telephone as part the PREA audit process.

### **First Day-Onsite Audit Period/Briefing/Tour/Specialized Staff interviews**

Marion County Juvenile Detention Center (MCJDC), Indianapolis, Indianapolis, on-site Prison Rape Elimination (PREA) audit was conducted at the agency on March 18-20, 2018. The audit was completed by Sonya Love, PREA Auditor for Diversified Correctional Consultants. This is the first PREA audit for this agency. The initial meeting covered a discussion of logistical schedules for the on-site audit, the agency tour, a review of the audit process, identification of resident and staff samples for random interviews, identification of specialized staff for interviews on day two and time given to allow for questions from the administrators. The meeting included the following persons: Superintendent of Quality, Director of Accreditation/PREA Coordinator and Superintendent of Staff and Youth Services.

On day one of the onsite PREA audit a comprehensive agency tour was conducted of the agency. The tour included areas such as intake, all living units, education, medical, visitation, dining hall, lawyer interview rooms, segregation, the health services departments, the psychology department, recreation, food service, agency support areas, and other program areas. During the tour, this auditor found sufficient staffing and surveillance cameras to ensure a safe environment for residents and staff. Several security concerns were cited during the agency tour; however, MCJDC immediately began corrective action to enhance the security of the agency. Day one also included interviews with specialized staff such as counselors and medical practitioners.

### **Investigations**

During the current auditing period, there were a total of four reported allegations of sexual abuse/sexual harassment. Of the four cases reported, one (1) was referred for criminal investigation, three were administratively investigated but unsubstantiated.

### **Day Two**

Day two of the onsite audit included interviews with residents (random and targeted), agency upper management, random staff, a review of sample criminal background for volunteers, staff and contractors. A review of staff and volunteer training documentation. Interviews with third shift correctional staff, shift supervisors, telephone calls to a random sample of volunteers and telephonic contact with the community forensic hospital SANE nurse.

### **Agency Characteristics**

*The auditor's description of the audited agency should include details about the agency type, demographics and size of the resident, resident or detainee population, numbers and type of staff positions, configuration and layout of the agency, 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.*

Marion County Juvenile Detention Center (MCJDC) is a county juvenile detention agency that houses residents of Marion County. MCJDC is a self-contained facility occupying one (1) building. Within the building there are 10 single-cell housing units, two of which were closed for resident housing. One of the closed units is being utilized as a training center and the other unit serves as the location for the K-9 rehabilitation center. MCJDC is a co-ed facility, with two of the eight occupied units designated for female residents. Within each unit there are 16 residents rooms with eight (8) on each tier. Each unit is equipped with private single-occupancy shower rooms. The living units are equipped with surveillance cameras. One unit serves a 16-single bed isolation unit for male resident.

Each resident is assigned a Youth Counselor who assists residents with all aspects of detention life. Youth Counselors function as the liaison between the resident and their probation officer, attorney and legal guardian. The Youth Counselors also provide all of the residents with education about the rules and expectations of the facility and about their rights and reporting avenues under PREA. These same counselors facilitate Cognitive Behavioral Therapy while other program staff facilitate programs such as Art/Pottery, Canine Program, and evening gym classes.

## Summary of Audit Findings

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

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

**Number of Standards Exceeded:** 2

Standard 115.311 and 115.333 – As a result of a massive community relocation by the Catholic Church, Indianapolis, Indianapolis has a large and growing Burmese population. Likewise, Marion County Juvenile Detention Center also has a growing Burmese juvenile population. While Marion County Juvenile Detention Center provides agency handbooks that include PREA related information to residents in English and Spanish they also provide the same level of education to Burmese residents in a language they readily understand. Moreover, the agency’s zero tolerance policy regarding sexual abuse and harassment and

how to report incidents of suspicions of sexual abuse or sexual harassment is also provided to all Burmese residents in the form of a comprehensive resident handbook, and PREA pamphlets. The information provided is age-appropriate, readily and continuously available to the Burmese residents.

**Number of Standards Met:** 43

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**Number of Standards Not Met:** 0

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

#### **Deficiencies Observed /Noted;**

1. Standard 115.315 - A shower with an inoperable lock- corrected during the onsite visit - corrected before submission of the final report.
2. Standard 115.315 - Install PREA friendly shower curtains in the intake area to allow residents privacy during showers - corrected before submission of the final report.
3. Standard 115.317- The interpretation of how to use the form Marion County Juvenile Detention Center employs to document the disposition of criminal background checks appeared inconsistently applied by various staff. Some of the said forms indicated that criminal background checks were not conducted before an individual was hired or approved to work for the agency. The auditor examined and verified that personnel files for the prior 12-month period contained criminal background checks that were performed on all volunteers, new employees and contractor's. Likewise, the auditor also verified that the agency performed criminal background checks before enlisting the services of individuals such as contractors and volunteers were allowed contact with residents. Also, examination of personnel files and an interview with the PREA Coordinator, Human Resource Manager and review of MCJDC policy statement confirmed that all applicants, new employees, volunteers and contractors who may have contact with residents are required to disclose previous misconducts and the agency had a system in place to conduct criminal background check at least every five years.

To correct the misinterpretation of the criminal background form, Marion County Juvenile Detention Center revised the criminal background form. Marion County Juvenile Detention Center clarified and re-trained staff on how to use the form properly. The auditor confirmed by review of personnel files that Marion County Juvenile Detention Center does not hire or promote anyone who may have contact with inmates

and does not enlist the services of any contractor who may have contact with inmates who has engaged in any type of sexual abuse/harassment. Employees have a duty to disclose such misconduct and material omissions regarding such misconduct would be grounds for termination. Submission of false information by any applicant is grounds for not hiring the applicant.

This issue was corrected before submission of the final report.

4. Standard 115.334 - Investigators knowledge of specialized training including techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collections in confinement settings was very limited. To correct the problem the agency reduced the number of investigators and re-trained investigators. In addition, Marion County Juvenile Detention Center developed a mock training curriculum for investigators to improve responsiveness and their understanding of the role and responsibilities of specialized investigators. - corrected before submission of the final report

## PREVENTION PLANNING

### Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

#### 115.311 (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

#### 115.311 (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

#### 115.311 (c)

- If this agency operates more than one agency, has each agency designated a PREA



compliance manager? (N/A if agency operates only one agency.)  Yes  No  NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the agency's efforts to comply with the PREA standards? (N/A if agency operates only one agency.)  
 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 Marion County Juvenile Detention Center (MCJDC), Policy Number 1600.311, Zero Tolerance of Sexual Abuse & Sexual Harassment, pages 1-6, addressed Standard 115.311. By examination the auditor confirmed that MCJDC Policy Number 1600.311, outlined how the agency will respond, detect, and prevent all incidents of sexual abuse and harassment.

MCJDC appointed a PREA Coordinator. MCJDC is the sole juvenile detention agency in Marion County. The auditor examined the organizational chart of the agency. Based on the examination the auditor determined that the PREA Coordinator is a member of upper-level management and reports directly to the Superintendent of Quality. During the onsite audit process, the PREA Coordinator confirmed she has sufficient time and authority to develop, implement, monitor, and oversee the agency's efforts to comply with all PREA related standards. The PREA Coordinator reports directly to the Superintendent of Quality in all matters related to Prison Rape Elimination Act.

Moreover, the Marion County Juvenile Detention Center, Policy Number 1600.311, outlined the agency's position on all forms of sexual abuse and sexual harassment. During the intake process the auditor observed the intake process and interviewed a probation intake officer to confirm compliance with Standard 115.311. Interviews (random and targeted) with residents confirmed that they were informed orally, issued written material (handbook and pamphlet) about the agency's Zero-Tolerance Policy in English, Spanish and Burmese. The Indianapolis, Indianapolis region of the State has a large Burmese population, MCJDC took the added step to develop a resident handbook to inform these residents about sexual abuse and harassment and the agency's zero tolerance policy. Additional information on the agency's sexual abuse and harassment policy was on displayed throughout the agency (living units, hallways, classrooms, general visitation and lawyers interview room). Residents were also involved in designing beautiful artwork depicting how resident could report sexual abuse and harassment.

Additionally, the auditor confirmed by examination that MCJDC has in place a Memorandum of Understanding (MOU) with an interpretive service available for residents who do not speak or read English. All interviews with staff (random) and residents (random and targeted) confirmed that each was aware of MCJDC's Zero-Tolerance Policy towards all forms of sexual abuse/harassment. The commitment to the enforcement and implementation of PREA, along with an examination of policy and documentation supports the agency's compliance with this standard.

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

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

#### 115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and 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 residents.)  Yes  No  NA

#### 115.312 (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 residents OR the response to 115.312(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

*Marion County Juvenile Detention Center does not contract for the confinement of residents with any other entity.*

## Standard 115.313: Supervision and monitoring

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

### 115.313 (a)

- Does the agency ensure that each agency has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each agency has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each agency has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each agency's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- Does the agency ensure that each agency's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?  Yes  No
- Does the agency ensure that each agency's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?  Yes  No
- Does the agency ensure that each agency's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- Does the agency ensure that each agency's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- Does the agency ensure that each agency's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the agency's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?  Yes  No
- Does the agency ensure that each agency's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?  Yes  No
- Does the agency ensure that each agency's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?  Yes  No

- Does the agency ensure that each agency's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?  Yes  No
- Does the agency ensure that each agency's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?  Yes  No
- Does the agency ensure that each agency's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?  Yes  No

#### 115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?  Yes  No
- In circumstances where the staffing plan is not complied with, does the agency document all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

#### 115.313 (c)

- Does the agency maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the agency maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the agency fully document any limited and discrete exigent circumstances during which the agency did not maintain staff ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the agency ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Is the agency obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes  No

#### 115.313 (d)

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

### 115.313 (e)

- Has the 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? (N/A for non-secure facilities)  Yes  No  NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes  No  NA
- Does the 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 agency? (N/A for non-secure facilities)  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 agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.*

Marion County Juvenile Detention Center, Policy Number 1600.313, Supervision and Monitoring, pages 1-3, MCJDC Staffing Plan updated in May 2017 addressed the requirements of Standard 115.313. An examination of the staffing plan and interviews with Detention Officer Supervisors (DOS) from each shift all confirm that MCJDC developed, implemented, and documented their efforts to comply with Standard 115.313. A review of the staffing plan confirmed that the agency included the eleven (11) criteria considerations cited in

Standard 115.313 (a). MCJDC's staffing plan includes considerations outlined in this standard such as generally accepted juvenile detention practices, judicial findings of inadequacy, staffing patterns and mandatory staff ratios, composition of the resident population, the number of Detention Officer Supervisors assigned to manage each shift, and the use of video monitoring to deter sexual abuse and harassment in the agency.

In accordance with Standard 115 313, MCJDC cited deviations from their prescribed staffing plan due to low staff numbers and emergency codes. The agency provided the auditor with documented samples that outlined exigent circumstances under which the agency altered the staffing plan. During the prior 12 months the PREA Coordinator and Superintendent of Quality confirmed that PREA issues were considered when filling positions and developing work rosters/assignments and the agency considers the items detailed in Standard 115.313, when developing a staffing plan.

The PREA Coordinator also confirmed the review of the MCJDC Staffing Plan took place at least quarterly during the previous 12 months. The PREA Coordinator is a member of the staffing review committee with input from disciplines such as the training department, Youth Counselor Coordinator, Quality of Life Coordinator, medical and mental health departments and Hillside Academy personnel. The committee is task with the responsibility of reviewing the facilities staffing plan and employee utilization platform that meets the standards requirements outlined in Standard 115.313. The PREA Coordinator as a committee member may provide input as to whether adjustments to the staffing plan may be required to meet PREA requirement. In addition, the PREA Coordinator explained that she sought guidance in the development of the staffing plan from the PREA Resource Center (PRC).

All essential posts are filled on each shift and no essential posts were kept open for salary savings. PREA unannounced rounds are conducted by Shift Supervisors and upper level management. The PREA Walkthrough Logs confirmed that intermediate-level or higher-level supervisors (department heads at a minimum) conduct and document unannounced rounds throughout the agency. Staff at MCJDC are prohibited by the Supervision and Monitoring directive, Policy number 1600.313, page 1-3, from alerting other employees regarding unannounced rounds. Interviews with residents and housing unit officers also confirmed that Detention Officer Supervisors and upper-management all conduct random unannounced rounds including nights and weekends. An examination of unannounced rounds from the prior 12 months and senior correctional staff interviews confirm documentation compliance with Standard 115.313.

According to the PREA Coordinator and the Superintendent of Quality documentation there have been no judicial findings of inadequacy, findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard in the prior 12-month period.

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

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

#### 115.315 (a)

- Does the agency 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

#### 115.315 (b)

- Does the agency always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?  Yes  No  NA

#### 115.315 (c)

- Does the agency document and justify all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the agency document all cross-gender pat-down searches?  Yes  No

#### 115.315 (d)

- Does the agency implement policies and procedures that enable residents 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 agency require staff of the opposite gender to announce their presence when entering a resident housing unit?  Yes  No
- In facilities (such as group homes) that do not contain discrete housing units, does the agency require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)  Yes  No  NA

#### 115.315 (e)

- Does the agency always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No
- If a resident's genital status is unknown, does the agency determine genital status during conversations with the resident, 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

#### 115.315 (f)

- Does the agency/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 agency/agency train security staff in how to conduct searches of transgender and intersex residents 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 agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.*

Marion County Juvenile Detention Center, Policy Number 1600.315, Limits to Cross-gender Viewing and Searches, pages 1- 3, addressed the requirements of Standard 115.315. The Marion County Juvenile Detention Center overall rated capacity exceeds 50 residents.

Marion County Juvenile Detention Center does not permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. There was no cross-gender visual body cavity or strip searches conducted in the agency during the audit period. In exigent circumstances officers would be required to document all cross-gender strip searches and cross-gender visual body cavity searches. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the residents of the opposite sex except in exigent circumstances.

“To minimize instances where exigent circumstances may occur; the Facility will coordinate with Probation/RSR to share same-sex staff in instances where said staff may not be readily available in the Facility if time and situational dynamics permit. Likewise, when the need arises, Probation/RSR will coordinate with Facility staff to share same-sex staff in instances where Probation/RSR requires assistance.”

“The agency has a system to document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches immediately after the conclusion of said search utilizing an approved form that will be completed by the person(s) performing the search and their immediate supervisor. The



approved form will be forwarded to Court Director of Accreditation and Superintendents for review and maintenance.”

Staff interviews also confirmed that female officers have been trained to conduct cross-gender pat searches. The auditor confirmed by observations during the tour of all housing units, that residents are permitted to shower, perform bodily functions and change clothing privately. The agency has in place a “knock and announce” policy and procedures requiring staff of the opposite sex to announce their presence or otherwise notify the residents when entering a resident housing unit.

Randomly interviewed residents confirmed that female staff announce their presence in this manner when entering housing unit. The practice was observed during the tour of the entire agency. Employees do not search or physically examine a Transgender or Intersex residents for the sole purpose of determining the resident’s genital status. Interviews with residents confirmed that they had been pat-searched by officers properly and professionally. Interviews with random and specialized staff, observations and an examination of documentation such as the Staff Training Acknowledge Form, confirm training in this area complies with Standard 115.315

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

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

### **115.316 (a)**

- Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities?  Yes  No

- Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents 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 residents 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 residents with disabilities including residents 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 residents with disabilities including residents 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 residents with disabilities including residents who: Are blind or have low vision?  Yes  No

#### 115.316 (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 residents 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

#### 115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident'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 agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.*

The Marion County Juvenile Detention Center, Policy Number 1600.316, Residents with Disabilities and Residents who are limited English Proficient, pages 1-3, and the agency Detention Resident Manuals (English/Spanish/Burmese) address the requirements of Standard 115.316. Through policy and practice, Marion County Juvenile Detention Center ensured that residents with disabilities have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The resident sample (targeted and random) included sixteen (16) male and female residents one of which was identified as disable. During the interview, the disable resident revealed that he understood PREA and he could explain in his own words how to report sexual abuse. The auditor explored how this resident was provided PREA information. The disable resident explained "they talked to me" and helped me understand PREA. The resident stated, that he liked the agency because the staff took care of him. Moreover, the disable resident indicated that he felt safe and that he would report sexual abuse to a staff member he was familiar with or tell the officer working his living unit.

In addition, this auditor interviewed intake staff, and random correctional officers that confirmed that the agency was taking appropriate steps to ensure residents with disabilities have an equal opportunity to participate and benefit from all aspects of the agency's PREA related prevention practices and policies. The PREA Coordinator also discussed and confirmed what steps the agency afforded all juvenile offenders to ensure effective communication with residents who are deaf or hard of hearing such as, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, and using any necessary specialized vocabulary. The agency also provided disabled or Limited English Proficient (LEP) residents with written materials that were provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

Residents sampled during the onsite audit verified receipt of PREA (sexual abuse/harassment/retaliation) information and instruction during the intake process. All PREA related information, including postings, brochures and handouts were available in English/Spanish/Burmese which was confirmed through resident interviews and during a tour of the agency. Marion County Juvenile Detention Center when necessary utilizes Language Line Solutions® with client to over-the-phone interpreting services 24 hours a day, 7 days a week. As needed, the agency would employ an American Sign Language (ALS) Service for residents who need assistance using sign language to communicate. Marion County Juvenile Detention Center by policy and through staff interviews with the PREA Coordinator, Superintendent of Quality and random staff and specialized staff interviews all confirmed that the agency does not use resident interpreters, resident readers or other types of resident assistants in the performance of first responder duties or during the investigation of a resident's allegations. Moreover, interviews with a first responder, confirmed his awareness of the prohibition for using resident interpreters for PREA related incidents. Interviews with staff and an examination of supporting documentation confirmed compliance to Standard 115.316.

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

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

### **115.317 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement agency, juvenile agency, 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 residents 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 residents 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 residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement agency, juvenile agency, 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 residents 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 residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.317 (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 residents?  Yes  No

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?  Yes  No
- Before hiring new employees, who may have contact with residents, 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

#### 115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?  Yes  No

#### 115.317 (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 residents or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents 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 residents 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

#### 115.317 (g)

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

#### 115.317 (h)

- Unless prohibited by law, 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

Marion County Juvenile Detention Center, Policy Number 1600.317, Hiring and Promotion Decisions, pages 1- 4, indicates that the agency does not hire or promote anyone who may have contact with residents to include contractors and volunteers with a history of engaging in sexual abuse (e.g. jail, lock-up, community confinement, juvenile agency, or other institution), has attempted to engage in such activity or had been civilly or administratively adjudicated in any of the above inappropriate behaviors. In addition, the same policy affirms that Marion County Juvenile Detention Center has a duty to perform criminal background check on all staff, contractors and volunteers that may come-in-contact with residents of the agency.

A review of the Marion County Juvenile Detention Center employment application process confirmed that the agency employment process includes a required criminal background check (national and local), an Indianapolis request for a child protective services (CPS) history check, and a fingerprint check (national and state). Marion County Juvenile Detention Center policy also affirms the agency duty to make a best effort to contact prior employers to include institutional employment to obtain information related any substantiated allegations of sexual

abuse or resignations before the conclusion of a sexual abuse investigation. The auditor interviewed the PREA Coordinator and the Human Resource Manager to determine compliance with this standard. In addition, the auditor reviewed nine (9) staff employment records as well as nine (8) new employment applications excluded from employment with the agency. Marion County Juvenile Detention Center employment questionnaire requires potential employees, volunteers and contractors to disclose any adjudication or substantiated finding of sexual abuse or sexual misconduct during the pre-employment phase of the employment process. A review of the same six (9) current employees indicated that criminal background checks were conducted at least every five years. Marion County Juvenile Detention Center Policy Statement, Hiring and Promotion Decisions, Policy Number 1600.317, addresses the requirement of Standard 115.317 in practice and in policy. The Human Resource Manager indicated that as part of performance reviews or promotional consideration every employee has a continuing affirmative duty to disclose to the Marion County Juvenile Detention Center staff have an affirmative duty to report

Employees of the Marion County Juvenile Detention Center have a duty to disclose misconducts and any material omissions regarding such misconduct would be grounds for termination. Submission of false information by any applicant is grounds for not hiring the applicant. The Human Resources Manager was interviewed and confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The agency Human Resource Manager also confirmed that the agency provides information on substantiated allegations of sexual abuse or sexual harassment involving any former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The agency Human Resources Manager notifies appropriate licensing/certifying agencies when professional staff are terminated for substantiated allegations of sexual abuse or harassment. A review of policy and relevant supporting documentation also supports compliance with Standard 115.317.

## Standard 115.318: Upgrades to facilities and technologies

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

#### 115.318 (a)

- If the agency designed or acquired any new agency 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 residents from sexual abuse? (N/A if agency/agency has not acquired a new agency or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

#### 115.318 (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 residents from sexual abuse? (N/A if agency/agency 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

Marion County Juvenile Detention Center has had no substantial upgrades in technology since August 20, 2012. This is the first PREA audit for the agency.

## RESPONSIVE PLANNING

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

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

#### 115.321 (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/agency is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/agency 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/agency is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside agency, 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

#### 115.321 (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

#### 115.321 (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

#### 115.321 (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/agency is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

### 115.321 (g)

- Auditor is not required to audit this provision.

### 115.321 (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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(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

Marion County Juvenile Detention Center, Policy Number 1600.315, Evidence Protocol and Forensic Medical Examinations, pages 1-4, indicated that all allegations of sexual abuse are referred to a state (Indianapolis Department of Child Services) (DCS) and Indianapolis Metropolitan Police Department both with the legal authority to investigation the report.

“Because the Court and the Facility itself are not responsible for investigating allegations of sexual abuse, the Facility shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this policy. The Director of Accreditation/PREA Coordinator shall work collaboratively with Department of Child Services “DCS” and the Indianapolis Metropolitan Police Department “IMPD to establish parameters regarding investigations (initial investigation by Facility investigators) and logistics regarding Rape Crisis Centers and Victim Advocates.”

To the extent possible the PREA Coordinator and Superintendent of Quality confirmed during individual interviews their role and responsibility beyond the notification of DCS would be to follow the uniform evidence protocol, preserve the crime scene, protect the victim and provide support services (e.g. forensic examination, victim advocacy, when dictated.

The review of training documentation confirmed that the agency PREA Coordinator has completed specialized sexual assault investigative training inside correctional facilities. The agency follows a uniform evidence protocol as described in the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault

Medical Forensic Examinations, Adults/Adolescents”. The Marion County Juvenile Detention Center, PREA Coordinator serves as the liaison between DCS, the Indianapolis Metropolitan Police Department and the agency. Criminal findings are referred to the Indianapolis Metropolitan Police for further investigation and prosecution. Both the DCS and the Indianapolis Metropolitan Police Department are mandated reporters of sexual abuse. Staff (random and specialized) interviews at Marion County Juvenile Detention Center confirmed their understanding of PREA and their duty to report, prevent, and respond to all allegation of sexual abuse or harassment.

Additionally, interviews with youth care staff, intake staff, and health services personnel confirmed that they were all knowledgeable of the required procedures for obtaining, preserving and securing physical evidence, when sexual abuse is alleged. Staff (random and specialized) were aware that the Indianapolis Department of Child Services (DCS) investigated all allegations of sexual abuse and referred all criminal findings to the Indianapolis Metropolitan Police Department. Victims of sexual assault are referred to health services for initial examination, triage and treatment. Any said treatment would be for life preservation only and the victim would be transported to a community hospital (Riley Children’s or Eskenazi Hospital) for examination, treatment and forensic evidence gathering by a SANE Nurse. All sexual abuse advocacy (Susie Place Child Advocacy Center), examinations, treatment, testing and follow-up care is provided without cost to the victim. Agency staff member (counselor) has been trained as a victim advocate. Interviews with a medical staff person confirmed that, a SANE Nurse from Riley Children’s Hospital and an examination of relevant documentation (Memorandum of Understanding and telephonic interview with SANE Nurse) also confirm compliance with Standard 115.321.

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

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

### **115.322 (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

### **115.322 (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

#### 115.322 (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/agency is responsible for criminal investigations. See 115.321(a).]  
 Yes  No  NA

#### 115.322 (d)

- Auditor is not required to audit this provision.

#### 115.322 (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 agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.*

Marion County Juvenile Detention Center, Policy Number 1600.322, Evidence Protocol and Forensic Examination, pages 1-4, addressed the requirement of Standard 115.322. The policy requires administrative or criminal investigations to be completed on all allegations of sexual abuse/harassment by an outside entity (DCS and the Indianapolis Metropolitan Police Department). Both outside entities hold the legal authority to investigate all forms of sexual abuse/sexual harassment. To the extent possible the PREA Coordinator and Superintendent of Quality during individual interviews indicated that their role and responsibility beyond the notification of DCS would be to follow the uniform evidence protocol, preserve the crime scene, protect the victim and provide support services (e.g. forensic examination, victim advocacy, when dictated. Review of training documentation confirmed that the agency PREA Coordinator has completed specialized sexual assault investigative training inside correctional facilities.

The agency follows a uniform evidence protocol as described in the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." The Marion County Juvenile Detention Center, PREA Coordinator serves as the liaison between DCS, the Indianapolis Metropolitan Police Department and the agency. Criminal findings are referred to the Indianapolis Metropolitan Police Department for further investigation and prosecution. Both the DCS and the Indianapolis Metropolitan Police Department are mandated reporters of sexual abuse. Marion County Juvenile Detention Center staff (random and specialized) interviews confirmed their understanding of PREA and their duty to report, prevent, and respond to all allegation of sexual abuse or harassment. Additionally, interviews with the PREA Coordinator, Superintendent of Quality, youth care staff, intake staff, and health services personnel confirmed that they were all knowledgeable of the required procedures for obtaining, preserving and securing physical evidence, when sexual abuse is alleged. Staff (random and specialized) were aware that the Indianapolis Department of Child Services (DCS) investigated all allegations of sexual abuse and referred all criminal findings to the Indianapolis Metropolitan Police Department. Examination of PREA Coordinator's training record confirm the agency's compliance with Standard 115.322.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

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

#### 115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents 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 residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents 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 residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No

- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  Yes  No

#### 115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  Yes  No
- Is such training tailored to the gender of the residents at the employee's agency?  Yes  No
- Have employees received additional training if reassigned from a agency that houses only male residents to a agency that houses only female residents, or vice versa?  Yes  No

#### 115.331 (c)

- Have all current employees who may have contact with residents 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

#### 115.331 (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 agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.*

Marion County Juvenile Detention Center, Policy Number 1600.331, Training and Education, pages 1-3, addressed the requirements of Standard 115.331. All Marion County Juvenile Detention Center staff as well as new employees are mandated to participate in PREA and agency policy and procedure training locally. The training addressed the eleven (11) topics identified in the Standard 115.331 such as zero-tolerance for sexual abuse and harassment, how to detect, prevent, report and respond to reports of sexual abuse and harassment, resident rights and how to communicate with resident who self-identify as transgender, intersex, gay, bisexual, or gender nonconforming.

The auditor examined the resident training syllabus and confirmed that training is tailored to the unique needs and attributes of both male and female residents. The training includes topics such as:

1. Gender differences related to vulnerable populations
2. Why females engage in sexual activity in confinement
3. Why males engage in sexual activity in confinement
4. Why might gender nonconforming residents engage in sexual activity in confinement
5. Common responses of female victims in confinement settings
6. Common responses of male victims in confinement settings
7. Continuum of staff sexual misconduct against males in juvenile detention facilities
8. Continuum of staff sexual misconduct against females in juvenile detention facilities

The agency also provides other PREA related education obtained from the National Institute of Corrections Training Curriculum to augment monthly and annually during staff refresher training. A further review of MCJDC lesson plans, training sign-in logs, alternative training records and PREA Power Point presentations, certification of course completions (e.g. PREA:

Behavioral Health Care for Sexual Assault Victims in Confinement/PREA Medical and Mental Health Care training) confirmed that the provided training also addressed all elements identified in Standard 115.331. All staff interviewed indicated that they received the required PREA training initially and annually. The Superintendent of Quality and PREA Coordinator has periodically issues memos (e-mails) to staff reminding them of and clarifying various PREA issues and upcoming PREA training initiatives. The training provided and staff knowledge of the PREA requirements confirm that the agency follows Standard 115.331.

## Standard 115.332: Volunteer and contractor training

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

#### 115.332 (a)

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

#### 115.332 (b)

- Have all volunteers and contractors who have contact with residents 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 residents)?  Yes  No

#### 115.332 (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 agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.*



Marion County Juvenile Detention Center, Policy Number 1600.332, Training and Education, pages 1-2, addressed the requirements of Standard 115.332. The review of a volunteer and contractor PREA training sign-in forms along with telephonic interviews both confirm that the agency contractors and volunteers receive training related to their responsibilities concerning the PREA (Zero-Tolerance, detection, prevention, response, and reporting requirements) during the previous twelve-month period and annual refresher instruction. A review of the PREA contractor and volunteer training curriculum confirmed that the level of instruction provided by MCJDC was appropriate for the services provided and emphasizes the agency's Zero-Tolerance of sexual abuse/harassment and the mandatory reporting policies.

## Standard 115.333: Resident education

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

### 115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- Is this information presented in an age-appropriate fashion?  Yes  No

### 115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

### 115.333 (c)

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

### 115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?  Yes  No

### 115.333 (e)

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

### 115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident 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 agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.*

Marion County Juvenile Detention center, Policy Number 1600.333, Resident Education, page 1, complied with Standard 115.333. The tour of the Marion County Juvenile Detention Center confirmed that PREA education posters were prominently displayed in all housing units and common/program areas. PREA education posters were also found in the attorney interview rooms. Interviews with staff (random and specialized) and an examination of documentation also confirm that the agency met compliance requirements with Standard 115.333.

During the in-take processing, each resident received a Resident Detention Manual (English/Spanish/Burmese), the auditor confirmed that the manual, PREA brochure (cartoon format) and PREA video was age appropriate for the population by reviewing each format platform. Because of a community relocation project spearheaded by the Catholic Church, Indianapolis, Indianapolis has a large and growing Burmese population. Likewise, Marion County Juvenile Detention Center also has a growing Burmese juvenile population. While Marion County Juvenile Detention Center provides agency handbooks that include PREA related information to residents in English and Spanish they also provide the same level of education to Burmese residents in a language they readily understand. The agency's zero tolerance policy regarding sexual abuse and harassment and how to report incidents of suspicions of sexual abuse or sexual harassment is also provided to all Burmese residents in the form of a resident handbook, and PREA pamphlets. The information provided to Burmese residents was age-appropriate, readily and continuously available to this population of residents.

The residents (random and targeted) interviewed during the audit confirmed that Marion County Juvenile Detention Center provided a comprehensive age-appropriate PREA education either the same day or by day two (2) of detention. A review of intake processing forms (20) and resident education during the same time (12-month audit) period confirmed that Marion County Juvenile Detention Center conducted resident education and intake processing within two days of the resident being detained at the agency. Therefore, all resident education reviewed by the auditor took place within 10 days of intake. Zero (0) resident education took place beyond the tenth (10) day of detention during the prior 12-month period.

Moreover, the agency PREA education format explained the agency's zero tolerance position against sexual abuse and harassment, the agency policies and procedures related to PREA, and how residents can report incidents or suspicion of sexual abuse. The manual also provides residents with information on agency rules, resident rights, program expectations, the grievance procedure and PREA reporting methods. Specialized staff interviews confirmed that a disabled resident with limited reading skill would be verbally read the Resident Detention Manual as well as PREA related educational material. Resident education included a review of definitions of sexual misconduct, consequences for sexual abuse, prevention strategies, how to report retaliation and reporting options for the resident of the agency. Telephonic translation services are available to resident who are not proficient in English. Residents are routinely engaged in PREA education in the classroom. This practice was confirmed during interviews with random and targeted residents. Residents sampled during the onsite audit also confirmed that they were aware of multiple reporting methods to include anonymous and third-party reporting, the Zero-Tolerance Policy and their right to be free from retaliation.

## Standard 115.334: Specialized training: Investigations

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

### 115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, 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 115.321(a).]  Yes  No  NA

### 115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(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 115.321(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 115.321(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 115.321(a).]  Yes  No  NA

### 115.334 (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 115.321(a).]  Yes  No  NA

### 115.334 (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

Marion County Juvenile Detention Center, Policy Number 1600.334, Specialized Training: Investigations, pages 1-2, mandated general training to all staff. The agency does not conduct criminal or administrative investigation. Sexual abuse investigations are immediately reported to the Indianapolis Department of Child Services (DCS) and the Indianapolis Metropolitan Police Department. DCS has the legal authority to investigate all reports of sexual abuse. DCS refers all substantiated findings of criminal misconduct to the Indianapolis Metropolitan Police Department for prosecution. The Indianapolis Metropolitan Police Department also has the legal authority to investigate and prosecute all criminal findings of sexual abuse. The Marion County Juvenile Detention Center, PREA Coordinator, to the extent the agency investigates sexual abuse has completed specialized training (PREA and Sexual Assault Investigation). A review of the certificate of completion by the auditor confirmed the completion of the course. The interview with the PREA Coordinator confirmed that the course curriculum included techniques for interviewing victims of sexual abuse, proper use of Miranda and Garrity warnings, evidence collection in detention settings and the evidence requirement to substantiate a case for administrative or criminal prosecution.

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

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

#### 115.335 (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 juvenile 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

#### 115.335 (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 agency do not conduct forensic exams.)  Yes  No  NA

### 115.335 (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

### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?  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 §115.332?  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 agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.*

Marion County Juvenile Detention Center, Policy Number 1600.335, Specialized Training: Medical and Mental Health Care, page 1, addressed the requirements of Standard 115.335. During the onsite audit period the auditor confirmed that medical and mental health practitioners staff such as the nurse, counselor and Nurse Practitioner completed specialized training through the National PREA Resource Center as well as alternative training provide by the Correct Care Solutions Medical Services on how to detect, assess, sexual abuse and harassment, how to preserve physical evidence, how to report allegations or suspicion of sexual abuse to administration. Marion County Juvenile Detention Center provided documentation to confirm the training related to Standard 115.335.

The medical and mental health personnel training records also confirmed that these staff employees receive the same PREA training as correctional staff and have and understand of

their duty to report any knowledge of sexual abuse/assault, even when disclosed during a health care encounter. Further, a review of training records confirmed that all mental health and medical staff have also received specialized training on victim identification, interviewing, reporting and required clinical interventions. Training does not refer to certifications needed to conduct forensic examinations. All cases requiring the processing of sexual assault evidence collection kits are transported to a community hospital where Sexual Assault Nurse Examiners (SANE) are available always (a SANE nurse was interviewed telephonically and confirmed access to these services). A SANE clinician was interviewed and confirmed that residents have access to these services. Interviews with medical and mental health staff also confirmed the provision of specialized training and that they are aware of their duty to report and address allegations and suspicions of sexual abuse/harassment.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

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

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

#### **115.341 (a)**

- Within 72 hours of the resident's arrival at the agency, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?  Yes  No
- Does the agency also obtain this information periodically throughout a resident's confinement?  Yes  No

#### **115.341 (b)**

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

#### **115.341 (c)**

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?  Yes  No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?  Yes  No

#### 115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?  Yes  No
- Is this information ascertained: During classification assessments?  Yes  No
- Is this information ascertained: By reviewing court records, case files, agency behavioral records, and other relevant documentation from the resident's files?  Yes  No

#### 115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the agency of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?  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 agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.*

Marion County Juvenile Detention Center, Policy Number 1600.341, Screening for Sexual Victimization and Abusiveness, pages 1-2, complied with requirements in Standard 115.341 to reduce the risk of sexual abuse of a resident. Marion County Juvenile Detention Center has a policy that prohibits disciplining residents for refusing to answer or for not disclosing complete information during the screening. A sample of twenty (20) intake processing forms for the prior 12-month audit review period revealed that Marion County Juvenile Detention Center conducted the intake processing within two days of a resident being detained at the agency but always within 72 hours. All residents are assessed for a history of sexual abusiveness and risk of sexual victimization and abusiveness during the in-processing procedure performed in the intake receiving and discharge (R&D) area.

A review of screening documents by the auditor confirmed that residents identified at high risk for sexual victimization or at risk of sexually abusing other residents were routinely referred to a counselor or mental health professional and they would receive further assessment. During the onsite audit one (1) resident with autism was identified at high risk for victimization because of his disability. This auditor interviewed the resident and reviewed the resident intake screening instrument. The resident indicated that he felt safe. The disable resident confirmed that staff read the agency rules to him and provided PREA related education verbally during class time but initially during the intake process. A resident counselor completed the screening for sexual victimization and abusiveness on the disable resident by reviewing records or other pertinent information from other entities such as DCS and through a resident interview. The counselor also considered other relevant information such as the age of the resident, his physical build, his developmental disability and current charges and potential for victimization in the agency. The agency policy and staff interviews with the nurse and counselor confirmed information received during the screening process is deemed confidential and only available to staff on a need-to-know and never to other residents. Specialized staff (nurse and counselor) also confirmed that access to screening for sexual victimizations and abusiveness documentation is maintained in a secure location (nurse or counselor file cabinet) assessable is limited. The above documentation confirmed the agency's compliance with Standard 115.341.

## Standard 115.342: Use of screening information

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

#### 115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?  Yes  No

#### 115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  Yes  No
- Do residents in isolation receive daily visits from a medical or mental health care clinician?  Yes  No
- Do residents also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?  Yes  No

#### 115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a agency for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female agency 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 residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.342 (e)

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

#### 115.342 (f)

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

#### 115.342 (g)

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

#### 115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the agency clearly document: The basis for the agency's concern for the resident's safety? (N/A for h and i if agency doesn't use isolation?)  Yes  No  NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the agency clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if agency doesn't use isolation?)  Yes  No  NA

### 115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the agency 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

Marion County Juvenile Detention Center, Policy Number 1600.342, Use of Screening Information, pages 1-3, addressed the requirements of Standard 115.342. The auditor confirmed by examination that risk screening information is used to determine housing, bed assignment, education, and program assignments. Determinations for various assignments were made on a case-by-case basis. The intake screener confirmed that they were provided additional training and resource materials. The agency decides whether bed assignments for male or female residents. During the onsite audit zero (0) females, (0) transgender (0) gay (0) bisexual and zero (0) intersex resident self-identified residents. Marion County Juvenile Detention Center through interview with the Superintendent of Quality and the PREA Coordinator confirmed that housing and programming assignments for transgender or intersex resident would be decided on a case-by-case basis, careful consideration is given to all assignments. Assignment consideration include whether a placement would ensure the health and safety of the resident and whether the placement would present management or security problems. The agency Superintendent and PREA Coordinator confirmed during interviews that placement and programming assignments for each transgender or intersex resident would be reassessed at least once every six months or twice yearly. The agency policy on the use of screening information, page 8, states that a transgender or intersex resident's own view with respect to their own safety is given serious consideration when making these assignments. All resident including transgender and intersex residents are given the opportunity to shower,

dress and use toilet facilities separately from other residents. Residents sampled sixteen (16) total (targeted and random) all confirmed that they shower individually, that all residents could use the toilet and change clothes privately.

Staff (random and specialized) interviews and support documentation confirmed that medical and mental health staff meet on a regular basis to assess the status of any resident thought to be at risk for victimization or a resident exhibiting detention adjustment problem. An interview with the agency PREA Coordinator, intake officer and random staff (10) confirmed that a transgender resident's genital status is not the sole criteria for placement on a specific living unit in the agency. Interviews with random staff (10), an examination of documentation/policy and overall site observation during the agency tour confirmed that Marion County Juvenile Detention Center follows the requirements established in Standard 115.342.

## REPORTING

### Standard 115.351: Resident reporting

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

#### 115.351 (a)

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

#### 115.351 (b)

- Does the agency also provide at least one way for residents 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 resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?  Yes  No

### 115.351 (c)

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

### 115.351 (d)

- Does the agency provide residents with access to tools necessary to make a written report?  Yes  No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  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

Marion County Juvenile Detention Center, Policy Number 1600.351, Resident Sexual Misconduct, pages 1-2, provided multiple methods for residents to report sexual abuse and harassment like tell a trusted staff person, write the PREA Coordinator, file a grievance, call the DCS hotline 1-800-800-5556 or write the agency Superintendent of Quality. the Admission and Orientation (A&O) Handbook and PREA postings address the requirements of Standard 115.351. Interviews with residents (random and targeted) confirmed that residents were aware of internal and external reporting avenues. Intake processing forms also confirm residents are made aware of multiple ways (including verbally, in writing, privately, from a third party and anonymously) for residents to report sexual abuse or harassment. Residents interviewed were aware of third party reporting methods such as, dialing “777” from any Unit Phone to access DCS Hotline or by sending uncensored correspondence to attorney or Judicial Officers. Residents were informed about the reporting methods through the intake process, the Detention Resident Manual, PREA video, PREA postings in the housing units and common areas and as part of the orientation process. During the onsite interview with residents (random and targeted) confirmed to the auditor multiple ways to internally and externally report sexual abuse.

During the tour of the agency, a sufficient number of posters were displayed on walls throughout the agency with information telling residents how to report sexual abuse and harassment. All staff (random and specialized) interviewed affirmed they would accept reports of sexual abuse/harassment from residents made verbally, in writing, anonymously and from third parties. In addition, the same staff confirmed that they would promptly document any form of reporting and immediately notify their superior, the PREA Coordinator and agency Superintendent of Quality while keeping the resident safe. Marion County Juvenile Detention Center has an affirmative policy for staff to immediately report and document any allegation of sexual abuse or harassment. Family and friends of residents may report sexual abuse/harassment by using the Marion County Juvenile Detention Center website, calling the DCS hotline, making a phone call to the PREA Coordinator or the agency Superintendent of Quality. Residents at Marion County Juvenile Detention Center are not detained solely for civil immigration purposes. Interviews with staff (random and specialized) and an examination of documentation also confirmed compliance with Standard 115.351.

## Standard 115.352: Exhaustion of administrative remedies

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

#### 115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident 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

#### 115.352 (b)

- Does the agency permit residents 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 a resident 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

#### 115.352 (c)

- Does the agency ensure that: A resident 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

#### 115.352 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident 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 resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident 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

#### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents 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 residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the agency 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 resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)  Yes  No  NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (f)



- Has the agency established procedures for the filing of an emergency grievance alleging that a resident 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 a resident 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 resident 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

### 115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident 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 agency does*

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

Marion County Juvenile Detention Center, Policy Number 1600.352, Exhaustion of Administrative Remedies, pages 1-4, addressed the requirements of Standard 115.352. The auditor confirmed by examination that the MCJDC does not impose a time limit on when a resident may submit a PREA related grievance. Residents (random and targeted) interviewed explained the process for filing a grievance. Residents (random and targeted) affirmed that they could complete the “Youth Grievance Form” and check the “PREA” box on the form then return the form to the secured “Grievance Box” in their housing unit. Each resident also confirmed that they understood no resident who alleges sexual abuse or sexual harassment was required to submit a grievance to the staff member(s) who is the subject of the complaint.

Grievances (administrative remedies) filed alleging sexual abuse/harassment would result in the immediate opening of a formal investigation by DCS. The agency considers any filing of a grievance reporting sexual abuse/harassment as an urgent matter.

Marion County Juvenile Detention Center has a policy indicating a response time of 24 hours but always within 48 hours for all grievances to include complaints indicating a resident believes they are under a substantial risk of imminent sexual abuse, an expedited response is required by the agency to be provided always within 48 hours. The PREA Coordinator and Youth Counselor confirmed that a resident is not required to use any informal grievance process before filing an allegation involving sexual abuse/harassment. The PREA Coordinator confirmed by interview unless the agency claimed an extension of time to respond (up to 70 days) the resident would receive a respond to the grievance within 90 days. In addition, the grievance practices were confirmed during interviews with each resident (random and targeted) during the onsite audit review period. Each resident interviewed indicated that they felt safe and would report sexual abuse to staff.

A review of documentation related to grievances indicated there were zero grievances alleging sexual abuse/harassment filed that resulted in disciplinary action by Marion County Juvenile Detention Center. Interviews with random staff (13) and residents (random and targeted) confirmed Marion County Juvenile Detention Center compliance with Standard 115.352.

## **Standard 115.353: Resident access to outside confidential support services and legal representation**

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

#### **115.353 (a)**

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

#### 115.353 (b)

- Does the agency inform residents, 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

#### 115.353 (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 residents 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

#### 115.353 (d)

- Does the agency provide residents with reasonable and confidential access to their attorneys or other legal representation?  Yes  No
- Does the agency provide residents with reasonable access to parents or legal guardians?  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 agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.*

Marion County Juvenile Detention Center, Policy Number 1600.353, Resident Access to Outside Support Services and Legal Representation, page 1, addressed the requirements of Standard 115.353 and affirmed that the agency shall provide all residents with reasonable access to legal representation. By examination the auditor confirmed that MCJDC has a MOU with Families First Indianapolis that provides access to an outside victim advocacy for emotional support services related to sexual abuse, by providing, posting, making assessable the mailing address and telephone number for all residents. Other outside support services provided to residents on their living units include; Sexual Assault Community AdvocatesConnect2Help Statewide Referrals, Rape, Abuse, Incest National Network (RAINN) with 24 hours crisis line: (800) 656-HOPE or [www.rainn.org](http://www.rainn.org) and the Indianapolis Coalition to End sexual Assault: (317) 872-1086 or [www.Indianapoliscesa.org](http://www.Indianapoliscesa.org). Each resident (random and targeted) interviewed confirmed MCJDC provided access to parents and legal guardians therefore Marion County Juvenile Detention Center complies with Standard 115.353.

## Standard 115.354: Third-party reporting

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

### 115.354 (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 a resident?  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 agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.*

Marion County Juvenile Detention Center, Policy Number 1600. 354, page 1, addressed the requirements of Standard 115.354. During the onsite visit the auditor contacted DCS to test the third-party reporting system. Third-Party reporting is accomplished by a resident, a family/friend of the resident, or the public contacting;

1. Indianapolis Department of Child Services (DCS) Hotline at (800) 800-5556
2. Families First (if resident is NOT in immediate danger) (800) 273-TALK
3. Resident's Attorney or Public Defender

Marion County Juvenile Detention Center complies with Standard 115.354 by examination of the applicable policy and contacting the local third-party reporting source.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

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

#### 115.361 (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 agency, 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 residents 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

#### 115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?  Yes  No

#### 115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited 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

#### 115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?  Yes  No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.361 (e)

- Upon receiving any allegation of sexual abuse, does the agency head or his or her designee promptly report the allegation to the appropriate office?  Yes  No
- Upon receiving any allegation of sexual abuse, does the agency head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the agency has official documentation showing the parents or legal guardians should not be notified?  Yes  No
- If the alleged victim is under the guardianship of the child welfare system, does the agency head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)  Yes  No  NA
- If a juvenile court retains jurisdiction over the alleged victim, does the agency head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?  Yes  No

#### 115.361 (f)

- Does the agency report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the agency'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 agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.*

Marion County Juvenile Detention Center, Policy Number 1600.361, Resident Education, pages 1-2, addressed the requirements of Standard 115.361. The auditor confirmed by review that Marion County Juvenile Detention Center has a policy that mandates all staff to immediately report any knowledge, suspicion or information concerning resident sexual abuse/harassment to the agency Superintendent or other reporting sources such as DCS. As specified by policy, Marion County Juvenile Detention center prohibits staff from revealing any information related to a sexual abuse investigation, other than what is required for the treatment, incident review, the DCS/Indianapolis Police investigative process, or security decision-making purposes.

“Pursuant to Indianapolis Criminal Code IC 31-33-5-1 all employees of the Court and Facility are considered professional reporters and, as a result, must immediately report any reason to believe a child is a victim of abuse or neglect to the Indianapolis Department of Child Services hotline by calling (800) 800-5556.”

During the onsite interviews random staff and specialized staff of MCJDC confirmed their understanding of reporting duties as it relates to sexual abuse/harassment and the prohibition of retaliation against a resident or staff person involved in an investigation. All staff interviewed that the PREA Coordinator served as the retaliation monitor for the agency. The auditor interviewed the PREA Coordinator who explained and confirmed that she understood her role and responsibilities as the monitor for retaliation. The agency Nurse Administrator and counselor were interviewed to examine their understanding of the roles and responsibility for each staff member if a resident reports sexual abuse.

“Pursuant to Indianapolis Criminal Code IC 31-33-5-1 all medical and mental health employees of the Court and Facility (contract or otherwise) are considered professional reporters and, as a result, must immediately report any reason to believe a child is a victim of abuse or neglect to the Indianapolis Department of Child Services hotline by calling (800) 800-5556.”

The clinical practitioners confirmed their duty to inform the resident of their duty to report and the limitations of their confidentiality. Both practitioners affirmed their understanding and knowledge of role and responsibility to report any knowledge, suspicion or information concerning resident sexual abuse/harassment to the agency Superintendent of Quality, PREA Coordinator of the Shift Supervisor or other reporting sources. The agency Superintendent of Quality during his interview with the auditor explained his duty to report immediately any knowledge, suspicion or information concerning resident sexual abuse/harassment to initiate and investigation. In addition, the agency Superintendent of Quality explained that his duty to report extends to the notification of the Marion County Juvenile Detention Center, the custodian parent (unless otherwise noted by court order), legal guardian (unless otherwise noted by court order), or legal representative (within 14 days).

## Standard 115.362: Agency protection duties

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

#### 115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  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 agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.*

Marion County Juvenile Detention Center, Policy Number 116.362, Agency Reporting Duties, page 1, addressed the requirements of Standard 115.362. During the onsite audit interviews with random and specialized staff confirmed that each staff person was aware of their role and responsibilities when they become aware or suspect that a resident is being or has been sexually abused or sexually harassed or in substantial risk of imminent sexual abuse they should take immediate action to protect the resident. Moreover, both random and specialized staff interviewed indicated they would act immediately to protect the resident by separating and protecting the victim from the abuser. In the event the resident reports sexual abuse, staff confirmed that they would isolate the area (as a potential crime scene to preserve evidence) where the act allegedly occurred and would call the Intake Officer, notify the PREA Coordinator and the agency Superintendent for assistance. When notified, the interviewed Intake Officer stated they would further protect the victim, notify Nurse, medical practitioner and counselor. In the past 12 months, there were no instances in which the agency staff determined that a resident was subject to substantial risk of imminent sexual abuse. Interviews with staff and an examination of documentation onsite confirm compliance to this Standard 115.362. Marion County Juvenile Detention Center training, investigative log, and policy documentation confirmed during the on-site audit process that in the last 12 months there were zero determinations made that a resident was subjected to substantial risk of imminent sexual abuse.



## Standard 115.363: Reporting to other confinement facilities

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

#### 115.363 (a)

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

#### 115.363 (b)

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

#### 115.363 (c)

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

#### 115.363 (d)

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

Marion County Juvenile Detention Center, Policy Number 1600.363, Reporting to Other Confinement Facilities, page 1, addressed the requirements of Standard 115.363. MCJDC PREA Coordinator confirmed that all personnel to include staff, contractors and volunteers are mandated to immediately report PREA related allegations that occurred at another agency

immediately to the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. MCJDC will document the notification. MCJDC Night Shift Supervisor confirmed that the notification process would take place as soon as possible but no later than 72 hours after receiving the allegation. Marion County Juvenile Detention Center would document the incident as confirmed by the MCJDC Night Shift Supervisor. By way of memorandum Marion County Juvenile Detention Center indicated that zero incidents of receiving an allegation that a resident was sexually abused while confined at another agency. The auditor also confirmed the notification process with the agency Superintendent of Quality. The agency Superintendent of Quality, PREA Coordinator, Night Shift Supervisor confirmed that each administrator understood the notification process and documentation requirements for compliance with Standard 115.363.

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

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

#### **115.364 (a)**

- Upon learning of an allegation that a resident 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 a resident 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 a resident 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 a resident 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

#### **115.364 (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 agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.*

Marion County Juvenile Detention Center, Policy Number 1600.364, Staff First Responder Duties, page 1-2, addressed the requirements of Standard 115.364. All random and specialized staff interviewed were knowledgeable regarding their duties as first responders and the actions necessary when learning of an allegation of sexual abuse/harassment. All staff (random and specialized) persons interviewed during the on-site audit review period, indicated they would separate the residents, secure the area as a crime scene, not allow either (victim/accused) resident to destroy any physical evidence and notify DCS, the agency Superintendent and the PREA Coordinator. In the past 12 months, the number of allegations received by agency that a resident was sexually abused was zero. Within the last year, there were zero (0) incidents requiring staff to act as a first responder to an allegation of sexual abuse/harassment (security or non-security staff). Interviews with staff (random and specialized) and an examination of documentation confirm compliance with Standard 115.364.

### Standard 115.365: Coordinated response

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

#### 115.365 (a)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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Marion County Juvenile Detention Center, Policy Number 1600.365, Coordinated Response, page 1-5, addressed the requirements of Standard 115.365. The auditor verified that the agency has an institutional coordinated response plan to act in response to a report of sexual abuse. The agency policy identified the members of the coordinated response team (first responder, medical and mental health practitioners, investigators and facility leadership), Interviews with the agency Superintendent of Quality, medical and mental health practitioners, PREA Coordinator all confirmed the each understood the role and responsibilities of being a member of the coordinated response team. Each team member also confirmed participating in additional training to practice procedures to serve as a member of the response team. The training and mock practical application provided additional direction staff responders. Staff (specialized and random) and service provider's interviewed confirmed that they were knowledgeable regarding their responsibilities in the event of a coordinated response. An examination of documentation also confirms compliance to Standard 115.365.

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

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

#### 115.366 (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 residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

#### 115.366 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

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Marion County Juvenile Detention Center, Policy Number 1600. 366, Preservation of Ability to Protect Residents from Contact with Abusers, page 1, addressed compliance with Standard 115.366. The agency does not participate in collective bargaining. The agency Superintendent of Quality by way of memorandum indicated that the agency would not enter into an agreement that would limit the Marion County Juvenile Detention Center’s ability to remove alleged staff sexual abuser from contact with residents pending the outcome of a DCS or Indianapolis Metropolitan Police Department investigation or of a determination of whether and to what extent disciplinary actions are required or warranted.

**Standard 115.367: Agency protection against retaliation**

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

**115.367 (a)**

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

**115.367 (b)**

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

**115.367 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 resident 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: Resident 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: Resident 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

#### 115.367 (d)

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

#### 115.367 (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

#### 115.367 (f)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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Marion County Juvenile Detention Center, Policy Number 1600.367, Agency Policy Against Retaliation, pages 1-2, addressed the requirements of Standard 115.367. The policy confirmed the agency's intent to protect a resident or staff person from retaliation, the agency prohibits any type of retaliation against any staff or resident who has reported sexual abuse, sexual harassment or cooperated in any related investigation. The PREA Coordinator is the designated retaliation monitor. During the onsite audit the PREA Coordinator confirmed that she would document and follow up on all potential cases of retaliation to ensure policy enforcement. In addition, the PREA Coordinator (retaliation monitor) confirmed that she would conduct frequent periodic status checks on the resident or staff member, monitor incident reports, housing reassignments and negative performance reviews/staff job reassignments for up to 90 days. If there was a concern that there was a potential for possible retaliation, the PREA Coordinator indicated she would monitor the situation indefinitely. There have been no suspected or actual incidents of retaliation in the last 12 months. Agency compliance with Standard 115.367 was determined by a review of policy, staff interviews (random and specialized) to include the PREA Coordinator.

## Standard 115.368: Post-allegation protective custody

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

#### 115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?  Yes  No

## Auditor Overall Compliance Determination

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

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### Instructions for Overall Compliance Determination Narrative

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Marion County Juvenile Detention Center, Policy Number 1600.368, Post-allegation Protective Custody, page 1. This policy addresses the requirement of Standard 115.368. The agency policy indicated that use of segregation for protecting a resident who alleged sexual abuse shall be accompanied by the resident having all rights, opportunities, and services offered to all residents unless except in exigent circumstances. Exigent circumstance that modify the resident rights while in segregation will documented in detail and approved by both Superintendents and the PREA Coordinator. There were zero residents placed in post-allegation protective custody status within the last twelve months. Compliance with this standard was determined by a review of policy during the onsite review period, random and specialized staff interviews couple with a memorandum from the Superintendent validating involuntary segregation was not utilized to separate a resident victim from an abuser during this audit review period.

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

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

#### 115.371 (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/agency is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/agency is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA



**115.371 (b)**

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?  Yes  No

**115.371 (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

**115.371 (d)**

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?  Yes  No

**115.371 (e)**

- 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

**115.371 (f)**

- 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 resident or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

**115.371 (g)**

- 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

### 115.371 (h)

- 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

### 115.371 (i)

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

### 115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?  Yes  No

### 115.371 (k)

- 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

### 115.371 (l)

- Auditor is not required to audit this provision.

### 115.371 (m)

- When an outside entity investigates sexual abuse, does the agency 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 115.321(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 agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Marion County Juvenile Detention Center, Policy Number 1600. 371, Criminal and Administrative Investigations, pages 1-3, addressed the requirements of Standard 115.371. The agency would begin the initial report as the first responder, protect the victim and secure the crime scene. Marion County Juvenile Detention Center refers any report of abuse to DCS and the Indianapolis Metropolitan Police Department for investigation. Marion County Juvenile Detention Center follows all recommendation made by DCS to include referral to the Metropolitan Police department when an investigation appears to be criminal in nature.

The agency does not require any resident who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation. To the extent of the agency's involvement in the investigative process the credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as resident or staff person.

Compliance with Standard 115.371 was determined by a review of the Criminal and Administrative Investigations policy, page 1-3, staff interviews with the agency Superintendent of Quality and the PREA Coordinator. There were zero (0) allegations of criminal/administrative sexual abuse reports made during the 12 months of this review period. This information was confirmed by interview with the PREA Coordinator and agency Superintendent during the onsite audit.

## Standard 115.372: Evidentiary standard for administrative investigations

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

### 115.372 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Marion County Juvenile Detention Center, Policy Number 1600.372, Evidentiary Standard for Administrative Investigations, page 1, addressed the requirement of Standard 115.372. The evidentiary measure for this standard as outlined in the policy is a "preponderance of the evidence" in determining whether allegations of sexual abuse or sexual harassment are substantiated. The PREA Coordinator was aware of the evidentiary standard of measure requirement in determining whether allegations of sexual abuse/sexual harassment are substantiated. The PREA Coordinator confirmed an awareness of the evidentiary standard of measure. Marion County Juvenile Detention Center refers any report of abuse to DCS and the Indianapolis Metropolitan Police Department for investigation. Marion County Juvenile Detention Center follows all recommendation made by DCS to include referral to the Indianapolis Metropolitan Police Department when an investigation appears to be criminal in nature.

## **Standard 115.373: Reporting to residents**

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

#### **115.373 (a)**

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

#### **115.373 (b)**

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

#### **115.373 (c)**

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the

resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the agency?  Yes  No

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

#### 115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, 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 agency?  Yes  No
- Following a resident's allegation that he or she has been sexually abused by another resident, 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 agency?  Yes  No

#### 115.373 (e)

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

#### 115.373 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Marion County Juvenile Detention Center, Policy number 1600.373, Reporting to Residents, page 1-2, addressed the requirements of Standard 115.373. Marion County Juvenile Detention Center refers all reports of sexual abuse criminal/administrative to DCS. There were four (4) investigations of alleged resident sexual abuse in the agency that were completed by an outside agency in the past 12 months. The auditor confirmed that (3) residents were notified by the agency of outcomes to investigations in 2017. One (1) in 2017 was determined potentially criminal and was being investigated by DCS and the local police department. The interview with the PREA Coordinator confirmed that the MCJDC's policy does require staff to notify residents as to whether any allegations was determined to be substantiated, unsubstantiated, or unfounded. When the allegation involves staff, the resident would be informed if the staff member is no longer posted within their housing unit, is no longer employed at the agency, if the staff member was indicted or convicted on a charge related to sexual abuse within the agency. The PREA Coordinator and the agency Superintendent of Quality confirmed their understanding that all notifications or attempts to notify a resident shall be documented. MCJDC compliance with Standard 115.373 was determined by a review of policy, staff interviews and a review of four (4) sample investigative reports.

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

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

#### 115.376 (a)

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

#### 115.376 (b)

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

#### 115.376 (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

#### 115.376 (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*)

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Marion County Juvenile Detention Center, Policy Number 1600.376, Disciplinary Sanctions, page 1, addressed the requirements of Standard 115.376. All employees are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. In the past 12 months there has been zero (0) staff from Marion County Juvenile Detention Center were terminated or resigned in lieu of termination for violating the agency sexual abuse/harassment policies. Agency compliance with this standard was determined by a review of policy and interviews with the PREA Coordinator and the agency Superintendent of Quality. Marion County Juvenile Detention Center confirmed zero disciplinary sanction by way of memorandum, a review of sampled terminations and resignation.

## Standard 115.377: Corrective action for contractors and volunteers

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

#### 115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  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

### 115.377 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Marion County Juvenile Detention Center, Policy Number 1600.377, Corrective Action for Contractors and Volunteers, page 1, and the Superintendent of Quality's memorandum both confirmed no reports of alleged sexual abuse by volunteer of contractor, address the requirements of Standard 115.377. Any contractor or volunteer who engages in sexual abuse/harassment would be prohibited from contact with residents and would be reported DCS and the Indianapolis Metropolitan Police Department. A report would also be given to any relevant professional/licensing/certifying organization unless the activity was clearly not criminal in nature. In cases that were not criminal in nature, The PREA Coordinator and the Superintendent of Quality, Marion County Juvenile Detention Center, both confirmed that they would take appropriate remedial measures and consider whether to prohibit further contact with resident in the agency. During the previous 12-month review period there were no incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment at MCJDC. Compliance with Standard 115.377 was determined by a review of the agency policy, Superintendent's memorandum and staff interviews (PREA Coordinator).

## Standard 115.378: Interventions and disciplinary sanctions for residents

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



**115.378 (a)**

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  
 Yes  No

**115.378 (b)**

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  Yes  No

**115.378 (c)**

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

**115.378 (d)**

- If the agency offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the agency consider whether to offer the offending resident participation in such interventions?  Yes  No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?  Yes  No

**115.378 (e)**

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

### 115.378 (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

### 115.378 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Marion County Juvenile Detention Center, Policy Number 1600.378, Interventions and Disciplinary Sanctions for Residents Interventions, page 1-2, the Resident Detention Manual and MCJDC policy confirmed the agency policies addressed Standard 115.378. By way of memorandum, the agency Superintendent of Quality confirmed that in the past 12 months, the number of residents placed in isolation for resident-on-resident sexual abuse was zero (0). The Resident Detention Manual outlines prohibited behaviors such as sexual relationships with another resident or staff person, and consensual sexual relation (staff or resident) are also prohibited acts. The agency affirms disciplining a resident for sexual contact with a staff member when the staff member did not consent to such contact. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between residents does not constitute sexual abuse. Coerced sexual activity does not constitute a disciplinary sanction for the behavior. Sanctions are commensurate with the nature and circumstances of the abuse committed. The resident's disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories. Residents are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Resident Detention Manual. Marion County Juvenile Detention Center does not discipline residents who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. The

disciplinary process considers whether a resident's mental disabilities or mental illness contributed to the sexual misbehavior of the resident when determining what type of sanction, if any, should be imposed. If mental disabilities or mental illness is a factor, the agency considers the offer of therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse. Agency compliance with this standard was determined by a review of the agency policies, documentation, staff (PREA Coordinator and Counselor) and resident random interviews.

## MEDICAL AND MENTAL CARE

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

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

#### 115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (c)

- 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

#### 115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident 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**

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Marion County Juvenile Detention Center, Policy Number 1600.381, Medical and Mental Health Screening; History of Sexual Abuse, page 1-2, addressed compliance the requirements outlined in Standard 115.381, to measure compliance the auditor examined twenty (20) risk screening instruments, conducted sixteen (16) resident interviews (random and targeted), and interviewed the PREA Coordinator/Intake Officer, nurse, and counselor. A review of the agency’s “Risk of Sexual Victimization” and “Risk of Sexual Abusiveness” forms confirmed that residents who disclosed prior victimization during screening were offered a follow up screening with the medical or mental health practitioner within seven (7) days of arrival but always within fourteen (14) days of the intake screening. In the past 12 months, the percentage of resident disclosing victimization during screening who were offered a follow-up meeting with medical or mental health practitioners was 100 percent. Treatment services are offered without financial cost to the resident. As confirmed by observation and a review of intake screening documents, screening for prior sexual victimization was conducted by the Nurse and counselor as a part of the in-processing procedures. The agency in-processing procedure also screened for previous sexually assaultive behavior in an institutional setting or in the community. When indicated, residents are offered a follow-up meeting with a mental health practitioner within seven days (7) but always with fourteen (14) days of the intake screening as outlined in Standard 115.381. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for treatment plans, security, housing, work, program assignments and management decisions. Signed and dated informed consents are obtained from a resident before reporting prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of eighteen (18). Agency compliance with standard was determined by a review of policy, review of documentation and staff and resident interviews.

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

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

**115.382 (a)**

- Do resident 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

**115.382 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?  Yes  No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.382 (c)

- Are resident 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

### 115.382 (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

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Marion County Juvenile Detention Center, Policy Number 1600.382, Access to Emergency Medical and Mental Health Services, page 1-2, address the requirements of Standard 115.382. By policy, Marion County Juvenile Detention Center provides unimpeded and timely access to emergency medical treatment to resident victims of sexual abuse. By examination MCJDC has a MOU with Riley and Eskenazi Hospital. The agreement provides;

Riley and Eskenazi Hospitals agreed to provide medically necessary and appropriate treatment to residents presenting to the Hospital for treatment related to possible victimization of sexual assault. This treatment includes, but is not limited to, the following:

- 2.3.1 Providing forensic examinations,
- 2.3.2 Handling the chain of custody for all specimens collected by Hospital medical personnel,
- 2.3.3 Providing sexual transmitted disease prophylaxis medication and associated treatment,

- 2.3.4 Providing prescriptions for human immunodeficiency virus medication when necessary, and
- 2.3.5 Scheduling any follow-up appointments that the Hospital deems necessary.

Residents victims of sexual abuse are also provided timely, unimpeded access to mental health treatment and crisis intervention services or are transported to a hospital in the community when health care needs exceed the level of care available within the agency. Victim advocacy is offered through community providers or trained staff members. There is no financial cost to the resident for any sexual abuse/harassment related incident medical or mental health care or advocacy service, regardless of whether the victim names the abuser or cooperates with the incident investigation. Resident victims of sexual abuse are offered information about and timely access to information on sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. There was zero (0) allegation of sexual abuse that required referral for forensic evidence collection by a SANE in the last twelve (12) months. Agency compliance with this standard was determined by a review of policy, a review of the Memorandum of Understanding (MOU) and a telephonic interview with a Sexual Assault Nurse Examiner, a community victim advocate and specialized medical and mental health staff.

## **Standard 115.383: 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**

### **115.383 (a)**

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

### **115.383 (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

### **115.383 (c)**

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

### **115.383 (d)**

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

### **115.383 (e)**

- If pregnancy results from the conduct described in paragraph § 115.383(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 agency.)  Yes  No  NA

### 115.383 (f)

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

### 115.383 (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

### 115.383 (h)

- Does the agency attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  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 agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.*

Marion County Juvenile Detention Center, Policy Number 1600.383, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, page 1-2, addressed the requirement of Standard 115.383. As confirmed by a review of the policy, the agency offers medical and mental health evaluation and as appropriate, follow-up services, and treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup or juvenile agency. The evaluation and treatment of such victims includes treatment planning and continued care and follow-up services if the resident is transferred to another agency or release from custody. The facilities have fully staffed medical and mental health departments and offer sexual abuse/harassment victims with medical and mental health services consistent with the standard of care available in the community. Resident victims, while detained, would be offered testing for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Mental health evaluations are conducted on all known resident-on-resident abusers at least within 60 days of learning of such abuse history, but usually immediately when staff become

aware of this information and offer appropriate treatment to the resident. Agency compliance with this standard was determined by a review of policy, review of documentation and interviews with specialized staff (medical and mental health).

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

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

#### 115.386 (a)

- Does the agency 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

#### 115.386 (b)

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

#### 115.386 (c)

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

#### 115.386 (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 agency?  Yes  No
- Does the review team: Examine the area in the agency 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 §§ 115.386(d)(1) - (d)(5), and any recommendations for



improvement and submit such report to the agency head and PREA compliance manager?

Yes  No

### 115.386 (e)

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

Marion County Juvenile Detention Center, Policy Number 1600.386, Sexual Abuse Incident Review, page 16, addressed Standard 115.386. MCJDC has a policy that mandates an incident review at the end of substantiated and unsubstantiated sexual abuse investigations but within 30 days of the conclusion of the investigation. Administrative and/or criminal investigations are completed on all allegations of sexual abuse/sexual harassment by DCS. Criminal investigations are referred to the Indianapolis Metropolitan Police Department. Marion County Juvenile Detention Centers, Sexual Incident Review Team includes members of upper management to include the agency PREA Coordinator, medical and mental health practitioners and DCS (investigator). The incident review team also allows input from MCJDC line-supervisors. Interviews with the nurse, counselor and PREA Coordinator and Superintendent of Quality confirmed that each team member could explain what considerations would indicate a need for a policy changes or change in an agency practice that would prevent, detect or improve the agency's response to sexual abuse. Answers from the team member included motivating factors such as gang activity, gender identification phobias, group dynamics. The PREA Coordinator indicated that the team also decides as to whether additional monitoring technology or staffing should be added to enhance resident supervision. The agency implements the recommendations for improvement or documents its reasons for not doing so. In the past twelve (12) months, one (1) referred to DCS and the Indiana Metropolitan Police Department for investigation (criminal) and three (3) administrative investigations of alleged sexual abuse completed at the agency. Documentation confirmed that each administrative investigation was closed in 2017 and each resident notified of the outcome. All required reviews by the Incident Review Team was conducted and verified completed within 30 days of the conclusion of all investigations. Compliance with this standard was determined by a review of policy, documentation, interviews with members of the incident review team such as the PREA Coordinator and Nurse.

### Standard 115.387: Data collection

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

**115.387 (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

**115.387 (b)**

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

**115.387 (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

**115.387 (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

**115.387 (e)**

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

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

Marion County Juvenile Detention Center, Policy Number 1600.387, Data Collection, page 1, addressed the requirements of Standard 115.387. As confirmed by a review of documents, the agency collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument with a defined set of definitions. Marion County Juvenile Detention Center tracks information concerning sexual abuse using data from the facilities DCS investigations. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. Marion County Juvenile Detention Center aggregates and reviews all data annually. Upon request, Marion County Juvenile Detention Center would provide all such data from the previous calendar year to the Department of Justice no later than June 30. Agency compliance with Standard 115.387 was also determined by a review of policy, a review of tracking documentation and an interview with the PREA Coordinator, Youth Counselor, and Intake Officer.

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

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

#### **115.388 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.387 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 § 115.387 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 § 115.387 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 agency, as well as the agency as a whole?  Yes  No

#### **115.388 (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

#### **115.388 (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

### 115.388 (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 agency?  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 agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.*

Marion County Juvenile Detention Center, Policy Number 1600.388, Data Review for Corrective Action, page 17, addresses the requirements of Standard 115.388. Marion County Juvenile Detention Center reviews and assesses all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, to identify any trends, issues or problematic areas and to take corrective action if needed. The PREA Coordinator prepares and forwards a report to the agency Superintendent. The agency Superintendent approves the report and makes the report available to the public through the agency's website. The Annual Report was reviewed by the auditor. The report can be found at the following website address:  
<http://www.indy.gov/eGov/Courts/Superior/Juvenile-Detention-Center/Pages/PREA-MCJDC> Agency compliance with this Standard 115.388 was determined by a review of policy, a review of data and interviews with the PREA Coordinator and the agency Superintendent of Quality.

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

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

### 115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
 Yes  No

### 115.389 (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

### 115.389 (c)

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

### 115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 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 agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.*

Marion County Juvenile Detention Center, Policy Number 1600.389, Data Storage, Publication, and Destruction, page 1, addressed the requirement of the Standard 115.389. By interview with the PREA Coordinator and the agency Superintendent of Quality confirmed that all personal identifiers are removed from aggregated sexual abuse data before it is made available to the public. A review of the data on the website confirmed that personal identifiers were removed before the data was made available to the public. Agency data is maintained in locked files or on computer data bases that are user ID and password protected. The annual reports were comprehensive and covered all data requirements outlined in Standard 115.389. Compliance with this Standard 115.389 was determined by a review of policy, an examination of data files, staff interviews with the PREA Coordinator and the agency Superintendent of Quality.

## 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 three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each agency operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  
 Yes  No  NA

### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each agency type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

### 115.401 (h)

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

### 115.401 (n)

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

This is the first PREA audit for Marion County Juvenile Detention Center, Indianapolis, Indiana. Marion County Juvenile Detention Center allowed the auditor to conduct private interviews with both residents and staff.

## 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 agency agencies, the auditor shall ensure that the agency's last audit report was published. The pendency of any agency appeals 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 agency 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 agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

This is the first PREA audit for the agency therefore no final audit reports were issued in the last three years.

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident 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.

Sonya Love

06/11/2018

**Auditor Signature**

**Date**

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<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.