

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Interim Audit Report: 11/11/2020 N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 11/30/2020

Auditor Information

Name: Sonya Love

Email: Sonya.love57@outlook.com

Company Name: Diversified Consultant Services

Mailing Address: P.O. Box 452

City, State, Zip: Blackshear, GA. 31516

Telephone: 678-200-3446

Date of Facility Visit: July 29-30, 2020

Agency Information

Name of Agency: Indiana Department of Corrections

Governing Authority or Parent Agency (If Applicable): State of Indiana

Address: 302 W. Washington St., Indiana Government Center South, Rm 334

City, State, Zip: Indianapolis, IN 46204

Mailing Address: same

City, State, Zip: same

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: <https://www.in.gov/idoc/2832.htm>

Agency Chief Executive Officer

Name: Robert E. Carter

Email: rcarter@idoc.in.gov

Telephone: 317-234-1061

Agency-Wide PREA Coordinator

Name: Bryan Pearson

Email: Bpearson@idoc.in.gov

Telephone: 812-526-8434 Ext 220

PREA Coordinator Reports to:

Brian Wilson

Number of Compliance Managers who report to the PREA Coordinator:

21

Facility Information

Name of Facility: LaPorte Juvenile Correctional Facility

Physical Address: 2407 N. 500W

City, State, Zip: LaPorte, Indiana 46350

Mailing Address: same as above

City, State, Zip: same as above

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <https://www.in.gov/idoc/2832.htm>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
[Click or tap here to enter text.](#)

Facility Administrator/Superintendent/Director

Name: Jason Smiley

Email: jasmiley@idoc.in.gov

Telephone: (219) 326-1188 Ext: 212

Facility PREA Compliance Manager

Name: Eduardo Lozano

Email: elozano@idoc.in.gov

Telephone: (219) 326-1188 ext:210

Facility Health Service Administrator N/A

Name: Linda Frye

Email: lfrye@idoc.in.gov

Telephone: (574) 276-0136

Facility Characteristics

Designated Facility Capacity:

58

Current Population of Facility:	29	
Average daily population for the past 12 months:	31	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	13-18	
Average length of stay or time under supervision	7.7 months	
Facility security levels/resident custody levels	Low-medium-high	
Number of residents admitted to facility during the past 12 months	66	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	66	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	66	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	73	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	33	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	2	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	11	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	12	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	6
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	5
<p>Number of single resident cells, rooms, or other enclosures:</p>	1
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	1
<p>Number of open bay/dorm housing units:</p>	3
<p>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</p>	4
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	7
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	7
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: <i>Select all that apply</i>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

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

The standards used for this audit became effective August 20, 2012. The notifications of the audit were posted in the facility at least six weeks prior to the on-site audit; photographs were taken and submitted to the Auditor. LaPorte Juvenile Correctional Facility (LPJCF) completed the Pre-Audit Questionnaire and uploaded supporting documentation on June 9, 2020, to a secure cloud server. LaPorte Juvenile Correctional Facility (LPJCF) did not participate in the 2016 PREA audit cycle thus a PREA report was not located on the agency website. The Auditor did confirm that under a previous name, Camp Summit Boot Camp underwent a PREA audit in 2016. The findings from the Camp Summit Boot Camp audit reflects a different mission for the facility and serving a different resident population (male/juvenile). The Camp Summit audit was completed on what is now called LaPorte Juvenile Correctional Facility on September 14, 2016 and August 29, 2019. During the pre-audit review of documentation, the Auditor found several memorandums issued by the Warden which pre-date the LaPorte audit more than 30 days, that were applicable to multiple standards. While the Auditor accepted the memorandums as evidence of compliance with applicable standards, the Warden was interviewed while on site to confirm no changes since the issuance of any memorandum issued for this audit. Likewise, the Auditor utilized triangulation of other evidence to confirm compliance with PREA standards. Further, in reviewing the IDOC website the Auditor found the following PREA related information:

IDOC SEXUAL ABUSE AND SEXUAL HARASSMENT REPORTS

To report an incident of sexual abuse or sexual harassment on behalf of a resident please call 877-385-5877 or email IDOCPREA@idoc.in.gov

Reporting parties please note the following:

- The allegation will be discussed with the victim named in the report
- The allegation will be disclosed only to those who need to know to ensure victim safety and to investigate the allegation
- Please include the following information, if known, when reporting sexual abuse or sexual harassment:
 - Date of the alleged incident.
 - Victim's name and DOC number and facility
 - All alleged perpetrators names and DOC numbers
 - Location of alleged incident

- Any other information provided regarding the incident *For more information on the Prison Rape Elimination Act (PREA) visit: www.prearesourcecenter.org

IDOC SURVEY of SEXUAL VIOLENCE REPORTS

- Survey of Sexual Victimization Juvenile Reports, 2011-2016
- Survey of Sexual Victimization Juvenile Reports, 2017
- Survey of Sexual Victimization Juvenile Reports, 2018

IDOC AGENCY ANNUAL REPORT

- Juvenile Annual Reports, 2013-2018
- Sexual Assault Prevention Program Annual Report, 2019

Indiana Ombudsman Bureau

The IDOC Indiana Ombudsman Bureau was created by the legislature in the fall of 2003. Per Indiana Code (IC) 4-13-1.2-1 through 4-13-1.2-12. The Bureau is charged with the responsibility of receiving, investigating, and attempting to resolve complaints from offenders housed in DOC facilities or offenders' family members that the DOC accuses of violating a specific law, rule, department written policy or endangered the health or safety of a person. The director of the bureau was appointed by the Governor in May 2005. The Ombudsman Bureau reviews complaints from residents across the state and provides recommendations to the IDOC for resolution. The Ombudsman Bureau completes a monthly report of substantiated complaints which includes an overview of monthly activity and any follow-up if necessary. The 2019 report was unpublished.

The notifications of the audit were posted in the facility at least six weeks prior to the on-site audit; photographs were taken and submitted to the auditor. The facility completed the Pre-Audit Questionnaire with uploaded supporting documentation on July 9, 2020. Correspondence with the PREA Coordinator and PREA Compliance Manager took place throughout the audit process. The Auditor was provided access to all PREA related documents and files.

An examination of the resident handbook revealed that LaPorte resident education includes information about:

- Mental Health Services and how to access the service
- The academic and technical training at most facilities
- That larger Department facilities have Law Libraries that may be used for legal research. All residents are permitted to have access to legal materials
- That substance abuse programming is available in all facilities

- That the Department has educational and treatment program for offenders who have been convicted of sex crimes, either during a current commitment or previously.
- Telephone calls will be monitored and recorded, apart from calls to your attorney or legal representative.
- Residents may have access to legal representatives, including consular officials, and the courts to the extent required by statute, treaty, court order, rule, or policy
- Sexual Assault Prevention and Reporting
- Resident Grievance Process The Auditor completed a document review of the LaPorte Juvenile Correctional Facility's, Pre-Audit Questionnaire (PAQ), applicable policies, procedures, program statements and supplemental information. Telephone calls and emails were exchanged between the PREA Coordinator, PREA Compliance Manager and the Auditor. The following documentation was requested for the onsite visit:
 - Roster of residents by unit
 - Roster of residents with disabilities
 - Roster of residents who were Limited English Proficient (LEP)

The Auditor completed a document review of the LaPorte Juvenile Correctional Facility's, Pre-Audit Questionnaire (PAQ), applicable policies, procedures, program statements and supplemental information. Telephone calls and emails were exchanged between the PREA Coordinator, PREA Compliance Manager and the Auditor. The following documentation was requested for the onsite visit:

- Roster of residents by unit
- Roster of residents with disabilities
- Roster of residents who were Limited English Proficient (LEP)

LGBTI residents

- Residents who reported sexual abuse
- Residents who reported sexual victimization during risk screening
- Staff roster by shifts
- Specialized staff roster
- Residents census the first day of the audit
- A roster of new employees hired in the past 12 months
- Staffing Plan
- Unannounced institutional rounds
- List of contact information for volunteers
- SANE/SAFE point of contact information at the Franciscan Health, Michigan City, Indiana
- Copies of training acknowledgments for volunteers and contractors

Entrance Briefing and Tour (On-site Audit)- First day

The audit of the LaPorte Juvenile Correctional Facility took place on July 29 – July 30, 2020. The audit was conducted by Sonya Love, Certified PREA Auditor. On the first day of the audit the total population for LaPorte Juvenile Correctional Facility was 28 female residents. A meeting took place with management staff to outline the auditor's sampling strategy, logistics for the facility tour, the interview schedule and to discuss the need to review additional directives, policies, and supplemental documents. Auditor Sonya Love was provided a private

room in which to work and conduct confidential interviews. All requested files and rosters, both staff and residents were made available to the Auditor for review. Auditor Sonya Love completed resident interviews and reviewed institutional and clinical files for compliance with applicable PREA standards.

The auditor interviewed the following categories of specialized and random staff, during the onsite phase of the audit:

Category of Staff Interviewed	# Interviews Conducted
Random Staff	12
Specialized Staff	27
Total Staff Interviewed	39

Category of Staff Interviewed	# Interviews Conducted
Staff interactions during the facility tour	3
Staff who refused to be interviewed	0
Total staff interviewed	3

This sampling included documents such as logbooks, shift reports, incident reports, policies, and procedures, (12) training records/logs and curriculum. The Auditor completed specialized staff interviews, interviews with the PREA Coordinator, PREA Compliance Manager, the Warden and other members of the LaPorte Juvenile Correctional Facility upper management, contact with local advocacy organization, contact with the SANE forensic hospital, Franciscan Health, Michigan City, Indiana and reviewed supporting evidence of compliance with PREA standards. The Auditor completed an internet search of the Franciscan Health Center of Hope locations, to confirm that victims receive prompt and undivided attention in a private, non-traumatic, compassionate place. The Center of Hope program helps a rape or sexual assault victim and his or her support persons to focus one-on-one. A comprehensive forensic examination by a qualified SANE/SAFE examiner reduces error and omission in evidence collection and ensures support to the victim during the judicial process. At each Center of Hope locations are forensic clinicians or Sexual Assault Nurse Examiners specially trained to provide competent medical/forensic exams, if possible, and provide the following services:

- Medical care
- Prophylactic medications
- Forensic evidence collection, injury identification and documentation
- Follow up resources
- Post-assault resources provided in the community and surrounding areas

The Auditor successfully completed a call to Indiana Coalition Against Domestic Violence and spoke with a representative who confirmed 24-hour hotline service, one-on-one counseling, hospital advocacy, educational training for residents and staff, and access to a forensic nurse. During the on-site portion of the audit and after its completion, additional documentation was

provided as requested. An exit conference was held on July 30, 2020 with the PREA Compliance Manager, PREA Coordinator and Warden.

Site Review/tour

The Auditor completed a comprehensive facility tour. During the tour, LaPorte staff members were observed interacting with residents and providing direct supervision during activities. The Auditor was escorted by the PREA Compliance Manager, PREA Coordinator, and a member of security management throughout the facility and outside buildings. The Auditor reviewed PREA related documentation and materials located on bulletin boards on the living units. PREA information was posted in both English and Spanish. Notices regarding PREA violation reporting, victim advocacy services and contact information and the agency's Zero-Tolerance Policy for sexual abuse and sexual harassment were prominently displayed in all living units, meeting areas, and throughout the facility. Audit notices with the PREA Auditor's contact information were also posted in the same areas.

The tour of the facility included the Receiving and Discharge (R&D), intake processing areas, all living units, the Restrictive Housing Unit (RHU), the Health Services Department, Recreation, Food Service, facility support areas, Education, Visiting Room, Psychology Services and other programming areas. LaPorte Juvenile Correctional Facility, Restrictive Housing Unit (RHU) consisting of 4 segregation cells and a new gym. During the onsite visit zero residents were housed in RHU because of risk of sexual victimization.

Informal and formal conversations with employees and residents regarding the PREA standards were conducted. The Auditor observed camera surveillance, physical supervision, and electronic monitoring capabilities throughout the facility. Other areas of focus included, but were not limited to, levels of staff supervision, and limits to cross-gender viewing.

Resident Interviews

The Auditor reviewed 21 institutional files of residents currently assigned to the facility for compliance with PREA standards. The responses of staff and residents during their interviews confirmed that all had received PREA training. Staff members were interviewed from all shifts. A random sampling of other facility documentation was also examined by the Auditor. At the time of the audit there were 28 female residents at the LaPorte Juvenile Correctional Facility. A total of 21 random residents' interviews were conducted which included residents from the targeted group. No residents refused to be interviewed. Interviews were conducted using the Department of Justice (DOJ) protocols to assess resident's knowledge of PREA standards and the reporting mechanisms available to resident at the facility.

A complete facility tour was conducted by the Auditor. During the tour, staff members were observed to be interacting with residents and providing direct supervision during activities. A total of 16 random resident interviews were conducted. The random interviews consisted of, the oldest resident, the youngest resident, and residents with longest and shortest length of stay. Other residents interviewed included but were not limited to: Residents who disclosed prior victimization, Transgender, Intersex, Gay, Lesbian, and Bisexual residents, and Residents who reported a Sexual Abuse. In addition to residents' interviews, 12 random staff

interviews were conducted. The responses of staff and residents during their interviews confirmed that all had received PREA training. Staff members were interviewed from all shifts. A total of 21 institutional files and clinical files of residents currently assigned to the facility were reviewed. A random sampling of other facility documentation was reviewed. This sampling included, but was not limited to logbooks, shift reports, incident reports, policies and procedures, video, (12) training records/logs and curriculum. All personnel were professional, engaged, and helpful throughout the audit process. The audit team successfully completed a call to Franciscan Health and spoke with a representative who confirmed 24-hour hotline service, one-on-one counseling, hospital advocacy, educational training for residents and staff, and access to a forensic nurse. During the on-site portion of the audit and after its completion, additional documentation was provided as requested. An exit conference was held on July 30, 2020.

Category of Specialized Staff Interviewed	Total
Agency Contract Administration (previously interviewed 2019)	1
Administrative (human resources)	1
Intermediate or higher-level facility staff responsible for conducting an announced round to identify and deter staff sexual abuse and sexual harassment	1
Line staff who supervise youthful residents, if any	1
Education staff who work with youthful residents	1
Program staff who work with youthful residents, if any	1
Medical staff 1 Mental health staff	2
Administrative (human resource) staff	1
SAFE and SANE staff	1
Indiana Coalition Against Domestic Violence	1
Volunteers who have contact with residents	2
Contractors who have contact with residents	1
Investigative staff	1
Staff who perform screening for risk of victimization and abusiveness	2
Staff who supervise residents in segregated housing	2
Designated staff member charged with monitoring retaliation	1
Incident Review	1
Retaliation monitor	1
First responders, security staff	1
First responders, non-security staff	1
Intake staff	2

- Some specialized interviews were counted in multiple specialty areas or as random staff as this is a very small facility

Facility Characteristics

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

Camp Summit Boot Camp (CSBC) was a medium security facility that opened in February 1995 at 2407 North 500 West, in La Porte, Indiana. The facility's rated capacity was 94 male cadets with a medium custody level. The facility's compound was a single 12-foot-high perimeter fence with razor wire at the top and a concrete footing that runs the length of the perimeter fence. In September 2017, IDOC decided to change the mission of several Division of Youth Services Facilities. On October 13, 2017 Camp Summit became LaPorte Juvenile Correctional Facility per Executive Directive # 17-62. The facility was allocated 84 positions 19 of which are contractual positions which include 45 Custody, 5 Administration, and 15 Program positions. In 2017, LaPorte underwent a staffing enhancement per Executive Directive # 17-62 that represented the addition of four (4) Sergeant positions. The LaPorte Juvenile Correctional Facility (LPJCF) is in La Porte, Indiana. LPJCF is a maximum security juvenile correctional facility that has a designated population capacity of 58 female residents. LaPorte Juvenile Correctional Facility is the only female correctional facility in Indiana and the only reception and diagnostic center for newly committed female youth. The physical plant has six (6) buildings with one (1) single cell housing units. There are one (1) multiple occupancy cells, housing units with a total of three (3) open bay / dorm housing. The number of Segregation Cells (Administrative and Disciplinary) is four (4). The LaPorte Juvenile Correctional Facility, medical department operates twenty-four hours per day and seven days a week (24/7).

The Facility design, the use of the video surveillance, level of staff training, structure of the program, commitment of the Warden, Captain, Lieutenant/PCM, and Department Heads, and the screening and assessment of residents on arrival at LaPorte all positively enhances the safety and security of residents from Sexual Abuse and Sexual Harassment. Interviews with residents (random and targeted) and staff (random and specialized) were aware of the Zero Tolerance Policy, what to report, when to report, how to report and multiple ways to report Sexual Abuse and Sexual Harassment. It was apparent that cross gender viewing would not occur if facility procedures were followed and all evidence indicated this is consistently followed. Overall, the physical design and the use and placement of video surveillance cameras were optimized to meet the requirements for compliance with PREA Standards.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 1
List of Standards Exceeded: 115.321

Standards Met

- Number of Standards Met: 43

Standards Not Met

- Number of Standards Not Met: 0
- List of Standards Not Met: 0

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 1
List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 42

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: Click or tap here to enter text.

Standards Exceeded:

Standard 115.321: Evidence protocol and forensic medical examinations

The Indiana Medical Forensic Examination Providers, 2020 has partnered with the IDOC and the ICADV’s around the administration and best practice of responding to sexual assault in facilities. The Indiana Medical Forensic Examination Providers wants to make sure that PREA coordinators at all IDOC facilities around the state have the most up to date information about

to whom, when and where offenders can be taken to receive an appropriate sexual assault forensic exam such as:

FACILITY: LaPorte Hospital
ADDRESS: 1007 Lincoln Way, La Porte, IN 46350
LEADERSHIP: Keely Goolsby, RN
CONTACT: Phone: 219-326-2552 or 219-326-1234
Email: k.goolsby@lph.org
Website: www.laportehealth.com
Services provided to: Adult/Adolescent/Pediatrics

Sexual Assault Medical Forensic Exams for pediatric, adolescent, and adult patients. Other forensic nursing services: strangulation, photography. Coverage and availability may vary based on location. SANE providers are on call only.

FACILITY: Franciscan Alliance-Michigan City
ADDRESS: 301 W Homer Street, Michigan City, IN 46360
LEADERSHIP: Lori Bridegroom
CONTACT: Phone: 219-933-2077 or 219-879-8500
Email: lori.bridegroom@franciscanalliance.org
Website: www.franciscanalliance.org
Services provided to: Adult/Adolescent/Pediatrics

Sexual Assault Medical Forensic Exams for pediatric, adolescent, and adult patients. Coverage and availability may vary.

Corrective Actions:

Standard 115.315: Limits to cross-gender viewing and searches

LaPorte staff completed training and the PREA Compliance Manager provided the Auditor with evidence of the completion of training to satisfy this standard.

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

The PREA Compliance Manager will re-train medical and mental health practitioners regarding Standards 115.341, 115.342 and 115.381. LaPorte will provide the Auditor with documented evidence of the re-training of staff. The re-training acknowledgement will contain at a minimum the Standards covered in the training, printed names of all attendees, date of the training and staff signatures.

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 its facilities? Yes No

115.311 (c)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Indiana Department of Corrections (IDOC), Policy 02-01-115y mandates zero tolerance toward all forms of sexual abuse and sexual harassment.

A review of the organization chart and memo identifies that a PREA Coordinator and Compliance Manager has been designated. Moreover, Indiana Department of Correction (IDOC) has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment that is outlined in Policy 02-01-115, Sexual Abuse Prevention. The Sexual Abuse Prevention Policy details the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The agency has designated a statewide PREA Coordinator.

The Agency Executive PREA Coordinator Director is positioned in the upper level of the agency hierarchy. During his interview, the PREA Coordinator confirmed having sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. Moreover, the interview also confirmed that the PREA Coordinator was highly organized and extremely knowledgeable of the requirements for PREA.

LaPorte has designated a PREA Compliance Manager to ensure adherence to the PREA standards. The Institutional PREA Compliance Manager (PCM) reports to the Captain for all things related to custody management of residents. The facility organizational chart confirmed that the PCM reports directly to the Warden for matters related to PREA compliance monitoring, PREA incident reviews, PREA recommendations and issues of PREA compliance. During his interview, the PREA Compliance Manager demonstrated a working knowledge of PREA standards as he outlined how LaPorte implemented PREA at the facility level.

Further, the PREA Compliance Manager confirmed that he utilizes a PREA Working Committee to maintain compliance with each standard. Additionally, the PREA Compliance Manager also confirmed during his interview that he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

During the facility tour the Auditor identified PREA zero tolerance posters and PREA education. Further, the Auditor noted victim advocacy contact information and third-party reporting contact information all on display throughout every area of the facility including the living units in English and Spanish. Staff receive initial PREA education during new employee onboarding. Annually staff at LaPorte received refresher training, as well as updates

throughout the year. The PCM/Lieutenant's job description was reviewed. LaPorte meets the requirements of Standard 115.311.

Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- LaPorte Juvenile Correctional Facility Organizational Chart
- Interviews with the PREA Coordinator
- Interview with the Warden
- Memorandum: Warden regarding the appointment of Lieutenant Lozano as the PREA Compliance Manager for LaPorte Juvenile Correctional Facility dated December 19, 2018.
- Interview with the PREA Compliance Manager

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.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has entered 7 contracts. All applicable contractors are required to adopt and comply with PREA standards. LaPorte met the requirements for Standard 115.312.

Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Interview with PREA Coordinator
- IDOC sample uploads of contracts

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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: 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 facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA

- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA

- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA

- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA

- Is the facility 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 facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? Yes No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the facility 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 facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (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 facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Abuse Prevention address Standard 115.313. Policy 02-01-115, Sexual Abuse Prevention confirmed that the agency has a documented policy that mandates the development and annual review of a facility staffing plan. The staffing plan provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse

Policy 02-01-115 confirms that LaPorte has 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.

The unannounced rounds were documented and conducted by Lieutenants, the Captain, Warden, and other members of intermediate-level or higher-level supervisors in the general housing daily log. During interviews with staff who conduct unannounced rounds they detailed

the how unannounced rounds were conducted and confirmed for the Auditor that this type of security round is random, and the timing or route taken during unannounced rounds is not shared with staff.

In the past 12 months, LaPorte has 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 Standard 115.313. The PREA Compliance Manager provided the Auditor with an updated staffing plan. The PREA Coordinator confirmed during his interview that he reviews, approves, and makes recommendations when necessary at least on an annual basis all facility staffing plans. Consultation with the agency PREA Coordinator includes assessing, determining, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring devices, and a review of resources the facility has available to commit to ensure adherence to the staffing plan. The Auditor examined the 2020 and 2019 staffing plans for La Porte. Both the 2019 and the 2020 staffing plans were reviewed by the agency PREA Coordinator.

In calculating adequate staffing levels and determining the need for video monitoring, the LaPorte staffing plan considered factors such as: Generally accepted detention and correctional practices such as the American Correctional Association (ACA), any findings of inadequacy from internal or external oversight bodies (none), components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated, substantiated (0) and unsubstantiated (0) incidents of sexual abuse, the number and placement of supervisory staff and any other relevant factors. The PREA Coordinator provided an updated staffing plan dated January 20th, 2020.

The facility operates 24 hours per day and unannounced rounds were documented for all shifts to include night shift. The facility operates on 12-hour shifts and rounds were documented for night shifts as well as day shifts. Random unannounced rounds were selected for examination by the Auditor from December 2019 and March 2020 to verify compliance with this standard. Unannounced rounds were documented and conducted by upper level management. The facility maintained a staffing ratio of a minimum of 1:8 during resident waking hours, and a minimum of 1:16 during resident sleeping hours, except during limited and/or exigent circumstances. The facility has a procedure in place that allows for rounds to be made without staff having an opportunity to alert other staff. LaPorte met the requirements of Standard 115.313.

Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- 2019 Annual Staffing Plan/shift reports and rosters
- Policy 02-01-115, Sexual Abuse Prevention
- Auditor review of files of unannounced rounds
- Interviews with the PREA Coordinator
- Interview with the Compliance Manager
- Interviews with staff (random)

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

115.315 (b)

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

115.315 (c)

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

115.315 (d)

- Does the facility have policies 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 facility have 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 facility 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 facility 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 facility 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 facility 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 facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex 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 facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-03-101, Searches and Shakedowns and Policy 02-10-118 address the requirements in Standard 115.315.

Policy 02-03-101 indicates that "...except during an emergency as declared by the Warden or designee, a strip search must afford the resident reasonable privacy and shall be conducted by staff of the same gender. The facility has policies and procedures in place 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.

Opposite gender strip searches of an resident shall not be conducted unless the opposite gender staff member, in his/her professional judgment, has reasonable cause to believe that a delay in retrieving possible prohibited property would jeopardize the safety, order, and/or security of the facility. If a strip search is conducted by an opposite gender staff member, the strip search shall be documented on an Incident Report and submitted to the Custody Supervisor or designee."

LaPorte has three (3) open bay living units, four (4) restrictive rooms, one (1) multiple occupancy room and one (1) single cell room. Showers in the open bay living unit are comprised of individual shower stalls with PREA friendly shower curtains. Residents assigned to living accommodations outside of the open bay living units utilize individual bath accommodations located on the main hallway of the facility. Resident (random and targeted) indicated they are required to shower and dress in the shower area and not in the living unit. The Auditor interviewed five (5) residents who self-identified as lesbian and four (4) residents who self-identified as bisexual. Neither residents from this targeted group indicated being the object of a cross-gender pat-down or strip search by LaPorte staff. Staff (random and specialized) were able to describe the facility policy and procedures in place that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia.

Twelve (12) staff training files were examined, problematic some staff had not completed training to satisfy this standard. LaPorte corrected this problem. Before this report was published all staff received training on the facility policy that does not allow cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches to be conducted except under exigent circumstances. LaPorte now meets the requirements of Standard 115.315.

Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Review of Policy 02-03-101 (Searches and Shakedown)
- Review of Policy 02-01-118 (Transgender and Intersex Offenders)
- Training: Security skills refresher evaluation
- Training: Strip and Cavity Searches
- Training sign in sheets and curriculum
- Review of the resident handbook
- Training sign in sheets and curriculum

- Memorandum: Warden regarding zero incidents of cross-gender strip searches or body cavity searches in the past 12 months dated March 25, 2019
- Interview with residents (random and targeted)
- Interview with staff (random and specialized)
- Interview with the PREA Coordinator
 - Interview with the Compliance Manager
- Observations of Auditor during the on-site portion of the audit

Corrective Action:

LaPorte staff completed training and the PREA Compliance Manager provided the Auditor with evidence of the completion of training to satisfy this standard.

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

Policy 02-01-115, Sexual Abuse Prevention supports Standard 115.316.

Intake staff sampled during the audit confirmed that PREA education is provided in verbal and written formats. The Auditor determined by examination that IDOC takes 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 of residents who are limited English proficient (LEP). IDOC/LaPorte has an on-going contract with a vendor to provide interpretive assistance to aid residents in communicating effectively who are limited English proficient. More, LaPorte has a contractual agreement with an over-the-phone phone interpretive service. The vendor employs interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The interpretive services provided by the vendor is available 24 hours a day. The Auditor examined the contractual agreement. The Auditor interviewed one (1) resident identified as LEP. The resident spoke English but indicated that she understood English better than she spoke the language. The same resident chose to receive PREA education in English. Furthermore, the resident indicated that during intake, staff took extra time to read the material to her and confirm her understanding of the information.

During random staff interviews (100%) of participants sampled confirmed that they always refrain from relying on resident interpreters, resident readers, or other types of resident assistance 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. LaPorte also has a list of staff members' fluent in languages other than English, if necessary, they can be utilized as

interpreters. There were zero disabled youth during the audit. LaPorte met the requirements of Standard 115.316.

Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Policy LaPorte-16-03 (Telephonic and In Person Interpretive Service)
- Over-the-phone instruction card for staff
- Policy 02-01-115 (Sexual Abuse Prevention)
- Interview with staff (random and specialized)
- Interview with residents (random and targeted)
- Interview with the PREA Coordinator
- Memorandum: Warden regarding zero resident requiring the services of the over-the-phone interpretive services in the past 12 months.
- IDOC La Porte Juvenile Correctional Facility contract with Propio, Over-the-Phone Interpreting Service
- Review of various PREA forms translated into Spanish
- Auditor’s observations during the facility tour

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 facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?
 Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with 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 facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with 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 who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether 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)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 04-03-102, Human Resources and Policy 04-03-103, Information and Standards of Conduct for Departmental Staff address Standard 115.317. Policy 04-03-102, Human Resources and Policy 04-03-103 prohibit the hiring or promotion of anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997) addresses the policy requirements of Standard 115.317.

Indiana Department of Corrections has a policy that requires criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents. IDOC provided the Auditor with a blank copy of an applicant employment questionnaire for examination.

A Human Resource Manager (HRM) was interviewed during the audit. The HRM confirmed that the agency prohibits 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.

IDOC considers material omissions regarding such misconduct, or the provision of materially false information, grounds for termination. The PREA Coordinator confirmed in an interview that IDOC asks 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 and provided evidence. Furthermore, the PREA Coordinator affirmed the agency imposes upon employees a continuing affirmative duty to disclose any such misconduct and he also provided evidence in the form of the employment application form for the Indiana Department of Corrections.

The PCM confirmed during his interview that IDOC prohibits 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 facility, juvenile facility, or other institution.

The PREA Coordinator provided the Auditor with 5 examples of the agency providing information to potential employers 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. LaPorte met the requirements of Standard 115.317.

Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Policy 04-03-103 (Information and Standards of Conduct for Department Staff)
- Interviews with staff (random and specialized)
- Interview with Human Resources Manager Representative
- Sample of potential employee application form
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Review of IDOC Applicant Questionnaire
- Sample of criminal background checks

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

115.318 (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/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No NA

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

LaPorte Juvenile Correctional Facility has made modifications to the existing facility by adding three (3) dry safe cells since August 20, 2012. The agency has also installed six (6) new cameras and one (1) video audio system. In September of 2017, the facility added three (3) dray safe cells. The updates to the monitoring technology eliminated blind spots (sleeping area) where an incident occurred. The additions of the camera were evident during the tour. The camera system was reviewed to ensure that the addition cameras removed the blind spot. The Pre-Audit Questionnaire captured the additions being made based on the recommendation of the Incident Review Team. LaPorte met the requirements of Standard 115.318.

Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Observations of the Auditor during the on-site tour
- Interviews with staff (random and specialized)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Memorandum: Warden dated September 5, 2018, regarding the addition of three safe cells
- Interview with the Warden

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

115.321 (c)

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

115.321 (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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- 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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115, Sexual Abuse Prevention address this Standard 115.321. IDOC is responsible for investigating allegations of sexual abuse. This protocol developmentally appropriate for youth. LaPorte is a female juvenile facility.

The PREA investigator interviewed during the audit confirmed that the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol adopted by the IDOC, as appropriate, are 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.

Policy IC 11-10-3-5, Co-payment requirements; exceptions. IC 11-10-3-5 outlines circumstances when an resident is not required to pay for medical services such as (1) the service is provided in an emergency; (2) the service is provided as a result of an injury received in the correctional facility; or (3) the service is provided at the request of the administrator of a correctional facility. The agency offers all residents who experience sexual abuse access to forensic medical examinations on-site, without financial cost, where evidentiary or medically appropriate. The PCM confirmed the that since the Warden's September 18, 2018 memorandum there has been zero forensic medical exams conducted on residents from LaPorte Juvenile Correctional Facility.

The Auditor confirmed by examination that LaPorte Juvenile Correctional Facility has a MOU with Franciscan Health Michigan City (Rape Crisis Center) and Indiana Coalition Against Domestic Violence (ICADV) (SANE/SAFE). A call was made to the service provider. The Regional SANE Coordinator of the program Michelle Resendez verified that facility currently has a MOU with Franciscan Health Michigan City. The services provided are as follows: Examinations performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE); SAFE or SANE examiners are available 24 hours and seven days a week (documented in the MOU); victim advocacy, emotional support, crisis intervention, information, and referrals.

The Indiana Medical Forensic Examination Providers, 2020 has partnered with the IDOC and the ICADV's around the administration and best practice of responding to sexual assault in facilities. The Indiana Medical Forensic Examination Providers want to make sure that PREA coordinators at all facilities have the most up to date information about to whom, when and where offenders can be taken to receive an appropriate sexual assault forensic exam such as:

FACILITY: LaPorte Hospital
ADDRESS: 1007 Lincoln Way, La Porte, IN 46350
LEADERSHIP: Keely Goolsby, RN
CONTACT: Phone: 219-326-2552 or 219-326-1234
Email: k.goolsby@lph.org
Website: www.laportehhealth.com
Services provided to: Adult/Adolescent/Pediatrics

Sexual Assault Medical Forensic Exams for pediatric, adolescent, and adult patients. Other forensic nursing services: strangulation, photography. Coverage and availability may vary-SANE providers on call only.

FACILITY: Franciscan Alliance-Michigan City
ADDRESS: 301 W Homer Street, Michigan City, IN 46360
LEADERSHIP: Lori Bridegroom
CONTACT: Phone: 219-933-2077 or 219-879-8500
Email: lori.bridegroom@franciscanalliance.org
Website: www.franciscanalliance.org
Services provided to: Adult/Adolescent/Pediatrics

Sexual Assault Medical Forensic Exams for pediatric, adolescent, and adult patients. Coverage and availability may vary-SANE providers on call only.

Random and specialized staff confirmed knowledge of a MOU with a local victim advocacy organization as well as what services are offered by the provider. Residents understood what type of services were available for victims of sexual abuse but could not recall specifics. Each resident could tell the Auditor where additional victim information could be located on the living units near the wall phones.

Specialized staff confirmed that if requested by the victim, LaPorte would provide a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews.

In addition to counseling provided by a Mental Health Professional at La Porte, victims of sexual abuse, either during or prior to incarceration, can receive emotional support services from a Victim Advocate at the Indiana Coalition Against Domestic Violence. Residents can call the toll-free number to the ICADV hotline from the offender phone system by dialing #66. Further, residents are also provided with the address to the ICADV to write the organization.

**Indiana Coalition Against Domestic Violence
Attn: IDOC Victim Advocate 1915 W. 18th Street
Indianapolis, IN 46202**

By examination, the Auditor determined that IDOC and by extension LaPorte has a MOU with the Indiana Coalition Against Domestic Violence (ICADV). The Auditor examined a contractual agreement (E-Contract 22593-A5) between ICADV and the IDOC. The scope of services provided by ICADV include:

1. Provide the victim a person they can talk to about what happened to them confidentially for crisis intervention.
2. Provide the offender a plan to address the trauma caused by the sexual abuse.
3. Provide referrals to services that provide ongoing support during and after release and to provide victim advocacy emotional support, crisis intervention, information, and referrals to residents assigned to IDOC facilities.

The initial contractual agreement with ICADV was dated 12/7/2018, expired on 9/30/2019, it was amended on 2/10/2020 and expired on 5/31/2020 now extended to October 31, 2020. Furthermore, based on invoices examined for the months of January 2020-October 2020, the contractual agreement remains in place to provide services to residents at the LaPorte facility.

IDOC is responsible for investigating allegations of sexual abuse in the facility. Allegations of sexual abuse that rise to criminal behavior are referred to an IDOC, Correctional Police Officer (CPO) with limited arrest powers. The CPO is assigned to the Office of Intelligence and Investigation (I&I). When applicable Intelligence and Investigations would refer substantiated criminal investigations to the prosecutor's office for prosecution.

During an interview with the facility investigator he confirmed that the facility follows the requirements for investigating allegations of sexual abuse. LaPorte exceeds the requirements of Standard 115.321.

Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Policy IC 11-10-3-5, Co-payment requirements; exceptions
- Memorandum of Understanding with Indiana Coalition Against Domestic Violence
- Memorandum: Laura Fuller, Director of Critical Care Services, Franciscan Health Michigan City, Michigan City, Indiana, regarding available SANE examiners and their training dated October 16, 2018
- Memorandum: Warden indicating zero forensic medical exams in the past 12 months dated June 1, 2020
- Evidence Collection Table / Sexual Assault Evidence Protocols
- List of certified employees and copy of certificates of completion
- Interviews with staff (random and specialized)
- Telephone conversation with staff from the outside entity providing services
- Interviews with the PREA Compliance Manager
- Interview with the PREA Coordinator
- Email: Indiana Medical Forensic Examination Providers, 2020

- Interview with an investigator

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 the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(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 facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 Sexual Abuse Prevention is in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an entity with the legal authority to conduct criminal investigations address Standard 115.322. The agency documents all referrals for investigation. The policy is available and accessible on the agency's internet website.

Policy 00-01-103 indicates that the Office of Investigations and Intelligence investigative allegations of sexual abuse. The facility PCM investigates incidents of sexual harassment. The agency has a practice that documents all such referrals. More, the agency ensures administrative or criminal investigations are completed for all allegations of sexual abuse or sexual harassment.

The agency has a practice that documents all such referrals. The facility had zero (0) investigation of alleged resident sexual abuse/sexual harassment/administrative or criminal investigations that did not require a referral. Policy 02-01-115 and Policy 00-01-103 are available and accessible on the agency's website. LaPorte met the requirements of Standard 115.322.

Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 00-01-103 (Office of Investigations and Intelligence)
- Interview with the PREA Compliance Manager
- Internet web search: Review of the agency website for policies
- Memorandum: Warden regarding zero investigation of alleged sexual abuse completed by the facility. The resident victim was notified of the outcome of the investigation, dated June 1, 2020
- Interview with the Warden
- Interviews with an agency investigator

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 facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility 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

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Policy 02-01-115, Sexual Abuse Prevention addresses the policy requirement of Standard 115.331. Policy 02-01-115, Sexual Abuse Prevention and Policy 01-05-101 Staff Development and Training, the PREA Presentation Guide, Training Records and Training Acknowledgement Sheets collectively address the policy requirement of Standard 115.331.

The agency trains all employees who may have contact with residents on its Zero-Tolerance Policy for sexual abuse and sexual harassment. The training curriculum provided by the facility was tailor to the unique needs and attributes of juvenile female residents. Furthermore, the training curriculum included topics such as: residents on residents' right to be free from sexual abuse and sexual harassment, common reactions of sexual abuse and sexual harassment victims, how to avoid inappropriate relationships with residents, and how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.

IDOC has a written receipt that acknowledges that on a specific date the employee received training (and understand said training) from the Indiana Department of Correction regarding the Prison Rape Elimination Act (PREA) and Department of Correction Policy 02-01-115, Sexual Abuse Prevention. Additionally, the employee is issued a copy of the Indiana Department of Correction Brochure, "Sexual Assault Prevention" and a copy of facility brochures and documents relating to sexual abuse prevention and mandatory reporting of sexual abuse and sexual harassment. IDOC provides staff with a comprehensive education on the Prison Rape Elimination Act (PREA) that is apparent in LaPorte Juvenile Correctional Facility staff training transcripts, training curriculum, and specialty specific training. The agency provides 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.

In 2020, the IDOC Executive Director issued a memorandum dated May 15, 2020. The memorandum granted a waiver for instructor led face-to-face training for LaPorte as well as other correctional facilities. The waiver was due to the timing of the COVID-19 pandemic, travel restriction and the imposed social distancing guidelines issued by the Center for Disease

Control (CDC). The agency provided e-learning on current sexual abuse and sexual harassment policies for employees and contractors. The facility was closed to volunteers in early 2020.

The Auditor determined by review that the LaPorte staff sampled during the audit completed the requisite general and refresher PREA education in 2019. All twelve (12) training files reflected that the staff received the appropriate training within the past two-year period as stipulated in this standard. LaPorte resumed training utilizing an electronic eLearning platform. LaPorte Juvenile Correctional Facility met the requirements of 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

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All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection. The facility was closed to volunteers in January of 2020 due to the Corona pandemic.

The facility currently has twelve (12) volunteers and eleven (11) contractors. As a result of the pandemic zero volunteers are being admitted into the facility. The curriculum the agency utilized for training provide the level and type of training that is based on the services they provide and level of contact they have with residents. The curriculum also covers the agency's Zero-Tolerance Policy regarding sexual abuse and sexual harassment and informed residents how to report such incidents. LaPorte met the requirements of Standard 115.332.

Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- LaPorte Juvenile Correctional Facility Contractor and Volunteer Manual
- LaPorte Juvenile Correctional Facility Contractor Health Administrator (Wexford)
- Interview with the PREA Compliance Manager

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 the comprehensive education referenced in 115.333(b)? Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? 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 facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Abuse Prevention and Telephonic and in Person Interpretive Service addresses the policy requirement of Standard 115.333.

In an age-appropriate delivery of PREA education, residents of the facility receive information explaining the agency's Zero-Tolerance Policy regarding sexual abuse and sexual harassment. Further, in a verbal, written and video format, each resident receives information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?

The Auditor interviewed a sample of twenty-one (21) residents. The same number of institutional files were reviewed to verify that each resident received information explaining the agency's Zero-Tolerance Policy regarding sexual abuse and sexual harassment during their intake process. The Auditor determined that LaPorte documents the delivery of PREA related information in the resident's institutional, clinical, and medical files.

The resident handbook and PREA brochure covered how to report incidents or suspicions of sexual abuse or sexual harassment. PREA related education was also provided for those residents who are limited English proficient (LEP), deaf, visually impaired, or otherwise disabled. Interviews with each resident confirmed that the information provided to residents was age appropriate. Residents included in the sample population were knowledgeable of their rights.

Within 30 days of intake, LaPorte Juvenile Correctional Facility provided comprehensive in-person education to residents regarding: their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents. On average residents received a resident handbook, comprehensive PREA education the day of intake but always within 72 hours of arrival to the facility. In addition to providing PREA education during the intake process, LaPorte Juvenile Correctional Facility ensures that key information is continuously and readily available or visible to residents near the telephones, on individual tablets, through PREA posters, and in the resident handbook.

During the facility tour, the Auditor noted PREA related information was displayed in Spanish and English and posted throughout the facility including every living unit. All residents were well versed on the grievance process and felt that if they filed a grievance, it would be addressed in a confidential and timely manner by facility staff.

IDOC takes 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. IDOC has established a statewide contract with an interpretive provider. LaPorte has PREA informational posters displayed in Spanish and English throughout the facility. IDOC utilizes an "Over-the-phone" interpretive service that can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The "Over-the-phone" services are available 24 hours a day. The facility provided invoices of the use of interpretive services.

During random interviews (100%) facility staff confirmed that they always refrain from relying on resident interpreters, resident readers, or other types of resident assistance 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. The facility maintains a list of fluent bi-lingual staff members' and list the second language for utilization with limited English proficient residents.

In 2019, one resident made a PREA complaint via the telephone system. The same resident confirmed for the Auditor that she was merely testing the system to determine if it worked. The resident detailed in specificity multiple ways to report sexual abuse or sexual harassment. It should be mentioned, each resident has been assigned a personal tablet to use during their stay at the facility. The tablets also provide each resident with access to report sexual abuse and sexual harassment privately. Based on the Auditor's interview with the resident the Auditor determined that the agency acted quickly, and she had no complaints on how the facility handled her call. Sample targeted and random residents confirmed receiving PREA education during the intake process and each could describe how to report a PREA incident.

According to the PREA Compliance Manager, LaPorte had zero allegations of sexual abuse in the prior 12-month period. LaPorte Juvenile Correctional Facility met the requirements of Standard 115.316 and 115.333.

Evidence relied upon to make auditor determination:

- The Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Auditor review of resident education materials
- Auditor review of resident's institutional files
- Interviews with staff (random and specialized)/specialized staff Wexford contractors
- Interviews with residents (random and targeted)
- Interview with the Health Administrator (Wexford)
- Interview with the PREA Compliance Manager
- Interviews with targeted and random residents

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

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Policy 02-01-115, Sexual Abuse Prevention and Policy 00-01-103, Office of Investigation and Intelligence addresses the IDOC's approach to Standard 115.334. The Office of Investigations is responsible for conducting investigations of alleged misconduct by staff and offenders/youths and assisting in maintaining safety and security in the Department's facilities. Investigators are directed by policy to conduct investigation:

1. A prompt, thorough, and objective investigation of sexual abuse and/or sexual harassment shall begin: a. As outlined in Investigating Allegations of Misconduct (section VIII of this document), b. Upon activation of a facility SART team; and/or, c. If determined to be necessary following an administrative review.
2. If the alleged sexual conduct involves an offender/youth under the age of eighteen (18), the incident shall be reported to the Child Protective Services as required in Policy and Administrative Procedure 03-02-103, "The Reporting, Investigation, and Disposition of Child Abuse and Neglect."

3. Investigations of sexual abuse or sexual harassment shall be completed promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

4. Investigators shall:

a. Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data;

b. Interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

5. The Garrity warning shall be used when interviewing staff for simple fact-finding

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

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

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

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

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

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

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

Examination of training files for investigators confirmed that each investigator completed specialized training in conducting investigations in confinement settings at least once. Examination of training files for investigators confirmed that each investigator completed specialized training in conducting investigations in confinement settings at least once. LaPorte Juvenile Correctional Facility met the requirements of Standard 115.334.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 00-01-103 (Investigation and Intelligence)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Interview with the Executive Director
- Interview with an investigator
- Moss Group Specialize Training Curriculum
- National Institute of Corrections Curriculum

National Institution of Corrections (NIC)

- Certificate of Completion (NIC), Specialized Investigative Training, David Arndt, June 27, 2019
- Certificate of Completion (NIC), Specialized Investigative Training, Bradley Burkett, July 20, 2015
- Certificate of Completion (NIC), Specialized Investigative Training, Jessica Alvarez-Statham, June 28, 2019
- Certificate of Completion (NIC), Specialized Investigative Training, Jesse Thomas, June 27, 2019
- Certificate of Completion (NIC), Specialized Investigative Training, Corey McKinney, September 8, 2014
- Certificate of Completion (NIC), Specialized Investigative Training, Kenneva Mapps, September 4, 2014
- Certificate of Completion (NIC), Specialized Investigative Training, Christopher Dustin, PREA: Investigating Sexual Abuse in a Confinement Setting, dated April 9, 2015.
- Certificate of Completion (NIC), Specialized Investigative Training, Aaron Jonas, PREA: Investigating Sexual Abuse in a Confinement Setting, dated February 2, 2018.
- Certificate of Completion (NIC), Specialized Investigative Training, Ashley Kilgore, PREA: Investigating Sexual Abuse in a Confinement Setting, dated December 12, 2018
- Certificate of Completion (NIC), Specialized Investigative Training, Nicole Rodrigues dated February 7, 2018
- Certificate of Completion (NIC), Specialized Investigative Training, Willie Parnell, PREA: Investigating Sexual Abuse in a Confinement Setting, dated December 6, 2015.

The Moss Group

- Training: The Moss Group, Specialized Investigative Training Certificate, Rhonda Brennan dated February 22-March 2, 2018
- Training: The Moss Group, Specialized Investigative Training Certificate, Callie Burke dated February 22-March 2, 2018
- Training: The Moss Group, Specialized Investitive Training Certificate, William Lesser dated February 22-March 2, 2018
- Training: The Moss Group, Specialized Investitive Training Certificate, Nicole Rodrigues dated February 22-March 2, 2018
- Training: The Moss Group, Specialized Investitive Training Certificate, Tracey Cornett dated February 28-March 2, 2018

Indiana Coalition Against Domestic Violence

- Training: May 14, 2019, Sexual Assault Response Team Training, Sharon Peckat, Indiana Coalition Against Domestic Violence, Training #: PREA-VA0519
- Training: May 14, 2019, Sexual Assault Response Team Training, Felita Lockett, Indiana Coalition Against Domestic Violence, Training #: PREA-VA0519

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

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 facility do not conduct forensic exams or the agency does not employ medical staff.)
 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115, Sexual Abuse Prevention addresses requirements of Standard 115.335, specialized training for medical and mental health (full-or-part-time) care providers who work regularly in the LaPorte Juvenile Correctional Facility.

Medical staffs at LaPorte Juvenile Correctional Facility do not conduct forensic medical exams. The agency maintains documentation that medical and mental health practitioners have received specialized training required in Standard 115.335. The Auditor verified through examination that (100%) of medical and mental health staff. Training certificates demonstrate LaPorte Juvenile Correctional Facility met the requirements of Standard 115.335.

Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115, Sexual Abuse Prevention
- Interviews with Medical and Mental Health Staff
- Interview with the PREA Coordinator
- Review of training certifications for all medical and mental health staff

National Institution of Corrections

- Certificate of Completion (NIC), Sharon Hert, PREA: Behavioral Health Care for Sexual Assault Victims in Confinement Settings, September 10, 2014

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 facility, 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: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) 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: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) 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, facility 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 facility 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 facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC Policy 02-11-115 (Sexual Abuse Prevention) requires all residents to be assessed for risk of victimization and abusiveness upon admission to the LaPorte Juvenile Correctional Facility, or upon transfer from another facility.

The Auditor examined the PREA assessment instrument. The PREA screening instrument was an objective instrument and minimally included the eleven criteria listed in 115.341 (c). The policy also requires that residents be screened for risk of sexual victimization or risk of sexually abusiveness within 72 hours of their admission to the facility. Moreover, the intake screening form considers the criteria outlined in 115.341 (c) to assess residents for risk of victimization and abusiveness for factors such as the age of the resident; physical build; previous incarcerations; the resident's perception of vulnerability; and whether the resident is or is perceived to be gay, bisexual; transgender, intersex or gender nonconforming.

Interviews with specialized medical, mental health and intake staff confirmed that LaPorte Juvenile Correctional Facility would not discipline a resident for refusal to answer, or for not disclosing complete information in response to any or all PREA related questions posed regarding screening for risk of sexual victimization and abusiveness.

The specialized medical and mental health staff, the PREA Compliance Manager all confirmed during individual interviews that LaPorte Juvenile Correctional Facility has a system in place to guard against the dissemination of sensitive information by staff or other residents by limiting access to personal identifying information (PII) and password protection. Interviews with random and targeted residents also confirmed each resident was screened on arrival at LaPorte Juvenile Correctional Facility by a counselor or intake staff.

Twenty-one (21) institutional files document that initial assessments were completed by the facility. LaPorte met the requirements of Standard 115.341.

Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Policy 02-11-115 (Sexual Abuse Prevention)
- Review of sample SVAT screenings
- Review of sample SVAT screening tool
- Observations made during the on-site portion of the audit
- Auditor interviews with staff
- Auditor interviews with residents (random and targeted)
- Interview with the Chief Psychologist
- Interview with a mental health practitioner
- Auditor interview with the PREA Compliance Manager

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 resident's safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.)
 Yes No NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) 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 (LGBTI) 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 facility 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 facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex 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 facility 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 provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) 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 facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115, Sexual Abuse Prevention address, 02-01-118, Transgender and Intersex Offenders addresses requirements of Standard 115.342. the agency uses all the information obtained pursuant to § 115.341 with the goal of keeping all residents safe and free from sexual abuse.

Policy 02-01-115 mandates the agency-wide use of SVAT risk screening information to better inform housing, programming, and education assignments, and to keep vulnerable residents at high risk of sexual victimization safe from residents with a propensity for abusiveness. The SVAT is an essential component in housing and placement decisions at La Porte. If a resident is identified as being either vulnerable or abusive the resident's institutional data file is flagged in the agency database. Risk-based decisions made and documented in the database.

Policy 02-01-115 and 04-01-101 also mandate that decisions regarding appropriate transgender or intersex housing and facility programming are determined on a case-by-case basis, with placement decisions made while considering the impact to the resident sexual safety while balancing agency and facility security concerns.

According to the PREA Coordinator, the agency prohibits facility placement of a transgender or intersex resident assignment to a gender-specific facilities based solely on their external genital anatomy. The agency's, Division of Classification, in consultation with the Department's Executive Staff, to include the Chief Medical Officer, ensures that a transgender and intersex resident are housed in a manner consistent with their medical and mental health needs, sentencing level, and in accordance with and Administrative Procedure 01-04-101.

Further, Policy 02-01-118, Transgender and Intersex Offenders, indicates that:

An offender who self-identifies as transgender or is diagnosed as intersex after completing the reception process shall be referred to Health Services and evaluated in accordance with Health Care Services Directive 3.01A, "Health Services for Transgender Offenders Medical and Mental Health staff shall complete State Form 56492, "Transgender Evaluation" and forward a copy to the facility PREA Compliance Manager.

After the facility PREA Compliance Manager receives the completed State Form 56492, "Transgender Evaluation," from the facility HSA, the PREA Compliance Manager shall convene the facility PREA Committee to complete State Form 56615, "Transgender/Intersex Placement Review" The PREA Committee shall consider the following information to compete State Form 56615:

1. The offender's own views of where he/she feels safe;
2. Medical and Mental Health assessment;
3. Security Threat Group (STG) affiliation;
4. Criminal history – sex or violent offense;
5. Conduct history – sex or violent offense;
6. PREA flag status;
7. Gender expression – gender non-conforming;

8. Policy and Administrative Procedure 01-04-101, "Adult Offender Classification;"
9. Security level; and,
10. Any other factors impacting safety and security

The facility also uses a double cell comparison tool to further assess the level of risk of victimization or abusiveness with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive and to inform: bed, work, education and program assignments.

Random and targeted residents (100%) indicated that they are given the opportunity to shower, use the toilet and change clothes in private except in exigent circumstances. LaPorte Juvenile Correctional Facility has a policy that specifies placement in segregation would be a last resort.

LaPorte has a behavior-based program termed Making A Change or MAC. A resident placed in the MAC program is segregated from the general population. Zero residents were in the MAC program because of PREA related incidents. Residents on the MAC Unit participate in school and recreational services. During the audit, the Auditor noted residents in MAC working with staff to complete schoolwork. These same residents shower on Unit 2 separately from other residents and in single use shower accommodations. The PCM indicated that the facility preference is to use the least restrictive measures to keep residents safe, always considering the residents own views of his safety and facility security considerations, until an alternative means of safety can be arranged.

The PREA Compliance Manager indicated that the PREA Committee meets regularly to discuss PREA related facility issues. The PREA Committee is a multidisciplinary team that would ensure that a transgender and intersex resident is given the opportunity to shower separately from other residents. Placement consideration for transgender or intersex resident to a facility for male or female residents is a classification decision made before the resident is assigned to the LaPorte Juvenile Correctional Facility. According to the PREA Coordinator, IDOC makes placement decisions on a case-by-case basis. During the on-site portion of the audit there was zero transgender or intersex residents assigned to LaPorte Juvenile Correctional Facility.

Twenty-one (21) institutional files document that initial assessments were completed by the facility and mental health referrals were made based on information gleaned from the SVAT such as: History of sexual victimization, history of prior victimization in detention, or concerns of vulnerability.

The PCM indicated that placement and programming assignments for a transgender or intersex resident would be reassessed at least twice each year to review any threats to safety experienced by the resident. More, each transgender or intersex resident's own views with respect to his or her own safety would be given serious consideration when making facility and housing placement decisions and programming assignments. During his interview, the PREA Coordinator confirmed that IDOC always refrains from placing transgender residents in

dedicated facilities, units, or wings solely based on such identification or status. LaPorte Juvenile Correctional Facility met the requirements for Standard 115.342.

Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Policy 02-11-115 (Sexual Abuse Prevention)
- Policy 02-1-118 (Transgender and Intersex Offenders)
- Review of SVAT/reassessment screenings
- Review of SVAT screening tool
- Observations made during the on-site portion of the audit
- Auditor Interviews with staff
- Auditor Interviews with residents
- Auditor Interview with the PREA Compliance Manager

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? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

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 facility 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

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

Policy 02-01-115, Sexual Abuse Prevention and Policy 00-01-102, Offender Access to Court address the requirements of Standard 115.351.

IDOC has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: sexual abuse and sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment. IDOC 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. The private entity or office allows the resident to remain anonymous upon request. Residents have been informed to alert the reporting entity regarding a wish for anonymity before starting a conversation with the entity or office. LaPorte never houses residents detained solely for civil immigration purposes according to the PCM.

In addition to the resident handbook the resident PREA brochure is designed to aid in recognition of sexual abuse and how to report incidents of abuse, threats of abuse or assaults. The brochure also tells resident what they can do to prevent abuse/assaults and what to do if they are the victim of a sexual assault such as:

- Telling ANY staff person
- Dialing # 22 to report sexual abuse or misconduct
- Writing or calling the Indiana Ombudsman Bureau
- Filing a grievance
- Third party reporting having a family/friend to report on their behalf
- Email: idocprea@idoc.in.gov or phone: 1 (877) 383-5877

Random and targeted residents (100%) confirmed during interviews that the facility provides multiple ways to report sexual abuse or sexual harassment. Moreover, each resident interviewed was able to communicate multiple ways of reporting sexual abuse or sexual harassment to include telling trusted staff. These same residents were also knowledgeable of the facility grievance process. During the facility tour, grievance forms were observed available in grievance boxes throughout the facility. Residents sampled during the audit indicated that they are provided with access to tools necessary to make a written PREA report. The LaPorte Juvenile Correctional Facility, 2019 Sexual Abuse Prevention Report, indicates zero grievances were file. According to the PCM, zero sexual abuse or sexual harassment incidents were reported at LaPorte in 2019 and zero grievances, zero sexual abuse or sexual harassment incidents were filed at LaPorte prior to the onsite audit in July 2020.

Staff (random and specialized) interviewed confirmed that 100% of staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. All staff (random and specialized) (100%) confirmed that they would promptly document any verbal reports of sexual abuse and sexual harassment and immediately notify their supervisor while ensuring the safety of the victim. LaPorte Juvenile Correctional Facility met the reporting requirements of Standard 115.351.

Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire

- Resident handbook
- PREA reporting posters
- Facility tour
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 00-01-102 (Offender Access to Court)
- Memorandum: Warden regarding zero reports of sexual abuse dated February 25, 2019
- Review of the investigative report of the incident
- Auditor review of forms and reporting documentation
- Interviews with residents (random and targeted)
- Interviews with staff (random and specialized)
- Interview with the PREA Compliance Manager

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

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 facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the 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 facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC has an administrative procedure for dealing with resident grievances regarding sexual abuse outlined in Policy 02-01-115 Sexual Abuse Prevention and Policy 00-02-301 Offender Grievances collectively address the requirements of Standard 115.352.

Policy 00-02-301 Resident Grievance Process and Policy 02-01-115 Sexual Abuse Prevention and collectively address the requirements of Standard 115.52. The IDOC is not exempt from this standard.

Policy 00-02-301, Resident Grievance Process, Section I, Policy Statement reads:

It is expected that offender complaints will be resolved informally by staff attempting to meet and discuss the complaints prior to the offender filing a written grievance.

Policy 00-02-301, Resident Grievance Process, Section IV, Use of the Offender Grievance Process reads:

The Department recognizes only one grievance process. The grievance process described in this policy and administrative procedure is the only administrative remedy officially recognized by the Department for the resolution of offenders' grievable issues. The complete offender grievance process consists of the following steps:

1. **A formal attempt** to solve a problem or concern following unsuccessful attempts at informal resolutions;
2. A written appeal to the Warden/designee; and,

3. A written appeal to the Department Grievance Manager.

Matters Appropriate to the Resident Grievance Process:

Examples of issues which an resident may initiate the grievance process include, but are not limited to:

1. The substance and requirements of policies, procedures, and rules of the Department or facility (including, but not limited to, correspondence, staff treatment, medical or mental health, some visitation, and food service).
2. The way staff members interpret and apply the policies, procedures, or rules of the Department or of the facility.
3. Actions of individual staff, contractors, or volunteers.
4. Acts of reprisal for using the Resident Grievance Process.
5. Any other concerns relating to conditions of care or supervision within the Department or its contractors, except as noted in this policy and administrative procedure; and,
6. **PREA**

Policy 00-02-301, Resident Grievance Process, Section C. Emergency Grievance

The Auditor interviewed the Warden during the onsite portion of this audit. The Warden detailed the emergency grievance process. The Offender Grievance Specialist would immediately bring an emergency grievance to the attention of the Warden/designee, for review and response within one (1) business day of the offender filing the grievance. The action on any emergency grievance may be appealed by the offender within one (1) business day of receiving the response. The Offender Grievance Specialist will notify, via email, the Department Offender Grievance Manager, that the appeal has been submitted. The Department Offender Grievance Manager then issues a final Department decision within five (5) business days of the offender filing the grievance.

Policy 00-02-301, Resident Grievance Process, PREA Grievances, Section D.

Standard 115.52 (b) requires the agency to 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.

Policy 00-02-301, Resident Grievance Process, PREA Grievances, Section D. of the grievance process removes standard time limits for submission of a grievance and permits residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits. However, Policy 00-02-301, Resident Grievance Process, Policy Statement excerpt stipulates:

“...it is expected that offender complaints will be resolved informally by staff attempting to meet and discuss the complaints prior to the offender filing a written grievance.”

This segment of the grievance process conflicts with direction provided to staff found in other sections of the same policy.

Resident Grievance Process, Section D., PREA Grievances, paragraph one (1) indicates that the Warden shall forward the emergency grievance to the Offender Grievance Specialist, who shall provide an initial response within forty-eight (48) hours of the offender filing the emergency grievance.

The PREA Coordinator confirmed during his interview that the agency would 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. An interview with the PREA Coordinator is consistent with Policy 00-02-301, Resident Grievance Process, **Section D.** and Standard 115.352. Furthermore, the PREA Coordinator indicated that if the agency claims the maximum allowable extension of time to respond per 115.352(d)(3), the agency would notify the resident in writing of any such extension and provide a date by which a decision will be made. The PREA Coordinator confirmed his understanding that if an resident does not receive a response within the time allotted for reply by the agency, including any properly noticed extension, the absence of a response is considered a denial at that level.

Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted by IDOC to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse. IDOC, Policy 00-02-301 Resident Grievance Process, Section D. reads:

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

The PCM indicated that LaPorte 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. The facility investigator confirmed during his interview that IDOC may claim an extension of time to respond, of up to seventy (70) days if the normal time for response is insufficient to make an appropriate decision. The IDOC shall notify the resident in writing of any such extension and provide a date by which a decision shall be made.

The agency disciplines an resident for filing a grievance related to alleged sexual abuse, **ONLY** where the agency demonstrates that the residents filed the grievance in bad faith outlined in Policy 02-11-115 and 00-02-301. LaPorte met the requirements of Standard 115.352.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 00-02-301, Resident Grievance
- Policy 02-1-115, Sexual Abuse Prevention
- Interviews with staff
- Interviews with residents
- Interview with the PREA Compliance Manager
- Resident Handbook and Brochure

Cautionary Note:

- While the agency met the requirements of Standard 115.353 in practice and policy, this Auditor highly recommends that the agency consider a policy modification in the Offender Grievance Process, 00-020-301, to eliminate confusion, contradictions and make the agency’s position regarding filing a PREA related grievance unmistakably clear and concise.

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 facility 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 facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

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

LaPorte Juvenile Correctional Facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse and the contact information is posted throughout the facility. These posters were observed posted during the tour of the facility and provided as an upload in section 115.353 (a)-2.

The facility maintains copies of the agreement with Indiana Coalition Against Domestic Violence. A call was made verifying that the Memorandum of Understanding was still in effect. During the interviews of residents (random and targeted) they stated they can call their attorney anytime, and it does not count as their telephone call for the week based on the youth

handbook. No files reviewed reflected attorney calls but identified that youth had reasonable access to parents or legal guardians. During the interviews, the residents (random and targeted) (100%) were consistent with the day of their assigned telephone call days and visitation. All residents sampled indicate that LaPorte allowed reasonable and confidential access to their attorney of record, legal representative, custodial parent (s) or legal guardian.

Residents, sampled during the audit confirmed an awareness of the extent to which third-party communications with outside advocacy entities were being monitored and the circumstances in which reports of abuse would be forwarded to the IDOC PREA Coordinator in accordance with mandatory reporting laws. An interview with the Ombudsman Office confirmed the process in place to alert IDOC of sexual abuse reports. LaPorte met the requirements of Standard 115.353.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- LaPorte Resident Handbook
- MOU: Indiana Coalition Against Domestic Violence
- Policy 02-01-102, Resident Visitation
- Facility tour
- Verification of resident access to outside support services
- Internet search: Indiana Coalition Against Domestic Violence
- Internet search: Indiana VINE
- Internet search: AbuseLawsuit.com
- Internet search: Maryville University (Understanding the Me-Too Movement: A Sexual Harassment Awareness Guide
- Interviews with residents (random and targeted)
- Interviews with staff (random and specialized)
- Interviews with the PREA Coordinator
- Interviews with the PREA Compliance Manager
- Service posted notice: Victims of Sexual Abuse, Indiana Coalition Against Domestic Violence (English)

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

Policy 02-11-115, Sexual Abuse Prevention addresses Standard 115.354. The agency has established a method to receive third-party reports of sexual abuse and sexual harassment that can be found on the agency website. The agency distributed publicly, information on how to report sexual abuse and sexual harassment on behalf of an resident on their website. The website provides contact information as well as whom the third-party reporter will speak to.

The IDOC established a method to receive third-party reports of sexual abuse and sexual harassment. The agency has distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an resident. The Auditor examined the notification on the agency website during an internet search.

Random and specialized staff interviewed confirmed that LaPorte Juvenile Correctional Facility and the IDOC accepts third-party reports. Further, random, and specialized staff also confirmed that they would notify a supervisor and document the report.

IDOC SEXUAL ABUSE AND SEXUAL HARASSMENT REPORTS

To report an incident of sexual abuse or sexual harassment on behalf of a residents please call 877-385-5877, email IDOCPREA@idoc.in.gov or write or call:

**Indiana Ombudsman Bureau
402 W. Washington, Street., W479
Indianapolis, IN 46204**

Reporting parties please note the following:

- The allegation will be discussed with the victim named in the report
- The allegation will be disclosed only to those who need to know to ensure victim safety and to investigate the allegation
- Please include the following information, if known, when reporting sexual abuse or sexual harassment:
 - Date of the alleged incident.
 - Victim's name and DOC number and facility
 - All alleged perpetrators names and DOC numbers
 - Location of alleged incident
 - Any other information provided regarding the incident

LaPorte met the requirements of Standard 115.354

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Indiana Department of Correction website
- Interviews with staff (random and specialized)
- Interviews with residents (random and targeted)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Internet search: IDOC website

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 facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against 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 facility 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 facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No
- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? Yes No
- If a juvenile court retains jurisdiction over the alleged victim, does the facility 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 facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115, Sexual Abuse Prevention, mandates that all Indiana Department of Corrections employees are required to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The PREA Coordinator confirmed in an interview with the Auditor that, IDOC also requires 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, and information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment for all staff to comply with any applicable mandatory child abuse reporting laws.

Staff (random and specialized) 100% interviewed confirmed that they understood that IDOC requires all staff to comply with any applicable mandatory child abuse reporting laws to include medical and mental health practitioners. All medical and mental health practitioners were aware of the mandate to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services. The Warden confirmed during his interview that he

understood his responsibility upon receiving any allegation of sexual abuse, to promptly report the allegation to the appropriate IDOC office.

The LaPorte Juvenile Correctional Facility, Sexual Abuse Prevention Annual Report for 2019 indicated zero incidents of sexual abuse or sexual harassment, nonconsensual sexual acts, staff sexual harassment, and staff misconduct. Since the 2019 report, the PCM confirmed zero incidents of sexual abuse or sexual harassment, nonconsensual sexual acts, staff sexual harassment, and staff misconduct were reported up to the first day of the on-site portion of the audit.

The PREA Counselor for the facility indicated upon receiving any allegation of sexual abuse, as the Warden's designee she would promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified.

Furthermore, the PREA Counselor also indicated if an alleged victim is under the guardianship of the child welfare system, as the Warden's designee she would also report the allegation to the alleged victim's caseworker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, as the Warden's designee she would also promptly report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Interviews with staff (random and specialized) (100%) confirmed that they understand their responsibilities regarding Standard 115.361. In separate interviews with the Warden and PCM, each affirmed a duty to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigator. LaPorte Juvenile Correctional Facility met the requirements of Standard 115.361.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115, Sexual Abuse Prevention
- Indiana Department of Correction website
- Interviews with staff (random and specialized)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Warden
- PREA Counselor
- Internet search: IDOC website
- Sexual Abuse Prevention Annual Report for 2019, LaPorte, SIR Data, dated January 20, 2020
- Memorandum: Risk of substantial or imminent sexual abuse, from the Warden, dated May 13, 2019

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

Policy 02-01-115 Sexual Abuse Prevention requires staff to take immediate action to protect a resident when he/she is identified as being subject to substantial risk of imminent sexual abuse. Staff detailed their understanding or their responsibility when they learn that a resident is subject to a substantial risk of imminent sexual abuse.

All staff (random and specialized) indicated that they would take immediate action to safeguard the victim from harm. The same staff (random and specialized) affirmed they would follow IDOC guidelines set forth in Policy 02-11-115. The 2019 Sexual Abuse Prevention Annual Report for La Port Juvenile Correctional Facility indicated zero incidents of sexual abuse or sexual harassment, Nonconsensual sexual acts, staff sexual harassment, and staff misconduct in 2019. Since the 2019 report, the PCM confirmed zero incidents of sexual abuse or sexual harassment, nonconsensual sexual acts, staff sexual harassment, and staff misconduct were reported up to the first day of the on-site portion of the audit. Interviews with staff and the Warden confirmed compliance with Standard 115.362.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115, Sexual Abuse Prevention
- Internet search: IDOC website
- Sexual Abuse Prevention Annual Report for 2019, LaPorte, SIR Data, dated January 20, 2020
- Memorandum: Risk of substantial or imminent sexual abuse, from the Warden, dated May 13, 2019
- Interview with the Warden
- Interview with staff (random and specialized)
- Interview with the PREA Compliance Manager

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 facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the facility 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 facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 supports compliance with this standard.

The policy requires: when a Warden or designee receives an allegation that an offender was sexually abused at another facility, the Warden or designee receiving the allegation shall notify the head of the facility where the alleged abuse occurred within seventy-two (72) hours of receiving the allegation and document he/she has provided such information. The Warden that receives such notification shall ensure that the allegation is investigated in accordance with this established policy and administrative procedure.

During his interview the Warden explained in detail his responsibility upon receiving an allegation that a resident was sexually abused while confined at another facility, to notify the head of the facility or appropriate office of the agency where the alleged abuse occurred, also to notify the appropriate investigative agency, document the incident and as the acting head of the facility to ensure that the allegation is investigated in accordance with all applicable PREA standards.

Additionally, if the alleged sexual abuse involves an offender under eighteen (18) or an endangered/vulnerable adult, the incident shall be reported to the Child Protective Services as required in the administrative procedures for Policy 03-02-103, The Reporting, Investigation and Disposition of Child Abuse and Neglect or by contacting the Adult Protective Services at Indiana Family and Social Service Administration (FSSA).

During the past 12 months, there were zero (0) allegations received that a resident was abused while confined to another facility. LaPorte Juvenile Correctional Facility met the requirements of Standard 115.363.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire

- Policy 02-01-115, Sexual Abuse Prevention
- Policy 03-02-103, The Reporting, Investigation and Disposition of Child Abuse and Neglect or by contacting the Adult Protective Services at Indiana Family and Social Service Administration
- Internet search: IDOC website
- Sexual Abuse Prevention Annual Report for 2019, LaPorte, SIR Data, dated January 20, 2020
- Memorandum: Risk of substantial or imminent sexual abuse, from the Warden, dated May 13, 2019
- Interview with the Warden
- Interview with staff (random and specialized)
- Interview with the PREA Compliance Manager
- Internet search: IDOC website
- Sexual Abuse Prevention Annual Report for 2019, LaPorte, SIR Data, dated January 20, 2020

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

The IDOC Sexual Assault Evidence Protocol and the Sexual Assault Prevention-Coordinated Response collectively address Standard 115.364.

The practice and protocol requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period of time that still allows for the collection of physical evidence; request the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence.

Staff (random and specialized) (100%) interviewed confirmed a clear understanding of the actions to be taken upon learning that a resident was sexually abused such as a 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.

Likewise, a non-security first responder interviewed during the onsite portion of the audit also confirmed an awareness a requirement to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. LaPorte met the requirements of Standard 115.364.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115, Sexual Abuse Prevention
- Sexual Abuse Prevention Annual Report for 2019, LaPorte, SIR Data, dated January 20, 2020
- Interview with staff (random and specialized)
- Interview with the PREA Compliance Manager
- Interview with a first responder (security)
- Interview with a first responder (non-security)

Standard 115.365: Coordinated response

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

115.365 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The LaPorte Juvenile Correctional Facility Policy (LPJCF) 05-04-01, effective 1/12/15 (revised), outlines the written plan that coordinates actions to be taken in response to an

incident of sexual assault among staff first responders, medical and mental health care practitioners, and facility leadership.

The Warden indicated during his interview that at each facility are directed by policy to establish a Sexual Assault Response Team (SART) and develop a written facility plan in a Facility Directive to coordinate actions taken in response to an incident of sexual assault, among staff first responders, medical and mental health practitioners, investigators, and facility executive staff. A SART Team provides a coordinated, efficient, and supportive response to victims of sexual assault. The members of SART provide a full range of comprehensive services to sexual assault victims who have made the decision to report a sexual assault. Persons assigned to the facility's SART have received specialized training in providing comprehensive services to victims of sexual assault.

The Coordinated Response Plan for LaPorte was reviewed and follows the requirements of this standard. Interviews with the Warden and other PREA Committee Members revealed that they are knowledgeable of their duties in response to an allegation of sexual abuse and in keeping with the facility's coordinated response plan.

The 2019 Sexual Abuse Prevention Annual Report for LaPorte Juvenile Correctional Facility indicated zero incidents of sexual abuse or sexual harassment, Nonconsensual sexual acts, staff sexual harassment, and staff misconduct in 2019. Since the 2019 report, the PCM confirmed zero incidents of sexual abuse or sexual harassment, Nonconsensual sexual acts, staff sexual harassment, and staff misconduct were reported up to the first day of the on-site portion of the audit. LaPorte met the requirements of Standard 115.365.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115, Sexual Abuse Prevention
- LaPorte Juvenile Correctional Facility Policy (LPJCF) 05-04-01, effective 1/12/15
- Interview with staff (random and specialized)
- Interview with the PREA Compliance Manager
- 2019 Sexual Abuse Prevention Annual Report for LaPorte Juvenile Correctional Facility

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

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

Indiana Department of Correction is not a collective bargaining agency; therefore, this standard is not applicable. LaPorte met the requirements of Standard 115.366.

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, 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, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,? 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

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

Policy 02-01-115 Sexual Abuse Prevention and Policy 02-01-107 Use and Operation of Protective Custody addresses the requirements of Standard 115.367. The Agency issued a written Directive that requires the Office of Investigation and Intelligence to ensure the protection of residents and staff who have reported sexual abuse or sexual harassment or who have cooperated in a sexual abuse or sexual harassment investigation. The agency has multiple protection measures to employ in its efforts to protect staff and residents.

During his interview the Warden indicated that LaPorte employs multiple protection measures, 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, for residents or

staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

LaPorte has designated the PREA Compliance Manager as the designated monitor for retaliation. The Auditor interviewed the PCM/Retaliation Monitor La Porte's designated monitor which is charged with monitoring retaliation at the facility level. The PCM/Retaliation Monitor indicated that monitoring would take place for a period of at least 90 days and longer, as needed and include periodic status checks. Furthermore, individual who cooperates with an investigation and express a fear of retaliation, the agency takes appropriate measures to protect that individual against retaliation.

Likewise, 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 the facility would 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, monitor disciplinary reports, act promptly to remedy any such retaliation occurring. Because retaliation comes in many forms the PCM/Retaliation Monitor indicates that monitoring would also include, housing changes, program changes, negative performance rating and reassignments of staff. The Warden and the PCM/Retaliation Monitor affirmed zero incidents of retaliation in the past 12 months.

The 2019 Sexual Abuse Prevention Annual Report for La Port Juvenile Correctional Facility indicated zero incidents of sexual abuse or sexual harassment, Nonconsensual sexual acts, staff sexual harassment, and staff misconduct in 2019. Since the 2019 report, the PCM confirmed zero incidents of sexual abuse or sexual harassment, Nonconsensual sexual acts, staff sexual harassment, and staff misconduct were reported up to the first day of the on-site portion of the audit. LaPorte met the requirements of Standard 115.367.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115, Sexual Abuse Prevention
- Policy 02-01-107 Use and Operation of Protective Custody
- LaPorte Juvenile Correctional Facility Policy (LPJCF) 05-04-01, effective 1/12/15
- Interview with the PREA Compliance Manager
- Interview with the Retaliation Monitor
- Interview with the Warden
- Interview with the PREA Coordinator
- 2019 Sexual Abuse Prevention Annual Report for LaPorte Juvenile Correctional Facility

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

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

Policy 02-01-107 Use and Operation of Protective Custody and Policy 02-01-115, Sexual Abuse Prevention, address the requirements of Standard 115.368 and 115.342. These policies support the use of segregated housing to protect an resident who is alleged to have suffered sexual abuse subject to the requirements of §115.342 and only as a last measure to keep an resident who alleges sexual abuse safe and then only until an alternative means for keeping the resident safe can be arranged.

The Auditor confirmed through interview with the Warden and the PCM individually that the number of residents that alleged sexual abuse in the past 12 months, post allegation protective custody remained zero since the submission of the PAQ. The 2019 Sexual Abuse Prevention Annual Report for La Port Juvenile Correctional Facility indicated zero incidents of sexual abuse or sexual harassment, Nonconsensual sexual acts, staff sexual harassment, and staff misconduct in 2019. LaPorte Juvenile Correctional Facility met Standard 115.368

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115, Sexual Abuse Prevention
- Policy 02-01-107 Use and Operation of Protective Custody
- LaPorte Juvenile Correctional Facility Policy (LPJCF) 05-04-01, effective 1/12/15
- 2019 Sexual Abuse Prevention Annual Report for LaPorte Juvenile Correctional Facility
- Interview with staff (random and specialized)
- Interview with the PREA Compliance Manager

- Interview with staff: Segregation
- Interview with staff: Education

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/facility 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/facility 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 agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(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 facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 Sexual Abuse Prevention and Policy 00-01-103 Investigations and Intelligence collectively address the requirements of Standard 115.371.

IDOC criminal, third party, administrative and anonymous investigations are conducted by the Office of Investigations. The Auditor determined by examination that IDOC administrative and

criminal investigations were documented, and the appropriate investigation was forwarded to law enforcement when applicable. IDOC uses investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334. The investigator interviewed confirmed that in his role as an investigator he gathers and preserves direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews alleged victims, suspected perpetrators, and witnesses, and reviews prior reports and complaints of sexual abuse involving the suspected perpetrator.

Furthermore, the same investigator confirmed that as an investigator for IDOC he refrains from terminating an investigation solely because the source of the allegation recants the allegation. When the quality of evidence appears to support criminal prosecution, IDOC would conduct compelled interviews only in conjunction with local prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Policy 00-01-103 Investigations and Intelligence further requires staff members to cooperate with all investigations. More, the investigator explained that if the quality of evidence appears to support criminal prosecution, the agency would conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The investigator assessed the credibility of the alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff and without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding.

Since the 2019 report, the PCM confirmed zero incidents of sexual abuse or sexual harassment, Nonconsensual sexual acts, staff sexual harassment, and staff misconduct were reported up to the first day of the on-site portion of the audit. LaPorte met the requirements of Standard 115.371.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115, Sexual Abuse Prevention
- Policy 00-01-103 Investigations and Intelligence
- LaPorte Juvenile Correctional Facility Policy (LPJCF) 05-04-01, effective 1/12/15
- Interview with staff (random and specialized)
- Interview with the PREA Compliance Manager
- Interview with the investigator
- Interview with the PREA Coordinator
- 2019 Sexual Abuse Prevention Annual Report for LaPorte Juvenile Correctional Facility

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

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

Policy 02-01-115, Sexual Abuse Prevention and Policy 00-01-103 Investigations and Intelligence addresses compliance with Standard 115.372. Policy 00-01-103 Investigations and Intelligence states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations are substantiated in administrative and criminal investigations. During an interview with an investigator he confirmed the standard threshold for evidence when determining whether allegations are substantiated.

Since the 2019 report, the PCM confirmed zero incidents of sexual abuse or sexual harassment, Nonconsensual sexual acts, staff sexual harassment, and staff misconduct were reported up to the first day of the on-site portion of the audit. LaPorte met the requirements of Standard 115.372.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115, Sexual Abuse Prevention
- Policy 00-01-103 Investigations and Intelligence
- Interview with PREA Investigator
- Interview with the PREA Compliance Manager
- 2019 Sexual Abuse Prevention Annual Report for LaPorte Juvenile Correctional Facility

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 facility, 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 the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility 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 facility? 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 facility? 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 facility? 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 facility? 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 facility? 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

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

The standard requires that after an allegation of sexual abuse the resident shall be informed verbally or in writing as to whether the allegation was substantiated, unsubstantiated or

unfounded. All such notifications and attempts of notifications shall be documented. There was zero (0) investigation into allegation of sexual abuse and harassment. Since the 2019 report, the PCM confirmed zero incidents of sexual abuse or sexual harassment, Nonconsensual sexual acts, staff sexual harassment, and staff misconduct were reported up to the first day of the on-site portion of the audit. LaPorte met the requirements of Standard 115.373.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115, Sexual Abuse Prevention
- Policy 00-01-103 Investigations and Intelligence
- Interview with PREA Investigator
- Interview with the PREA Compliance Manager
- 2019 Sexual Abuse Prevention Annual Report for LaPorte Juvenile Correctional Facility

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*)

Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 Sexual Abuse Prevention, Policy 00-01-103 Investigations and Intelligence, and Policy 04-03-103 Information and Standards of Conduct for Departmental Staff collectively address and outline the agency's disciplinary response related to violations of PREA policies by staff and address Standard 115.376. Specifically, disciplinary sanctions for staff may include sanctions up to termination.

The agency defines misconduct as:

Behavior by a staff person which violates a standard, rule, regulation, policy, procedure, directive, written or verbal order, agreement, responsibility, performance expectation, or condition of employment of the State and/or the Department.

The agency defines staff person as:

STAFF OR STAFF PERSON: All persons employed by the Department, including contractors and volunteers.

Policy 04-03-103 Information and Standards of Conduct for Departmental Staff, specifically states;

A staff person who violates a State and/or Department standard, rule, regulation, policy, procedure, directive, written or verbal order, agreement, responsibility, or condition of employment may be subject to disciplinary action, up to and including dismissal, in accordance with IC 4-15-2.2-24 which states, "An employee in the unclassified service is an employee at will and serves at the pleasure of the employee's appointing authority, and may be dismissed, demoted, disciplined, or transferred for any reason that does not contravene public policy." Dismissal shall be the presumptive disciplinary sanction for a staff person that violates the Department's sexual abuse or sexual harassment policies.

During the audit process and an interview with the HR representative the Auditor confirmed that staff terminated for violations of the State, agency sexual abuse or sexual harassment policies, would be reported to the relevant licensing bodies and law enforcement agencies (unless the activity or behavior was clearly not criminal). More, formal terminations and presumptive terminations by staff who would have been terminated if not for their resignation, would also be reported to law enforcement (unless the activity was clearly not criminal).

The Warden confirmed for the Auditor that any disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) would be proportionate with the nature and circumstances of the acts committed considering the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

In the past 12 months, The PAQ indicated that zero (0) staff were terminated for violating the facility's PREA policies. Since the 2019 report, the PCM confirmed zero incidents of sexual abuse or sexual harassment, Nonconsensual sexual acts, staff sexual harassment, and staff misconduct were reported up to the first day of the on-site portion of the audit. LaPorte met the requirements for Standard 115.376.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 Sexual Abuse Prevention
- Policy 00-01-103 Investigations and Intelligence
- Policy 04-03-103 Information and Standards of Conduct for Departmental Staff
- Internet search: Indiana Code (IC) 4-15-2.2-24, Unclassified service; at will employee
- Interview with the PREA Coordinator
- Interview with PREA Compliance Managers
- Interview with the Warden
- Interview with the Human Resource (HR) representative
- Sample: Sexual Abuse Incident Reviews
- Inspector General's website: Code of Ethics, <http://www.in.gov/ig/2236.htm>.
- 2019 Sexual Abuse Prevention Annual Report for LaPorte Juvenile Correctional Facility

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 facility 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

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

Policy 02-01-115 Sexual Abuse Prevention, Policy 00-01-103 Investigations and Intelligence, and Policy 04-03-103 Information and Standards of Conduct for Departmental Staff collectively outline the agency's disciplinary response related to violations of PREA policies by staff. Specifically, disciplinary sanctions for staff may include sanctions up to termination. T

The policy specifically states that the presumptive disciplinary sanction for staff who engage in sexual abuse will be termination. The failure to participate in an investigation shall also be grounds for terminating employment. Individual interviews conducted with the Warden, PREA Compliance Managers and HR representative all confirmed that IDOC staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies and that termination would be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The HR representative affirmed that 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, is reported to: Law enforcement agencies (unless the activity was clearly not criminal). All IDOC 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, would be reported to: Relevant licensing bodies.

Furthermore, the Warden indicates that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) would be proportionate 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. In the past 12 months, zero (0) staff were terminated for violating the facility's PREA policies. Since the 2019 report, the PCM confirmed zero incidents of sexual abuse or sexual harassment, Nonconsensual sexual acts, staff sexual harassment, and staff misconduct were reported up to the first day of the on-site portion of the audit. LaPorte met the requirements for Standard 115.377.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 Sexual Abuse Prevention
- Policy 00-01-103 Investigations and Intelligence
- Policy 04-03-103 Information and Standards of Conduct for Departmental Staff
- Internet search: Indiana Code (IC) 4-15-2.2-24, Unclassified service; at will employee
- Interview with the PREA Coordinator
- Interview with PREA Compliance Managers
- Interview with the Warden
- Interview with the Human Resource (HR) representative
- Sample: Sexual Abuse Incident Reviews
- Inspector General's website: Code of Ethics, <http://www.in.gov/ig/2236.htm>.
- 2019 Sexual Abuse Prevention Annual Report for LaPorte Juvenile Correctional Facility

- 2019 Sexual Abuse Prevention Annual Report for LaPorte Juvenile Correctional Facility

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 facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to 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)

- If the agency prohibits all sexual activity between residents, 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

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations

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

Policy 03-02-101 Code of Conduct For Youths states that residents may receive disciplinary sanctions following an administrative finding or a criminal investigation that a resident engaged in resident-on-resident sexual abuse and sanctions shall be commensurate with the nature and circumstances of the sexual abuse, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

More, the Warden indicated during his interview that if a PREA related incident results in a disciplinary sanction and results in the segregation of a resident, LaPorte ensures that the resident is not denied daily large-muscle exercise. IDOC would discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

During the onsite portion of the audit the Auditor interviewed several residents assigned to restricted housing in the CAM unit. Placement in CAM was unrelated to PREA. These same residents affirmed that they are provided the opportunity for daily large-muscle exercise and spend the line-share of each day in school on the unit and participating in individualized leisure activity. Each resident interviewed also affirmed that medical and mental health provider make rounds daily.

There were no administrative or criminal findings of guilt for resident-on-resident sexual abuse in the past twelve (12) months. LaPorte prohibits all sexual activity between residents and may discipline residents for such activity. LaPorte will not deem sexual activity to constitute sexual abuse if it determines that the activity was not coerced.

During his interview the Warden affirmed that disciplinary 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, the disciplinary process would consider whether a resident's mental disabilities or mental illness contributed to her behavior. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation according to the Warden.

Specialized staff interviewed (mental health practitioners) affirmed during individual interviews that LaPorte offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexually abusive behavior and the facility offers the offending resident or residents with sexually abusive histories voluntary participation in therapeutic interventions.

LaPorte does not impose participation in such interventions as a condition to access any rewards-based behavior management system or other behavior-based incentives. Furthermore, La Porte, refrains from requiring such participation as a condition to accessing general programming or education according to the mental health provider interviewed during the on-site portion of the audit.

Since the 2019 report, the PCM confirmed zero incidents of sexual abuse or sexual harassment, Nonconsensual sexual acts, staff sexual harassment, and staff misconduct were reported up to the first day of the on-site portion of the audit. LaPorte met the requirements of Standard 115.378.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 Sexual Abuse Prevention
- Policy 03-02-101 Code of Conduct For Youths
- Interview with residents (random and targeted)
- Interview with the PREA Coordinator
- Interview with staff (random and specialized)
- Interview with PREA Compliance Managers
- Interview with the Warden

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

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

IDOC Sexual Assault Manual dated January 15, 2014, give direction to medical and mental health personnel on the mandatory requirements when treating offenders who are victims of sexual assault.

In addition, Policy 02-01-115, Sexual Assault Prevention; indicated that both resident categories (abuser/victim) are offered medical and mental health evaluations. LaPorte also provides follow-up services, develops treatment plans, and makes any necessary referral for continued level of care for residents of sexual assault that is consistent with the community level of care. The Auditor interviewed the PREA Compliance Manager who indicated when applicable residents making PREA allegations (victims and abuser) would both be offered mental health treatment and continued follow-up care by the facility.

Policy 02-01-115, Sexual Assault Prevention; indicated that both resident categories (abuser/victim) are offered medical and mental health evaluations. Residents that disclosed prior sexual victimization or who disclose previously perpetrating sexual abuse during an intake screening will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Medical staff interviewed during the audit confirmed that

informed consent was required from the resident before reporting information about prior sexual victimization that did not occur in an institutional setting.

LaPorte completed screening pursuant to § 115.341, with residents who experienced prior sexual victimization. Residents were offered a follow-up meeting with a mental health practitioner. Problematic. the Auditor examined fifteen (15) mental health referral originating from PREA intake screenings for risk of victimization, abusiveness and vulnerabilities with zero sexual abuse allegations and found that 40% of the referrals sampled for follow-up did not take place within 14 days of the intake screening. It should be mentioned that 100% of all referrals sampled were reassessed by a mental practitioner but not within 14 days as required in this standard but always within 60 days.

Moreover, specialized staff (medical and mental health) confirmed during individual interviews that residents who are victims of alleged sexual assaults are offered tests for sexually transmitted infections. The PREA Compliance Manager and Warden confirmed that residents are not charged for these services. This information was also confirmed by the medical staff and is found in the resident handbook.

Staff (random and specialized) confirmed compliance with this policy. In the past 12 months, 100% of resident reviewed who disclosed previously perpetrating sexual abuse, as indicated during screening were offered a follow-up meeting with a mental health practitioner. Mental health staff maintains secondary materials documenting compliance with Standard 115.381. After corrective action, LaPorte met the requirements of Standard 115.381.

Corrective Action:

The PREA Compliance Manager will re-train medical and mental health practitioners regarding Standards 115.341, 115.342 and 115.381. LaPorte will provide the Auditor with documented evidence of the re-training of staff. The re-training acknowledgement will contain at a minimum the Standards covered in the training, printed names of all attendees, date of the training and staff signatures.

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

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

Policy 02-01-115 Sexual Assault Prevention requires timely and unimpeded access to emergency medical treatment, crisis intervention services and victim advocacy services. The nature and scope of these services are determined by medical and mental health practitioners according to their professional judgment. The resident victim will be afforded a forensic examination at no cost to the victim.

Interviews with specialized staff confirmed they understood their role and responsibilities if a resident is the victim of sexual abuse. If no qualified medical or mental health practitioners is on duty at the time a report of sexual abuse is made, a first responders or SART member will take preliminary steps to protect the victim pursuant to § 115.362, notify a supervisor and document the incident.

The Warden indicated during his interview that each facility is directed by policy to establish a Sexual Assault Response Team (SART) and develop a written facility plan in a Facility Directive. The directive coordinate actions taken in response to an incident of sexual assault, among staff first responders, medical and mental health practitioners, investigators, and facility executive staff. The IDOC SART Teams provide a coordinated, efficient, and supportive response to victims of sexual assault. The members of SART provide a full range of comprehensive services to sexual assault victims who have made the decision to report a sexual assault. Persons assigned to the facility's SART have received specialized training in providing comprehensive services to victims of sexual assault.

The Auditor determined that upon learning of the sexual assault, a LaPorte first responder immediately activated a coordinated response to the incident. The victims would be taken to a local hospital for a SANE Examination, the collection of clothing and DNA evidence. LaPorte met the requirements of Standard 115.382.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Assault Prevention)
- Residents handbook
- Interview with specialized staff (medical practitioner)
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator
- Sexual Assault Response Team (SART) Curriculum
- SART Victim Advocacy
- OJP: OFFICE OF VICTIMS OF CRIME: SEXUAL ASSAULT ADVOCATE/COUNSELOR TRAINING 2019

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 facility 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 facility? 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 facility 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” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes 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” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes 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 facility 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 facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 Sexual Abuse Prevention addresses ongoing medical and mental health care for sexual abuse victims and abusers, and it directs facilities to provide victims with medical and mental health services consistent with the community level of care. It also provides for the appropriate tests to be provided to the resident victim. When interviewed the medical practitioner confirmed that resident victims of sexually abusive vaginal penetration while incarcerated would be offered a pregnancy test. If pregnancy results from the conduct described in paragraph § 115.383(d), the victim will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

More, resident victims of sexual abuse while incarcerated would be offered tests for sexually transmitted infections as medically appropriate. The policy also requires the facility to attempt to obtain a mental health evaluation within 60 days of learning of resident-on-resident abusers and offer treatment deemed appropriate by a mental health provider. Based on interviews with medical and mental health providers, LaPorte offers 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 facility in accordance with Standard 115.383. Furthermore, specialized staff interviewed during the audit also confirmed that the facility would 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 where appropriate by a mental health practitioners.

In addition, 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. The PCM confirmed that treatment services provided to the victim is without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. LaPorte met the requirements of Standard 115.383.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Assault Prevention)
- Residents handbook
- Interview with specialized staff (medical and mental health practitioner)
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator

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

115.386 (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 facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

LaPorte conducts 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.

The sexual assault incident review team includes upper-level management officials and allows for input from supervisors, investigators and medical or mental health practitioners. The facility follows Standard 115.386 and provided the Auditor with information regarding the incident review team and its role. The Incident Review Team form details the make-up of the sexual abuse incident review team and the elements to be considered in their assessments of incidents. Zero (0) were conducted in the last PREA audit of this facility. In the event of a substantiated or unsubstantiated finding the PREA Review Team would: Considered whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse, whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility. More, the review

team would examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse and made recommendations to the Warden. According to the PREA investigator as a member of the Incident Review Team the review process would assess the adequacy of staffing levels during the incident and the assessment of whether monitoring technology should be deployed or augmented to supplement supervision by staff. The review team prepares a report of its findings and any recommendations for improvement and submits the report to the Warden, and the PREA Coordinator. Interviews with staff revealed that they understand the purpose of the incident review team and the process. LaPorte met the requirements of Standard 115.386.

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

Indiana Department of Corrections uses a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual assault. The instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual violence conducted by the Department of Justice. A review of the annual report revealed it was completed according to this standard. LaPorte met the requirements of Standard 115.387.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Interview with the PREA Coordinator
- Interview with Warden
- IDOC Sexual Incident Report Data (2019)
- 02-11-115 Sexual Assault Prevention
- Survey of Sexual Victimization 2017, State Prison System Summary Form
- Survey of Sexual Victimization 2018, State Prison System Summary Form
- 2017 Sexual Assault Prevention Program Annual Report
- 2018 Sexual Assault Prevention Program Annual Report, dated 4/12/2019
- 2019 Sexual Assault Prevention Program Annual Report, dated 3/04/2020
- Annual Sexual Prevention Report 2019 Year, LaPorte, dated 1/20/2020

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 facility, 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 facility? Yes No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

The PREA Coordinator is responsible for the review of the collected and aggregated data to assess and improve the effectiveness of the PREA related efforts and initiatives at the state level. The review of the agency Sexual Assault Prevention Program Annual Reports confirms this practice.

The PREA Coordinator in his role also confirmed that the agency reviews data collected pursuant to Standard 115.387 and assesses the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training. The only information IDOC redacted from the agency report is personal identifying information (PII). All other information is included in the annual report.

The IDOC compiles annual reports received from each facility and posts them on the departmental website for public access. This report is signed by the Commissioner of the Indiana Department of Corrections. This report is posted on the IDOC website. LaPorte met the requirements of Standard 115.388.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- SIR Data Report
- Survey of Sexual Violence 2017
- Survey of Sexual Violence 2018
- Survey of Sexual Violence 2019
- 2017 Sexual Assault Prevention Program Annual Report
- 2018 Sexual Assault Prevention Program Annual Report
- 02-11-115 Sexual Assault Prevention
- Interview with the Warden
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Annual Sexual Prevention Report 2019 Year, LaPorte, dated 1/2020

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

The standard requires that data be collected and securely retained for 10 years unless applicable laws require otherwise. The aggregated PREA data is reviewed and all personal identifiers are removed according to the PREA Coordinator. A review of documentation confirmed the practice. LaPorte met the requirements of Standard 115.386.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- SIR Data Report
- Survey of Sexual Violence 2017
- Survey of Sexual Violence 2018
- Survey of Sexual Violence 2019
- 2017 Sexual Assault Prevention Program Annual Report
- 2018 Sexual Assault Prevention Program Annual Report
- 02-11-115 Sexual Assault Prevention
- Interview with the Warden
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Annual Sexual Prevention Report 2019 Year, LaPorte, dated 1/2020

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? 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 facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the tour of the facility the upcoming audit was posted throughout the facility. The facility provided electronic verification of the notice. When residents were asking how long the poster has been posted during the resident interviews; they consistently reply, "it's been up". No resident gave any indication of the facility not meeting the required time frame. All IDOC facilities were audited during the same time frame to meet the required deadline of one (1) audit within three (3) years. A review was conducted on information provided to residents regarding the confidential nature of any correspondence and communication with the Auditor. The facility has provided residents with information about the PREA audit at least six weeks prior to the site visit and demonstrated based on their institutional and clinical files that PREA has been a continued practice.

Furthermore, The Auditor examined the IDOC 2018/2019 Sexual Assault Prevention Program Annual Report. The PREA Coordinator during his interview outlined steps taken in 2018 by the IDOC to enhance and improve compliance with the Prison Rape Elimination Act (PREA) such as:

- The IDOC contracted the Moss Group for a project to improve the IDOC's sexual abuse investigations. The project included a review of current investigations, providing sexual abuse investigations training to agency Investigators and facility PREA Compliance.

In October of 2017, the staffing ratios required in Standard 115.313 became effective for all juvenile facilities. The IDOC Division of Youth Services closed the Madison Juvenile Facility

and moved the population to the LaPorte Juvenile Correctional Facility. The LaPorte has been able to meet the required ratios due to their low population, however the two other juvenile facilities still cannot meet the ratios at this time. IDOC recognizes a continued need for compliance is an increase in staffing at juvenile facilities to meet the staffing ratios required by Standard 115.313.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- SIR Data Report
- Survey of Sexual Violence 2017
- Survey of Sexual Violence 2018
- Survey of Sexual Violence 2019
- 2017 Sexual Assault Prevention Program Annual Report
- 2018 Sexual Assault Prevention Program Annual Report
- 02-11-115 Sexual Assault Prevention
- Interview with the Warden
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Annual Sexual Prevention Report 2019 Year, LaPorte, dated 1/2020

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. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. 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 facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

All IDOC facilities were audited prior to the end of the first audit cycle which ended August 19, 2016, all final audit reports are properly, publicly posted on the agency website. LaPorte met the requirements of Standard 115.403.

Evidence relied upon to make Auditor determination:

- Internet search: IDOC website
- IDOC PREA audits posted on the website
- Interview with the Warden
- Interview with the PREA Coordinator
- Internet website review of PREA Reports 2016-2019

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.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Sonya Love _____

11/30/20 _____

Auditor Signature

Date

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

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