

PREA Facility Audit Report: Final

Name of Facility: Logansport Juvenile Correctional Facility

Facility Type: Juvenile

Date Interim Report Submitted: 05/18/2022

Date Final Report Submitted: 06/15/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Robert B. Latham	Date of Signature: 06/15/2022

AUDITOR INFORMATION	
Auditor name:	Latham, Robert
Email:	robertblatham@icloud.com
Start Date of On-Site Audit:	03/29/2022
End Date of On-Site Audit:	03/31/2022

FACILITY INFORMATION	
Facility name:	Logansport Juvenile Correctional Facility
Facility physical address:	1118 Indiana 25, Logansport, Indiana - 46947
Facility mailing address:	

Primary Contact	
Name:	Ulises Sosa
Email Address:	usosagarcia@idoc.in.gov
Telephone Number:	5747537571 Ext. 2015

Superintendent/Director/Administrator	
Name:	Eric Courtney
Email Address:	ecourtney@idoc.in.gov
Telephone Number:	5747537571 Ext. 2022

Facility PREA Compliance Manager	
Name:	Ulises Sosa Garcia
Email Address:	usosagarcia@idoc.in.gov
Telephone Number:	O: (574) 753-7571

Facility Health Service Administrator On-Site	
Name:	Linda Frye
Email Address:	linda.frye@idoc.in.gov
Telephone Number:	574-276-0136

Facility Characteristics	
Designed facility capacity:	163
Current population of facility:	125
Average daily population for the past 12 months:	104
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	12-20
Facility security levels/resident custody levels:	High
Number of staff currently employed at the facility who may have contact with residents:	155
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	19

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

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

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

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
42	
Number of standards not met:	
1	<ul style="list-style-type: none"> • 115.313 - Supervision and monitoring

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-03-29
2. End date of the onsite portion of the audit:	2022-03-31

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<ol style="list-style-type: none">1. Indiana Coalition Against Domestic Violence2. Franciscan Health Lafayette Hospital3. Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	163
15. Average daily population for the past 12 months:	104
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	108
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	8
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	155
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	19
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	11
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Residents were selected from all five housing units.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	9
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>8</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Gender, race, ethnicity, and languages spoken were considered.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>15</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>2</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	0	1	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	1	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	1	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	1
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no reported allegations of sexual harassment.

<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) </p>
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
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Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
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<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

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

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. IDOC Policy 02-01-115: Sexual Abuse Prevention
2. IDOC Policy 03-02-101: Code of Conduct for Youths Appendix 2 - Major Violations and Responses
3. IDOC Organizational Chart
4. Logansport Juvenile Correctional Facility Organizational Chart
5. Memo: Designation of PREA Compliance Manager
6. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ)

Interviews:

1. PREA Coordinator
2. PREA Compliance Manager

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.311 (a)

PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

The IDOC Division of Youth Services has a comprehensive PREA Policy. This policy sets out the PREA Standards as adopted in 2012 by the U.S. DOJ and incorporates and/or references more specific IDOC Policies. The Division of Youth Services abides by the PREA standards and has zero-tolerance relating to staff sexual misconduct, youth sexual abuse, sexual harassment, and youth sexual misconduct. The facility mandates a zero-tolerance policy toward all forms of staff sexual misconduct, youth sexual abuse, sexual harassment, and youth sexual misconduct. The policy outlines the facility's approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual misconduct, sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. IDOC policies address prevention of sexual abuse and sexual harassment through the designations of a PREA Coordinator and PREA Compliance Manager, supervision and monitoring, criminal background checks, staff training, resident education, PREA posters and educational materials. The policies address detection of sexual abuse and sexual harassment through resident education, staff training, and intake screening for risk of sexual victimization and abusiveness. The policies address responding to sexual abuse and sexual harassment through the various ways of reporting, investigations, disciplinary sanctions for residents and staff, victim advocacy, access to emergency medical treatment and crisis intervention services, sexual abuse incident reviews, data collection, and data review for corrective action.

115.311 (b)

PAQ: The agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the facility. The position of the PREA Coordinator is in the agency's organizational structure.

IDOC employs an upper-level, agency-wide PREA Coordinator. The PREA Coordinator is identified on the IDOC organizational chart as the PREA Director. He confirmed he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

115.311 (c)

PAQ: Logansport Juvenile Correctional Facility has designated a PREA Compliance Manager. The PREA Compliance Manager is identified on the facility organizational chart. He confirmed he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA Compliance Manager reports to the Warden.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator and PREA Compliance Manager. No corrective action is required.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. Contracts for the Confinement of Residents 3. Prairie Vista Youth Service Center Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Agency Contract Administrator <p>Findings (by provision):</p> <p>115.312 (a)</p> <p>PAQ: The agency has entered into or renewed a contract for the confinement of residents since the last PREA audit. All of the above contracts require contractors to adopt and comply with PREA Standards. Since the last PREA audit:</p> <ol style="list-style-type: none"> 1. The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies: 6 2. The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0 <p>IDOC Policy 02-01-115 (page 2) states when the Department contracts for the confinement of its offenders with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.</p> <p>The contract language is as follows, "Contractor will comply with the Prison Rape Elimination Act of 2003 (Federal Law 42. U.S.C. 15601 ET. Seq.), and with all applicable PREA Standards, and IDOC Policies related to PREA and Standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within IDOC Facilities/Programs/Offices owned, operated, or contracted. Contractor will have its facilities audited for PREA Compliance. Contractor acknowledges that, in addition to "self-monitoring requirements" IDOC will conduct, announced or unannounced, compliance monitoring to include "onsite" monitoring. Failure to comply with PREA, including PREA Standards and IDOC Policies may result in termination of the contract."</p> <p>115.312 (b)</p> <p>PAQ: All of the above contracts require the agency to monitor the contractor's compliance with PREA Standards. Since the last PREA audit the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA Standards: 0</p> <p>IDOC Policy 02-01-115 (page 2) states any new contract or contract renewal shall provide for Department contract monitoring to ensure that the contractor is complying with the PREA standards. The Department shall ensure that all agencies and organizations that house offenders committed to the Department, including county jails, group homes, private contractors, etc. are made aware of the Department's position. During inspections of county jails, county juvenile detention facilities, group homes, community corrections facilities or any facility holding Department offenders, the Executive Liaison for Sheriff and County Jail Operations or Director of Policy Development and Accreditation or designee(s) shall ensure that the facility being inspected has a mechanism in place to address allegations of sexual abuse and sexual harassment. Also, when contracts are prepared with agencies and organizations to house offenders for the Department, a provision shall be included to ensure that the agency/organization maintains zero (0) tolerance for sexual abuse and sexual harassment and has a mechanism in place to address allegations of sexual abuse and sexual harassment in accordance with PREA standards.</p> <p>The Department shall share information with these agencies and organizations regarding the Department's program to prevent sexual abuse and sexual harassment.</p> <p>The contract language is as follows, "Contractor will comply with the Prison Rape Elimination Act of 2003 (Federal Law 42. U.S.C. 15601 ET. Seq.), and with all applicable PREA Standards, and IDOC Policies related to PREA and Standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within IDOC Facilities/Programs/Offices owned, operated, or contracted. Contractor will have its facilities audited for PREA Compliance. Contractor acknowledges that, in addition to "self-monitoring requirements" IDOC will conduct, announced or unannounced, compliance monitoring to include "onsite" monitoring. Failure to comply with PREA, including PREA Standards and IDOC Policies may result in termination of the contract."</p> <p>The contract administrator stated the PREA Coordinator reviews new and renewed contract proposals for confinement</p>

services to ensure compliance with PREA practices. The PREA Coordinator, either visits the contracted facility or sends a copy of their PREA audit final report if they had a PREA audit. Three contract facilities have completed PREA audits in the last year. Three are scheduled for an audit in the current year. The IDOC PREA Coordinator ensures PREA Compliance Results are completed and submitted.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.

115.313	Supervision and monitoring
	Auditor Overall Determination: Does Not Meet Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. 2020 - 2022 Facility Staffing Plan Reviews 3. Staff Visitation Logs (Unannounced Rounds) 4. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p>Document (Corrective Action): Agency Statement: LJCF Corrective Action for 115.313 (c)</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Warden) 2. PREA Coordinator 3. PREA Compliance Manager 4. Intermediate or Higher-Level Facility Staff <p>Site Review Observations: Observations during onsite review of facility</p> <p>115.313 (a) PAQ: Since the 2017 PREA audit:</p> <ol style="list-style-type: none"> 1. The average daily number of residents: 104 2. The average daily number of residents on which the staffing plan was predicated: 163 <p>IDOC Policy 02-01-115 (page 9) states the Department shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities, shall take into consideration:</p> <p>Generally accepted adult/juvenile detention and correctional practices;</p> <ol style="list-style-type: none"> a. Any judicial findings of inadequacy; b. Any findings of inadequacy from Federal investigative agencies; c. Any findings of inadequacy from internal or external oversight bodies; d. All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated); e. The composition of the offender population; f. The auditor reviewed the facility staffing plan for verification. The staffing plan is fully inclusive of the standard provision requirements. g. The number and placement of supervisory staff; h. Institution programs occurring on a particular shift; i. Any applicable State or local laws, regulations, or standards; j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; k. Staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented and include on security trained staff (Division of Youth Services facilities Only); and, l. Any other relevant factors; <p>The Warden and PREA Compliance Manager confirmed the facility regularly develops a staffing plan, maintains adequate staffing levels to protect residents against sexual abuse, considers video monitoring as part of the plan, and documents the plan. When assessing staffing levels and the need for video monitoring, the staffing plan considers: generally accepted juvenile detention and correctional/secure residential practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); the composition of the resident population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.</p> <p>115.313 (b) PAQ: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.</p> <p>IDOC Policy 02-01-115 (page 9) states in circumstances where the staffing plan is not compliant, the facility shall document</p>

and justify all deviations from the plan on shift reports.

The auditor interviewed the Warden. The Warden reported the facility maintains appropriate staffing ratios by regular audits of the shift reports. All deviations from the staffing plan would be documented in the shift log. The documentation would include explanations for non-compliance.

115.313 (c)

PAQ: The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The facility maintains staff ratios of a minimum of 1:8 during resident waking hours. The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours.

In the past 12 months:

1. The number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 365 days
2. The number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours: 0

IDOC Policy 02-01-115 (page 9) states staffing ratios are 1:8 during waking hours and 1:16 during sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented and include only security trained staff.

The Warden stated the facility is not obligated by law, regulation, or judicial consent decree to maintain staffing ratios.

PREA Site Review:

During the onsite tour of the facility the auditor observed the living units were not compliant with required daytime staffing ratios of 1:8.

Corrective action is required.

115.313 (d)

PAQ: At least once every year the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to:

1. The staffing plan;
2. Prevailing staffing patterns;
3. The deployment of monitoring technology; or
4. The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

IDOC Policy 02-01-115 (page 9) states the staffing plan shall be reviewed, updated, and submitted to the assigned Executive Director of Adult Facilities, Executive Director of Youth Services, and Executive Director of PREA annually, no later than January 31 of each year.

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

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

The PREA Coordinator confirmed he is consulted regarding any assessments of, or adjustments to, the staffing plan. Every facility completes an annual staffing plan review and sends them to the PREA Coordinator for review. The PREA Coordinator will contact the PREA Compliance Manager if there are questions or concerns about the review. The Warden has direct involvement in staffing levels at the facility and works with HR to maintain appropriate levels. The PREA Coordinator also monitors plans for juvenile staffing ratios compliance and upgrades to video surveillance.

The auditor reviewed the 2020, 2021 and 2022 Facility Staffing Plan Reviews for verification they are inclusive of the standard provision requirements.

115.313 (e)

PAQ: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

IDOC Policy 02-01-115 (pages 9-10) states each facility shall require intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment on each shift. Staff shall be prohibited from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. Rounds will be documented in housing unit logs.

The auditor reviewed documentation showing that unannounced rounds are occurring as required by policy. The facility

records the unannounced rounds on the Staff Visitation Log.

An interview with the Correctional Sergeant confirmed he conducts unannounced rounds. They are conducted on all shifts and he stated he conducts the unannounced rounds at different times during each shift he doesn't go directly from one unit to another. He documents the rounds on the Staff Visitation Log.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is not fully compliant with this standard regarding supervision and monitoring. Corrective action is required.

115.313 (c) The facility is not compliant with the minimum ratio of 1:8 during waking hours.

The agency provided the following corrective action plan statement, "In response to the findings of does not meet for standard 115.313 from the PREA audit, the Logansport Juvenile Correctional Facility has made or is working on the following corrections to meet the standard:

155.313 (c) staffing ratio and documentation of deviations -

To meet the staffing ratio, LJCF will work with the Recruitment and Retention Specialist for its region to develop a plan to lower the vacancy rate through an aggressive hiring process and an improved plan to retain current and new staff. The goal will be to get the vacancy rate to 10% or less.

In addition, if needed, LJCF will request the additional staff necessary to meet the staffing ratio. The next State budget year will not begin until July of 2022. The number of staff will be determined at that time based on the success of recruitment and retention. A review of the waking hours schedule for possible adjustments of staff placement in areas with frequent non-compliance will be conducted to determine if there is a more efficient use of staff qualified to monitor students.

LJCF will track the staffing ratios in the housing units. Staff will continue to document when, where and why the ratio is not met on each shift report. These will be maintained in the shift supervisor's office and copies sent to the Warden's office for review."

June 1, 2022, the PREA Coordinator provided further comment to indicate the agency has a 30% vacancy rate in custody and will not be able to meet the daytime ratios of 1:8 within the 180-day corrective action period.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. IDOC Policy 02-03-101: Searches 3. IDOC Staff Development and Training: Pat, Frisk, and Modified Frisk Searches of Adult Female Offenders and all Juveniles 4. Staff Searches Training Records 5. Log Entries: Other Gender Announcements 6. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Staff 2. Random sample of Residents 3. Transgender or Intersex Residents <p>Site Review Observations:</p> <p>Observations during onsite review of facility</p> <p>Findings (By Provision):</p> <p>115.315 (a)</p> <p>PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0 2. The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0 <p>IDOC Policy 02-01-115 (page 10) states staff shall not conduct cross-gender strip searches or cross-gender visual searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. No staff shall conduct cross-gender strip searches except in emergency circumstances. Body cavity searches shall only be performed by medical personnel in accordance with Policy and Administrative Procedure 02-03-101, "Searches."</p> <p>The Correctional Sergeant interviewed stated an example of an urgent circumstance that would require a cross-gender strip search and visual body cavity search would include the case of a weapon or contraband that needs to be secured and would be considered an immediate threat.</p> <p>115.315 (b)</p> <p>PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances. In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of cross-gender pat-down searches of residents: 0 2. The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): 0 <p>IDOC Policy 02-01-115 (page 10) states staff shall not conduct cross gender pat searches of male or female juvenile offenders except in exigent circumstances.</p> <p>Residents interviewed confirmed no staff of the opposite gender have performed a pat-down search of their body. Staff interviewed confirmed they are restricted from conducting cross-gender pat-down searches. No staff interviewed provided an example of a circumstance that would warrant such a search.</p> <p>115.315 (c)</p> <p>PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.</p> <p>DOC Policy 02-01-115 (page 10) states all cross-gender strip searches, cross-gender visual, cross-gender pat-down searches of female offenders, and cross gender pat searches of juvenile offenders conducted during emergency circumstances shall be thoroughly documented and provide justification for the search. Each incident shall be reviewed by the Warden or designee to determine that the exigent circumstances standard was met. Body cavity searches shall only be performed by medical personnel in accordance with Policy and Administrative Procedure 02-03-101, "Searches."</p>

115.315 (d)

PAQ: The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing.

DOC Policy 02-01-115 (page 11) states all offenders and juvenile offenders shall be afforded the ability to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in emergency circumstances or when such viewing is incidental to routine security rounds and cell checks. All staff of the opposite gender of the offender population shall announce their presence when entering an offender housing unit or bathroom area. Custody staff may announce their presence to the offender population in the housing unit in which they are assigned at the beginning of their duty shift. This announcement must be clear and done so in a manner that ensures all offenders in the unit were given reasonable notice of opposite gender staff being present. These announcements shall be documented in housing unit logs. Opposite gender staff shall make announcements prior to entering bathroom and shower areas to give offenders and students a chance to cover up when they are in a state of undress.

Opposite gender video surveillance monitoring of offenders who are confined to restrictive status housing or protective custody or are in an area where offenders can be observed in a state of undress, other than incidental viewing or viewing for purposes of an investigation shall be prohibited. Offenders who are placed on constant observation status by mental health staff shall be provided constant visual supervision by a person of the same gender.

Staff interviews confirmed staff of the opposite gender announce their presence when entering a housing unit that houses residents of the opposite gender. Interviews also confirmed residents are able to dress, shower and performing bodily functions without being viewed by staff of the opposite gender. Interviews with residents corroborated that staff announce their presence when entering a housing unit that houses residents of the opposite gender. All residents stated they are never fully naked in full view of staff of the opposite gender.

PREA Site Review:

Residents are able to shower, perform bodily functions, and change clothing in without being viewed by staff of the opposite gender. The auditor observed cross-gender announcements in the living units.

115.315 (e)

PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Zero (0) such searches occurred in the past 12 months.

DOC Policy 02-01-115 (page 11) states staff shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender by medical and mental health staff, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Interviews with staff confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex juvenile for the purpose of determining the juvenile's genital status.

The auditor interviewed a resident who identified as transgender. The resident stated they have not been searched for the sole purpose of determining their genital status.

115.315 (f)

The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 74%

DOC Policy 02-01-115 (page 11) states the Department shall train security/Custody staff how to conduct cross-gender pat searches, and searches of transgender and intersex offenders, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Staff interviewed confirmed they have received training on how to conduct cross-gender pat down searches and searches of transgender residents in a professional and respectful manner, consistent with security needs.

The auditor reviewed the searches training curriculum and staff training records for verification the training is provided.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. Language Training Center Contact 3. Telephonic Interpretive Services Contract 4. Poster: End the Silence (English and Spanish) 5. Poster: Sexual Abuse Report to Indiana Ombudsman (English and Spanish) 6. Poster: Indiana Coalition Against Domestic Violence (English and Spanish) 7. Brochure: Sexual Prevention and Reporting (English, Spanish, and Braille) 8. Resident PREA Video (English, Spanish) 9. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (Chief of Staff) 2. Random Sample of Staff 3. Residents (with disabilities or who are limited English proficient) <p>Site Review Observations:</p> <p>Observations during onsite review of facility</p> <p>Findings (By Provision):</p> <p>115.316 (a)</p> <p>PAQ: The agency has established procedures to provide disabled residents 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.</p> <p>IDOC Policy 02-01-115 (pages 11-12) states the Department shall take appropriate steps to ensure that offenders with disabilities (including, for example, offenders who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with offenders who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the Department shall ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities, including offenders who have intellectual disabilities, limited reading skills, or who are blind or have low vision. A facility is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.</p> <p>Staff shall determine if an offender is in need of accommodations by reviewing the offender's mental health, education, and classification records in addition to interviewing the offender. Offenders that have a disability may be accommodated in accordance with Policy and Administrative Procedure 00-02-202, "Offenders/Students with Physical Disabilities." Accommodations may be made using a Braille version of the offender PREA brochure, an American Sign Language interpreter through a State QPA, showing the PREA video with closed captioning, reading the offender PREA brochure, etc. Mental Health or Education staff may assist with communications with offenders with developmental disabilities.</p> <p>Medical staff, mental health staff, and special education teachers are available as needed to provide services to residents who have disabilities. The "Sexual Prevention and Reporting" brochure is available in English, Spanish and Braille. Staff would verbally review the pamphlet with residents who have intellectual disabilities or limited reading skills.</p> <p>The Chief of Staff confirmed the agency has established procedures to provide disabled residents 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.</p> <p>No residents were identified as having a disability or as limited English proficient.</p> <p>115.316 (b)</p> <p>PAQ: The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p>

IDOC Policy 02-01-115 (page 12) states the Department shall take reasonable steps to ensure meaningful access to all aspects of the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to offenders with limited English proficiency, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

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

The Indiana department of Corrections has a contract with Language Training Center. Language Training Center is a full-service language provider, with a wide range of services including language training, translation, interpretation, and cultural competence in over 200 languages including American Sign Language.

PREA Site Review:

The auditor reviewed posters and brochures available in English and Spanish. The resident brochure: Sexual Prevention and Reporting, is available in Braille.

115.316 (c)

PAQ: Agency policy prohibits use of 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. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations: 0

IDOC Policy 02-01-115 (pages 12-13) states the Department shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties under 115.64/364, or the investigation of the offender's allegations. Offender interpreters shall not be used to provide the PREA education to offenders at intake to a facility.

Staff interviews confirmed the agency would use a professional for interpretation. No staff interviewed had any knowledge of resident interpreters, resident readers, or any other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. No corrective action is required.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. IDOC Policy 04-03-102: Human Resources 3. IDOC Policy 04-03-103: Information and Standards of Conduct for Departmental Staff 4. Mandatory PREA Questions 5. Staff Background Checks 6. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Administrative (Human Resources) Staff <p>Findings (By Provision):</p> <p>115.317 (a)</p> <p>PAQ: Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:</p> <ol style="list-style-type: none"> 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. <p>IDOC Policy 02-01-115 (page 13) states the Department shall not hire or promote anyone who may have contact with offenders, and shall not enlist the services of any contractor who may have contact with offenders, who:</p> <ol style="list-style-type: none"> a. 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); b. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or c. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (1)(b) of this section. (See also Policy and Administrative Procedure 04-03-103, "Information and Standards of Conduct") <p>The auditor reviewed Mandatory PREA Questions for persons hired in the 12 months preceding the audit and observed the three (3) questions regarding past conduct were asked and answered.</p> <p>The HR staff interview supported the documented evidence. The facility asks all applicants and employees about previous misconduct.</p> <p>115.317 (b)</p> <p>PAQ: Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p> <p>IDOC Policy 02-01-115 (page 13) states the Department shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders.</p> <p>The HR staff confirmed the department considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents.</p> <p>115.317 (c)</p> <p>PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.</p> <p>During the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of persons hired who may have contact with residents who have had criminal background record checks: 18 2. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

DOC Policy 02-01-115 (pages 13-14) states before hiring new employees who may have contact with offenders, the Department shall:

- a. Perform a criminal background records check;
- b. Consult any child abuse and sex offender registry maintained by the State or locality in which the employee would work; and,
- c. Human Resources staff shall make their best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The employment background check shall be documented on the PREA Questionnaire for Prior Institutional Employers form.

The HR staff confirmed the department performs criminal background record checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with the residents and all employees, who may have contact with residents who are being considered for promotions. The HR staff also confirmed the department consults a child abuse registry.

The auditor reviewed records of background checks of personnel hired in the past 12 months for verification they are conducted in compliance with the standard provision.

115.317 (d)

PAQ: Agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.

During the past 12 months:

1. The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 4
2. The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 100%

DOC Policy 02-01-115 (page 14) states the Department shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with offenders.

The HR staff confirmed the department performs criminal background record checks and considers pertinent civil or administrative adjudications for all contractors who may have contact with the residents and all contractors, who may have contact with residents who are being considered for promotions. The HR staff also confirmed the department consults a child abuse registry.

The auditor reviewed records of background checks of contractors who might have contact with residents for verification they are conducted in compliance with the standard provision.

115.317 (e)

PAQ: Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

DOC Policy 02-01-115 (page14) states the Department shall conduct criminal background records checks every four (4) years of current employees, contractors, and volunteers who may have contact with offenders.

The interview with the HR staff confirmed IDOC conducts criminal background records checks at 4 year intervals.

115.317 (f)

DOC Policy 02-01-115 (page 14) states the Department shall ask all applicants and employees who may have contact with offenders directly about previous misconduct described in paragraph 1 of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The Department shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. Human Resource staff shall ensure the Mandatory PREA Questions form is completed by the applicant prior to hire or promotion.

The auditor reviewed Mandatory PREA Questions for persons hired in the 12 months preceding the audit and observed the three (3) questions regarding past conduct were asked and answered.

115.317 (g)

PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

DOC Policy 02-01-115 (page 14) states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.317 (h)

DOC Policy 02-01-115 (page 14) states unless prohibited by law, the Department shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The PREA Release of Information form shall be used to document the release of that information. This form must be signed by the former employee before the Department can provide the information.

The HR staff confirmed Indiana statute allows for a facility to 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.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding hiring and promotion decisions. No corrective action is required.

115.318	Upgrades to facilities and technologies
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 306 376 331">Documents:</p> <ol data-bbox="242 338 991 398" style="list-style-type: none"> 1. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) 2. Facility Schematics <p data-bbox="242 432 363 456">Interviews:</p> <ol data-bbox="242 463 651 524" style="list-style-type: none"> 1. Agency Head (Chief of Staff) 2. Superintendent or Designee (Warden) <p data-bbox="242 555 528 580">Site Review Observations:</p> <p data-bbox="242 586 761 616">Observations during on-site review of physical plant</p> <p data-bbox="242 647 505 672">Findings (By Provision):</p> <p data-bbox="242 678 363 703">115.318 (a)</p> <p data-bbox="242 710 1418 770">PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.</p> <p data-bbox="242 801 1482 896">IDOC Policy 02-01-115 (page 14) states when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion, or modification upon the Department's ability to protect offenders from sexual abuse.</p> <p data-bbox="242 927 1479 1055">The Chief of Staff and the Warden both confirmed the facility would consider the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</p> <p data-bbox="242 1086 363 1111">115.318 (b)</p> <p data-bbox="242 1117 1434 1178">PAQ: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p data-bbox="242 1209 1482 1337">IDOC Policy 02-01-115 (pages 14-15) states when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Department shall consider how such technology may enhance the Department's ability to protect offenders from sexual abuse. The facility PREA Compliance Manager shall be included in planning at the facility level and the Executive Director of PREA shall be consulted in planning at the agency level.</p> <p data-bbox="242 1368 1422 1462">The Chief of Staff and the Warden both confirmed when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.</p> <p data-bbox="242 1494 1469 1686">Logansport Juvenile Correctional Facility is in the process of updating the video monitoring system. The PREA Compliance Manager provided a summary of the updates. The facility had 178 analog cameras prior to starting the upgrade. When the upgrade and installation is complete, the facility will have approximately 190 digital cameras throughout the facility with varying types of views and functions. Coverage and quality will drastically increase with this upgrade. The work is being done in sections to allow the facility to maintain some type of camera coverage (whether analog or digital) through all areas of the facility.</p> <p data-bbox="242 1718 376 1742">Conclusion:</p> <p data-bbox="242 1749 1437 1809">Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technologies. No corrective action is required.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. DOC Policy 00-01-103: Investigations and Intelligence 3. IDOC Staff Development and Training Lesson: SART First Responders, Evidence Protocol, and Investigations 4. IDOC Staff Development and Training Lesson: Victim Advocacy 5. IDOC Sexual Assault Manual 6. Contract: Indiana Coalition Against Domestic Violence 7. List of Indiana SANE Facilities 8. List of Facility Victim Advocates 9. Training Certificates: SART First Responder/Facilitator Training 10. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Random Sample of Staff 3. SAFEs/SANEs 4. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p> <p>115.321 (a)</p> <p>PAQ: The agency/facility is responsible for conducting administrative or criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.</p> <p>IDOC Policy 02-01-115 (page 15) states to the extent the Department is responsible for investigating allegations of sexual abuse; the Department shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>Staff interviews confirmed they are knowledgeable of the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They were also knowledgeable about who is responsible for conducting sexual abuse investigations.</p> <p>115.321 (b)</p> <p>PAQ: The protocol is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.</p> <p>IDOC Policy 02-01-115 (page 15) states the protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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.</p> <p>If the alleged incident occurred within one hundred twenty (120) hours of the report, staff shall ensure that appropriate actions are taken to preserve as much evidence as possible (e.g., if the sexual conduct involves intercourse, the alleged victim shall be instructed not to shower or otherwise clean themselves, drink, use the toilet, brush their teeth, remove clothing, etc.). If the alleged perpetrator is known, staff shall require them to follow the same actions as with the alleged victim in order to preserve any possible evidence of any sexual abuse.</p> <p>115.321 (c)</p> <p>PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.</p> <p>During the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of forensic medical exams conducted: 0 2. The number of exams performed by SANEs/SAFEs: 0

3. The number of exams performed by a qualified medical practitioner: 0

Forensic medical examinations are conducted at Franciscan Health Lafayette Hospital.

IDOC Policy 02-01-115 (pages 15-16) states the Department shall offer all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The Department shall document its efforts to provide SAFEs or SANEs.

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

115.321 (d)

PAQ: The facility makes a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

IDOC Policy 02-01-115 (page 16) states the facility shall attempt to make available to the victim a community victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the facility shall provide these services with a qualified facility staff member. The qualified staff member shall be staff trained as a SART first responder that demonstrates an understanding of the role of a victim advocate from the SART victim advocate curriculum.

115.321 (e)

PAQ: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

IDOC Policy 02-01-115 (page 16) states as requested by the victim, the community victim advocate, qualified SART first responder shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

Victim advocates are available from the Indiana Coalition Against Domestic Violence.

IDOC has a contract with the Indiana Coalition Against Domestic Violence for outside support services.

The auditor contacted the Technical Assistance Coordinator at the Indiana Coalition Against Domestic Violence and was told that if requested by the facility, they would provide victim advocacy services to the victim of sexual abuse. Services would be provided at no cost to the victim. The auditor was advised that the advocate would be available throughout the SANE process.

115.321 (f)

This standard provision is not applicable.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1085 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 304 376 333">Documents:</p> <ol data-bbox="242 338 989 434" style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. DOC Policy 00-01-103: Investigations and Intelligence 3. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p data-bbox="242 463 352 492">Interview:</p> <ol data-bbox="242 497 557 526" style="list-style-type: none"> 1. Agency Head (Chief of Staff) <p data-bbox="242 555 505 584">Findings (By Provision):</p> <p data-bbox="242 589 362 618">115.322 (a)</p> <p data-bbox="242 622 1485 680">PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p data-bbox="242 685 469 714">In the past 12 months:</p> <ol data-bbox="242 719 1147 815" style="list-style-type: none"> 1. The number of allegations of sexual abuse and sexual harassment that were received: 1 2. The number of allegations resulting in an administrative investigation: 1 3. The number of allegations referred for criminal investigation: 0 <p data-bbox="242 844 1437 873">Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed.</p> <p data-bbox="242 902 1485 1032">IDOC Policy 02-01-115 (page 16) states the Department shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All allegations of sexual abuse and sexual harassment shall be investigated even when the alleged perpetrator or alleged victim have left the Department's employment or are no longer under Department authority.</p> <p data-bbox="242 1061 1383 1120">The Chief of Staff confirmed the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.</p> <p data-bbox="242 1149 363 1178">115.322 (b)</p> <p data-bbox="242 1182 1469 1279">The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.</p> <p data-bbox="242 1308 1477 1438">IDOC Policy 02-01-115 (pages 16-17) states allegations of sexual abuse shall be investigated by the facility's Investigations and Intelligence (I&I) staff. Allegations of sexual harassment shall be investigated by staff designated by the Warden to conduct administrative investigations. I&I investigators shall complete all investigations where evidence indicates a possible criminal violation. All investigations shall be documented in an investigation report.</p> <p data-bbox="242 1467 1453 1525">IDOC has the policy published on the website at https://www.in.gov/idoc/files/02-01-115-Sexual-Abuse-Prevention-4-1-2020.pdf.</p> <p data-bbox="242 1554 362 1583">115.322 (c)</p> <p data-bbox="242 1588 1388 1617">This standard provision is not applicable. A separate entity is not responsible for conducting criminal investigations.</p> <p data-bbox="242 1646 376 1675">Conclusion:</p> <p data-bbox="242 1680 1466 1738">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.</p>

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. IDOC Staff Development and Training Lesson Plan: PREA 3. Staff Brochure: Sexual Abuse Prevention and Reporting 4. Staff Acknowledgement of Receipt of Training and Brochures 5. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Staff <p>Findings (By Provision):</p> <p>115.331 (a)</p> <p>PAQ: The agency trains all employees who may have contact with residents on the eleven required topics.</p> <p>Policy 02-01-115 (pages 17-18) states the Department shall train all employees who may have contact with offenders on:</p> <ol style="list-style-type: none"> a. Its zero-tolerance policy for sexual abuse and sexual harassment; b. How to fulfill their responsibilities under Department sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; c. Offenders' right to be free from sexual abuse and sexual harassment; d. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment; e. The dynamics of sexual abuse and sexual harassment in confinement; f. The common reactions of sexual abuse and sexual harassment victims; g. How to detect and respond to signs of threatened and actual sexual abuse; h. How to avoid inappropriate relationships with offenders; i. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and, k. Relevant laws regarding the age of consent. <p>This training shall include an explanation of inappropriate contact with offenders as described in Policy and Administrative Procedure 04-03-103, "Information and Standards of Conduct for Departmental Staff," and the prohibitions against sexual contact with offenders as stated in the Indiana Code (IC 35-44.1). As a part of this training, staff shall be provided with a brochure created to assist staff in identifying incidents of sexual abuse and sexual harassment.</p> <p>The auditor reviewed PREA lesson plan and staff brochure. The lesson plan is inclusive of the required topics.</p> <p>Staff interviewed reported receiving the training topics annually.</p> <p>115.331 (b)</p> <p>PAQ: Training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.</p> <p>Policy 02-01-115 (page 18) states such training shall be tailored to the gender of the offenders at the employee's facility and the unique needs and attributes of juvenile offenders (DYS facilities only). The employee shall receive additional training if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa.</p> <p>115.331 (c)</p> <p>PAQ: Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: Annually</p> <p>Policy 02-01-115 (page 18) states all new employees shall complete the PREA training during the new employee training process and all current employees shall complete the PREA training annually as part of the in-service training requirement.</p> <p>The auditor reviewed PREA lesson plan and staff training records.</p> <p>115.331 (d)</p> <p>PAQ: The agency documents that employees who may have contact with residents understand the training they have</p>

received through employee signature or electronic verification.

Policy 02-01-115 (page 18) states the Department shall document, through employee signature or electronic verification that employees understand the training they have received and shall be documented on the PREA Training Acknowledgement form.

The auditor reviewed 43 staff training records for 2021 and 2022. Staff sign that they have received training.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding employee training. No corrective action is required.

115.332	Volunteer and contractor training
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1085 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 306 376 331">Documents:</p> <ol data-bbox="242 338 989 501" style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. IDOC Staff Development and Training Lesson Plan: PREA 3. Staff Brochure: Sexual Abuse Prevention and Reporting 4. Contractor Acknowledgement of Receipt of Training and Brochures 5. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p data-bbox="242 530 363 555">Interviews:</p> <p data-bbox="242 562 839 589">Volunteers or Contractors who have Contact with Residents</p> <p data-bbox="242 620 504 647">Findings (By Provision):</p> <p data-bbox="242 654 360 680">115.332 (a)</p> <p data-bbox="242 687 1452 748">PAQ: 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 Prevention, detection, and response.</p> <p data-bbox="242 779 1481 840">The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding Sexual Abuse Prevention, detection, and response: 34</p> <p data-bbox="242 871 1461 963">IDOC Policy 02-01-115 (page 18) states the Department shall ensure that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p data-bbox="242 994 1251 1021">The auditor reviewed the training lesson plan and found it to be inclusive of the training requirements.</p> <p data-bbox="242 1052 1469 1113">The auditor interviewed 2 contractors. Both contractors confirmed they have been trained on their responsibilities under the agency's policies and procedures.</p> <p data-bbox="242 1144 363 1171">115.332 (b)</p> <p data-bbox="242 1178 1477 1303">PAQ: 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, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p data-bbox="242 1335 1490 1527">IDOC Policy 02-01-115 (page 18) states all contractors, volunteers, interns, and community crew supervisors shall complete the PREA training curriculum that employees are required to complete. This training shall be completed prior to contact with an offender and shall be completed annually. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified of the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents by being provided with a copy of the Staff PREA Brochure.</p> <p data-bbox="242 1559 363 1585">115.332 (c)</p> <p data-bbox="242 1592 1445 1653">PAQ: The agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p data-bbox="242 1684 1458 1776">IDOC Policy 02-01-115 (pages 18-19) states the Department shall maintain documentation confirming that volunteers and contractors understand the training they have received. The training shall be documented on the PREA Training Acknowledgement form.</p> <p data-bbox="242 1807 1037 1834">The auditor reviewed 13 PREA Training Acknowledgement forms for verification.</p> <p data-bbox="242 1865 376 1892">Conclusion:</p> <p data-bbox="242 1899 1465 1960">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding volunteer and contractor training. No corrective action is required.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 306 376 333">Documents:</p> <ol data-bbox="240 338 1015 600" style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. IDOC Division of Youth Services Youth Handbook 3. Propio Language Services 4. Brochure: Sexual Prevention and Reporting (English, Spanish, And Braille) 5. Poster: Sexual Abuse Report to Indiana Ombudsman 6. Posters: End the Silence 7. PREA Offender Education Program Records 8. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p data-bbox="240 629 363 656">Interviews:</p> <ol data-bbox="240 660 571 723" style="list-style-type: none"> 1. Intake Staff 2. Random Sample of Residents <p data-bbox="240 752 528 779">Site Review Observations:</p> <p data-bbox="240 784 762 810">Observations during on-site review of physical plant</p> <p data-bbox="240 840 507 866">Findings (By Provision):</p> <p data-bbox="240 875 363 902">115.333 (a)</p> <p data-bbox="240 907 1385 969">PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age appropriate fashion.</p> <p data-bbox="240 999 1315 1025">Of residents admitted during the past 12 months, the number who were given this information at intake: 301</p> <p data-bbox="240 1055 1489 1153">IDOC Policy 02-01-115 (page 19) states during the Intake process, offenders shall receive information explaining the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment by being provided a copy of the Offender PREA Brochure.</p> <p data-bbox="240 1182 1445 1281">All offenders housed in the Department shall receive as a part of the orientation to a facility an educational segment regarding sexual abuse and sexual harassment prevention. The offender shall be provided with verbal, video and written information regarding:</p> <ol data-bbox="240 1285 1185 1514" style="list-style-type: none"> a. The Department's zero tolerance of any sexual abuse and sexual harassment; b. Offender rights to be free from sexual abuse and sexual harassment; c. Offender rights to be free from retaliation for reporting sexual abuse and sexual harassment; d. How to prevent sexual abuse; e. Self-protection; f. Reporting sexual abuse and sexual harassment; and, g. Treatment and counseling available to offenders who are victims of sexual abuse. <p data-bbox="240 1543 1497 1736">As a part of the offender's orientation, the offender shall be given a brochure created by the Department advising the offender of the potential dangers of sexual abuse and sexual harassment and the Department's zero (0) tolerance for such behavior. Additionally, staff at the facility shall supplement the information in the brochure by providing information specific to reporting sexual abuse and sexual harassment at the facility. This information shall also be included in the facility's orientation information given to the offender. Staff shall address any questions the offenders might ask regarding sexual abuse and sexual harassment.</p> <p data-bbox="240 1765 1465 1827">The auditor reviewed 36 resident PREA education records to verify residents have been provided the PREA information at intake.</p> <p data-bbox="240 1856 363 1883">115.333 (b)</p> <p data-bbox="240 1888 1457 1951">PAQ: Of residents admitted during the past 12 months, the number who received such education within 10 days of intake: 301</p> <p data-bbox="240 1980 1497 2110">IDOC Policy 02-01-115 (page 19) states within seven (7) days of Intake or transfer, the facility shall provide comprehensive education to offenders either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding Department policies and procedures for responding to such incidents.</p>

Residents interviewed confirmed they were told about their right not to be sexually abused and sexually harassed, how to report sexual abuse or sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment.

The auditor reviewed 36 resident PREA education records to verify residents have been provided the PREA information within 7 days of intake.

115.333 (c)

PAQ: All residents were educated within 10 days of intake.

IDOC Policy 02-01-115 (pages 19-20) states all offenders shall receive PREA education upon transfer to a different facility.

The Intake Staff stated the residents are educated on the agency's zero-tolerance policy on sexual abuse and sexual harassment through the residents signing the PREA Offender Education Program Record to document the PREA Pamphlet is issued intake.

115.333 (d)

PAQ: The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

IDOC Policy 02-01-115 (page 20) states the Department shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills.

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

The auditor observed the brochure is available in English Spanish and Braille. Medical staff, mental health staff, and special education teachers are available as needed to provide services to residents who have disabilities. Intake staff would verbally explain the materials to residents with have a learning disability or have limited reading skills.

IDOC uses Propio Language Services for interpreting services. Propio provides over the phone interpreting. The service is available 24/7/365, and the interpreters are fluent in 300 languages.

No residents were identified as limited English proficient, deaf, visually impaired, otherwise disabled, or as having limited reading skills.

115.333 (e)

PAQ: The agency maintains documentation of resident participation in PREA education sessions.

IDOC Policy 02-01-115 (page 20) states the Department shall maintain documentation of offender participation in these education sessions.

Additionally, it shall be noted in each offender's record that the offender received the brochure and was made aware of all appropriate information regarding the Department's Zero Tolerance for all sexual abuse and sexual harassment, including how to report it and how to obtain treatment if they become a victim. The offender shall sign an acknowledgement form indicating that this information was provided and understood. The acknowledgement form shall be filed in the offender's facility packet. (This shall be filed in Section 3 of the adult offender record and Section 4 of the DYS Youth record.) Accommodations described in item 4 of this section shall be documented on the bottom of the Offender Education form.

The auditor reviewed 36 resident PREA education records.

115.333 (f)

PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

IDOC Policy 02-01-115 (page 20) states in addition to providing such education, the Department shall ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats. Offender PREA brochures shall be available upon request in all housing units and law libraries.

The auditor observed there are posters (English and Spanish) posted throughout the facility that contain information about PREA, including how to report sexual assault, as well as a toll-free hotline phone. Also, the youth are given the "Sexual Prevention and Reporting" pamphlet (English and Spanish) and a Youth Handbook.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident education. No corrective action is required.

115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. IDOC Staff Development and Training Lesson Plan: PREA 3. IDOC PREA Specialized Investigations Training Manual 4. Acknowledgement of Receipt of Training and Brochures 5. NIC Investigation Curriculum 6. Certificate: PREA Specialized Investigations Training 7. Certificate: Investigations and Intelligence Basic Certification Training Academy 8. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff (Internal Administrative Investigations) <p>Findings (By Provision):</p> <p>115.334 (a)</p> <p>PAQ: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>IDOC Policy 02-01-115 (page 20) states in addition to the general training provided to all employees pursuant to 115.31/331, the Department shall ensure that all investigators have received training in conducting sexual abuse investigations in confinement settings.</p> <p>The auditor reviewed annual training required by § 115.331 and receipt of specialized training topics. The training was completed by the PREA Compliance Manager.</p> <p>An interview with the PREA Compliance Manager /Investigator confirmed he received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. He stated he received the training required by §115.331 and completed specialized training topics. The auditor reviewed training records for verification.</p> <p>115.334 (b)</p> <p>Specialized training includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>IDOC Policy 02-01-115 (page 21) states specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>Training is accomplished through training developed by the Moss Group. An interview with the PREA Compliance Manager/Investigator confirmed he has received the required training. The auditor reviewed training records for verification.</p> <p>115.334 (c)</p> <p>PAQ: The agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 1</p> <p>IDOC Policy 02-01-115 (page 21) states the Department shall maintain documentation that Department investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p>The auditor reviewed a certificate for specialized training topics. The training was completed by the PREA Compliance Manager/Investigator.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for investigations. No corrective action is required.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. IDOC Policy 02-01-115: Sexual Abuse Prevention
2. IDOC Staff Development and Training Lesson Plan: PREA
3. Centurion Specialized Medical PREA Training Curriculum
4. Acknowledgement of Receipt of Training and Brochures
5. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ)

Interviews:

1. Medical Staff and Mental Health Staff

Findings (By Provision):

115.335 (a)

PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.

1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 16
2. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%

IDOC Policy 02-01-115 (page 21) states the Department shall ensure that all full and part-time medical and mental health care practitioners who work regularly in facilities have been trained in:

- a. How to detect and assess signs of sexual abuse and sexual harassment;
- b. How to preserve physical evidence of sexual abuse;
- c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and,
- d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Interviews with medical and mental health staff confirmed they have received the specialized training topics regarding sexual abuse and sexual harassment. The auditor reviewed the Centurion Specialized Medical PREA Training Curriculum.

115.335 (b)

PAQ: IDOC does not employ medical staff that conduct forensic exams. Forensic medical examinations are performed offsite.

IDOC Policy 02-01-115 (page 21) states facility Health Services staff shall not conduct forensic examinations unless required by contract. Health Services staff shall provide emergent medical care and preserve physical evidence, as required by all staff, in coordination with investigators.

Interviews with medical and mental health staff confirmed forensic medical examinations are not conducted at the facility. Forensic examinations would be conducted at Franciscan Health Lafayette Hospital.

115.335 (c)

PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

IDOC Policy 02-01-115 (page 21) states the Department shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the Department or elsewhere.

115.335 (d)

Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.

IDOC Policy 02-01-115 (page 21) states medical and Mental Health care practitioners shall also receive the training mandated for employees under 115.31/331 or for contractors and volunteers under 115.32/332, depending upon the practitioner's status at the Department.

The auditor reviewed 13 PREA training records. The medical and mental health staff received the training mandated for employees under §115.331.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for medical and mental health care. No corrective action is required.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. Juvenile Sexual Violence Assessment Tool Questionnaire 3. Juvenile Sexual Violence Assessment Tool Instructions 4. Juvenile Sexual Violence Assessment Tool 5. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Staff Responsible for Risk Screening 4. Random Sample of Residents <p>Findings (By Provision):</p> <p>115.341 (a)</p> <p>PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <p>The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 301 2. The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 100% <p>IDOC Policy 02-01-115 (page 23) states within seventy-two (72) hours of the offender's arrival at the facility and periodically throughout an offender's confinement, the Department shall obtain and use information about each offender's personal history and behavior to reduce the risk of sexual abuse by or upon an offender.</p> <p>The auditor reviewed completed Juvenile Sexual Violence Assessment Tools for verification. Thirty-six assessments were reviewed for the 12-month audit period. All 36 assessments were completed within 72 hours of intake. Sixteen assessments were reviewed for residents interviewed. All 16 assessments were completed within 72 hours of intake.</p> <p>The Classification Specialist III confirmed she screens residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. They stated they screen residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The assessment is within the first couple of hours; definitely before the end of the day. The information is ascertained through a person to person interview, mental health screenings, psychological testing, medical screening, and reviewing the institutional packet. A guardian interview is also conducted. Resident's risk levels are reassessed when they come to intake, when they go to treatment, annually and if a qualifying event requires a re-assessment.</p> <p>Sixteen residents were interviewed. They confirmed they were asked questions like the following examples at intake:</p> <ol style="list-style-type: none"> 1. Have you have ever been sexually abused? 2. Do you identify with being gay, bisexual, or transgender? 3. Do you have any disabilities? 4. Do you think you might be in danger of sexual abuse at the facility? <p>115.341 (b)</p> <p>PAQ: Risk assessment is conducted using an objective screening instrument.</p> <p>IDOC Policy 02-01-115 (page 24) states such assessments shall be conducted using an objective screening instrument. This assessment shall be completed using the Juvenile Sexual Violence Assessment Tool.</p> <p>The auditor observed the objective screening instrument, examples for residents interviewed, and additional documentation</p>

for the 12-month audit period.

115.341 (c)

At a minimum, the agency shall attempt to ascertain information about:

- a. Prior sexual victimization or abusiveness;
- b. 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;
- c. Current charges and offense history;
- d. Age;
- e. Level of emotional and cognitive development;
- f. Physical size and stature;
- g. Mental illness or mental disabilities;
- h. Intellectual or developmental disabilities;
- i. Physical disabilities;
- j. The resident's own perception of vulnerability; and
- k. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

IDOC Policy 02-01-115 (page 24) states at a minimum, the facility shall attempt to ascertain information about:

- a. Prior sexual victimization or abusiveness;
- b. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the offender may therefore be vulnerable to sexual abuse;
- c. Current charges and offense history;
- d. Age;
- e. Level of emotional and cognitive development;
- f. Physical size and stature;
- g. Mental illness or mental disabilities;
- h. Intellectual or developmental disabilities;
- i. Physical disabilities;
- j. The offender's own perception of vulnerability; and,
- k. Any other specific information about individual offender that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other offenders.

The auditor reviewed the Juvenile Sexual Violence Assessment Tool and found it to be inclusive of the required information. Additionally, the Staff Responsible for Risk Screening confirmed the initial risk screening considers all aspects required by the standard.

115.341 (d)

IDOC Policy 02-01-115 (page 24) states the information shall be ascertained through an interview with the offender during the Intake process using the Juvenile SVAT Questionnaire and Medical and Mental Health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the offender's files.

The interview with the intake staff responsible for risk screening confirmed the information is ascertained through conversations with the residents using the Juvenile Sexual Violence Assessment Tool. Other assessments and records are referred to as needed.

115.341 (e)

IDOC Policy 02-01-115 (page 24) states the Department shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders.

The PREA Coordinator, PREA Compliance Manager and Staff Responsible for Risk Screening confirmed the agency has outlined who can have access to a resident's risk assessment within the facility, to protect sensitive information from exploitation. The information is filed in the resident institutional packets that is kept in a locked area. It is only shared with the LCO and count officers for bed assignment.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility fully meets this standard regarding screening for risk of victimization and abusiveness. No corrective action is required.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 304 376 331">Documents:</p> <ol data-bbox="240 338 1126 533" style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. IDOC Policy 03-02-102: The Use of Separation in Division of Youth Services Facilities 3. IDOC Policy 03-02-112: Transgender and Intersex Youth 4. Transgender and Intersex Placement Review 5. Juvenile Sexual Violence Assessment Tool 6. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p data-bbox="240 562 363 589">Interviews:</p> <ol data-bbox="240 595 1294 891" style="list-style-type: none"> 1. Superintendent or Designee (Warden) 2. PREA Coordinator 3. PREA Compliance Manager 4. Staff Responsible for Risk Screening 5. Staff who Supervise Residents in Isolation 6. Medical Staff 7. Mental Health Staff 8. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – none 9. Transgendered/Intersex/Gay/Lesbian/Bisexual Residents <p data-bbox="240 920 528 947">Site Review Observations:</p> <p data-bbox="240 954 762 981">Observations during on-site review of physical plant</p> <p data-bbox="240 1010 507 1037">Findings (By Provision):</p> <p data-bbox="240 1043 363 1070">115.342 (a)</p> <p data-bbox="240 1077 1414 1140">PAQ: The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.</p> <p data-bbox="240 1169 1449 1263">IDOC Policy 02-01-115 (page 25) states the Department shall use all information obtained pursuant to 115.34/341 and subsequently to make housing, bed, program, education, and work assignments for offenders with the goal of keeping all offender safe and free from sexual abuse.</p> <p data-bbox="240 1292 1465 1453">The PREA Compliance Manager discussed how the facility uses information from risk screening during intake to keep residents safe and free from sexual abuse. The screening is used to keep residents safe and as a communication tool with the custody department to be aware of any possible safety issues. It is used to determine where the residents sit in the dayrooms and where they sleep so that the aggressors and victims are kept apart from each other. The students line movements to and from school are also done in bed order so to not have victims near aggressors.</p> <p data-bbox="240 1482 1493 1576">The Staff Responsible for Risk Screening confirmed the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment. If a student has been identified as a victim they will not be placed in a bed or a chair that is next to an aggressor.</p> <p data-bbox="240 1606 363 1632">115.342 (b)</p> <p data-bbox="240 1639 1461 1800">PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.</p> <p data-bbox="240 1807 469 1834">In the past 12 months:</p> <ol data-bbox="240 1841 1481 2002" style="list-style-type: none"> 1. The number of residents at risk of sexual victimization who were placed in isolation: 0 2. The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services: 0 3. The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A <p data-bbox="240 2031 1485 2161">IDOC Policy 02-01-115 (page 26) states offenders may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other offenders safe, and then only until an alternative means of keeping all offenders safe can be arranged. During any period of isolation, the Department shall not deny offenders daily large-muscle exercise and any legally required educational programming or special education services. Offenders in isolation shall receive</p>

daily visits from a Health Services or Mental Health clinician. Offenders shall also have access to other programs and work opportunities to the extent possible.

The Warden confirmed residents would only be isolated if there were no other options available.

The Staff who Supervise Residents in Isolation stated when residents are placed in isolation for protection from sexual abuse or after alleging to have suffered sexual abuse, they still have access to programs, privileges, education, and work opportunities (to the extent possible). Residents are placed in involuntary isolation only until an alternative means of separation from likely abusers can be arranged. Residents in isolation receive visits from medical/mental health clinicians.

Medical and mental health staff confirmed residents placed in isolation would receive daily visits from medical or mental health care clinicians.

115.342 (c)

PAQ: The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

IDOC Policy 02-01-115 (page 26) states lesbian, gay, bisexual, transgender, or intersex offenders shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall the Department consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The PREA Coordinator and PREA Compliance Manager both confirmed the facility does not have a special housing unit for lesbian, gay, bisexual, transgender, or intersex residents.

One resident identified as transgender. The resident confirmed they were not placed in a housing unit only for lesbian, gay, bisexual, transgender, or intersex residents.

Site review: The auditor observed the housing units. There was no particular housing, bed, or other assignments of lesbian, gay, bisexual, transgender, or intersex residents solely on the basis of such identification or status.

115.342 (d)

PAQ: The agency or facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

IDOC Policy 02-01-115 (page 26) states in deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the Department shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems in accordance with Policy 03-02-112.

The PREA Compliance Manager confirmed housing and programming assignments for transgender, or intersex residents are made on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

The auditor reviewed the Transgender and Intersex Placement Review for the resident who identified as transgender.

115.342 (e)

PAQ: Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

IDOC Policy 02-01-115 (page 26) states placement and programming assignments for each transgender or intersex offender shall be reassessed twice each year to review any threats to safety experienced by the offender.

The PREA Compliance Manager and Staff Responsible for Risk Screening confirmed placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the resident.

115.342 (f)

PAQ: A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

IDOC Policy 02-01-115 (page 26) states a transgender or intersex offender's own views with respect to their own safety shall be given serious consideration.

The PREA Compliance Manager confirmed the agency considers whether placement will ensure a resident's health and safety and the intake staff responsible for risk screening confirmed transgender or intersex residents' views of their safety are given serious consideration in placement and programming assignments.

115.342 (g)

PAQ: Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

IDOC Policy 02-01-115 (page 26) states transgender and intersex offenders shall be given the opportunity to shower separately from other offenders.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed transgender and intersex residents are given the opportunity to shower separately from other residents.

One resident identified as transgender. The resident confirmed the ability to shower separately.

Site Review: The auditor observed the showers. Transgender residents would be provided the opportunity to shower before or after other residents to afford them the opportunity to shower separately.

115.342 (h)

PAQ: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:

1. A statement of the basis for facility's concern for the resident's safety, and
2. The reason or reasons why alternative means of separation cannot be arranged: N/A

IDOC Policy 02-01-115 (page 26) states If an offender is isolated pursuant to paragraph (2) of this section, the facility shall clearly document:

- a. The basis for the facility's concern for the offender's safety; and,
- b. The reason why no alternative means of separation can be arranged.

No residents at risk of sexual victimization were held in isolation in the past 12 months.

115.342 (i)

PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

IDOC Policy 02-01-115 (page 26) states every thirty (30) days, the facility shall afford each offender described in paragraph (4) of this section a review to determine whether there is a continuing need for separation from the general population.

No residents at risk of sexual victimization were held in isolation in the past 12 months.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding use of screening information. No corrective action is required.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 306 376 333">Documents:</p> <ol data-bbox="240 338 991 533" style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. IDOC Division of Youth Services Youth Handbook 3. Poster: Sexual Abuse Report to Indiana Ombudsman 4. Brochure: Sexual Prevention and Reporting (English and Spanish) 5. Posters: End the Silence 6. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p data-bbox="240 564 363 591">Interviews:</p> <ol data-bbox="240 595 751 725" style="list-style-type: none"> 1. PREA Compliance Manager 2. Random Sample of Staff 3. Random Sample of Residents 4. Residents who Reported a Sexual Abuse (none) <p data-bbox="240 757 528 784">Site Review Observations:</p> <p data-bbox="240 788 762 815">Observations during on-site review of physical plant</p> <p data-bbox="240 846 507 873">Findings (By Provision):</p> <p data-bbox="240 878 363 904">115.351 (a)</p> <p data-bbox="240 909 1465 1008">PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND Staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="240 1039 1497 1299">Policy 02-01-115 (page 28) states the Department shall provide multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Offender shall be able to make reports via an internal hotline on the offender phone system, verbal or written reports to any staff, filing a grievance, or having a third party make the report on their behalf. If the offender is not comfortable with making the report to the immediate point of contact line staff, the offender shall be allowed to make the report to a staff person with whom he/she is comfortable in speaking about the allegations. Staff shall ensure that offenders are aware of the manner in which reports can be made. The youth PREA education video outlines the multiple avenues youth have available to them for reporting abuse.</p> <p data-bbox="240 1330 1485 1491">Staff interviews confirmed residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by calling the hotline number or writing a grievance. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance or note.</p> <p data-bbox="240 1523 363 1550">115.351 (b)</p> <p data-bbox="240 1554 1481 1617">PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.</p> <p data-bbox="240 1648 1453 1711">The IDOC does not have students that are detained solely for immigration detainees. All are sent to the IDOC after being adjudicated juvenile delinquent.</p> <p data-bbox="240 1742 1497 1935">Policy 02-01-115 (page 28) the Department shall also provide at least one way for offenders to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the Department, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to Department officials, allowing the offender to remain anonymous upon request. Offenders shall be permitted to make these reports to an outside organization that has been arranged through a Community Partnership Agreement or to another State agency. The Department does not have offenders detained solely for civil immigration purposes. All offenders have a sentence for a felony conviction.</p> <p data-bbox="240 1966 1485 2123">The Sexual Abuse Report to Indiana Ombudsman poster informs residents sexual abuse reports can be submitted by writing to the Indiana Ombudsman when they are threatened with or have been a victim of sexual abuse or sexual harassment by another offender, staff, volunteer, or contractor and do not feel comfortable submitting a report to the staff at the facility. The Indiana Ombudsman will then forward the report to the PREA Compliance Manager at the facility for investigation. The poster informs residents of their right to make an anonymous report. The poster provides a mailing address.</p>

The PREA Compliance Manager identified the State of Indiana Ombudsman as a way residents can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance or note. Residents also could identify someone that does not work at the facility they could report to.

115.351 (c)

PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports. The time frame that staff are required to document verbal reports: 1 hour

Policy 02-01-115 (page 28) states staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. All reports of sexual abuse and sexual harassment shall be documented in an Incident Report prior to the end of the shift.

Staff interviewed confirmed verbal reports would be documented Immediately.

115.351 (d)

PAQ: The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Policy 02-01-115 (page 28) states offenders shall be able to make reports via an internal hotline on the offender phone system, verbal or written reports to any staff, filing a grievance, or having a third party make the report on their behalf.

The PREA Compliance Manager confirmed tools would be provided to residents to make written reports of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The auditor observed grievance forms and locked boxes located in areas accessible by the residents.

115.351 (e)

PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed of these procedures in the following ways: emails, new employee training and posters

Policy 02-01-115 (page 28) states the Department shall provide a method for staff to privately report sexual abuse and sexual harassment of offenders. Staff reporting sexual abuse and sexual harassment shall be afforded the opportunity to privately report such information to the Shift Supervisor, Investigations and Intelligence Investigator, PREA Compliance Manager, or the Executive Director of PREA via the Department Sexual Assault Hotline or PREA email posted on the Department website.

Staff interviews revealed they would privately report sexual abuse and sexual harassment of residents by calling the hotline.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident reporting. No corrective action is required

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. IDOC Policy 03-02-105: Youth Grievance Process 3. IDOC Division of Youth Services Youth Handbook 4. Brochure: Sexual Prevention and Reporting (English and Spanish) 5. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <p>Residents who Reported a Sexual Abuse - None present</p> <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.352 (a)</p> <p>PAQ: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>IDOC Policy 02-01-115 (page 28) states the Department has administrative procedures to address offender grievances regarding a report of sexual abuse.</p> <p>The auditor reviewed the Division of Youth Services Youth Handbook and Sexual Prevention and Reporting brochure and verified relevant information is provided.</p> <p>115.352 (b)</p> <p>PAQ: Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p>IDOC Policy 02-01-115 (page 29) states the Department shall not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. The Department may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The Department shall not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this subsection shall restrict the Department's ability to defend against an offender lawsuit on the ground that the applicable statute of limitations has expired.</p> <p>The auditor reviewed the Division of Youth Services Youth Handbook and Sexual Prevention and Reporting brochure and verified relevant information is provided.</p> <p>115.352 (c)</p> <p>PAQ: The agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.</p> <p>IDOC Policy 02-01-115 (page 29) states the Department shall ensure that an offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Such grievance is not referred to a staff member who is the subject of the complaint.</p> <p>The auditor reviewed the Division of Youth Services Youth Handbook and Sexual Prevention and Reporting brochure and verified relevant information is provided.</p> <p>115.352 (d)</p> <p>PAQ: The agency has policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of grievances that were filed that alleged sexual abuse: 0 2. The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0 3. The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0

The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.

IDOC Policy 02-01-115 (page 29) states the Department shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within ninety (90) days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by offenders in preparing any administrative appeal. The Department may claim an extension of time to respond, of up to seventy (70) days, if the normal time period for response is insufficient to make an appropriate decision. The Department shall notify the offender in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level.

115.352 (e)

PAQ: Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents.

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

Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf.

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

If an abuse allegation is discovered, multiple policies require documentation of the allegation and of the response to that allegation, including the youth's participation in the investigation.

IDOC Policy 02-01-115 (pages 29-30) states third parties, including fellow offenders, staff members, family members, 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, other than a parent or legal guardian, 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 or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the offender declines to have the request processed on their behalf, the Department shall document the offender's decision. A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on their behalf.

115.352 (f)

PAQ: The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours.

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

IDOC Policy 02-01-115 (page 30) states the Department shall establish procedures for the filing of an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the Department shall 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, shall provide an initial response within forty-eight (48) hours, and shall issue a final Department decision within five (5) calendar days. The initial response and final Department decision shall document the Department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

115.352 (g)

PAQ: The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

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

IDOC Policy 02-01-115 (page 12) states the Department may discipline an offender for filing a grievance related to alleged sexual abuse only where the Department demonstrates that the offender filed the grievance in bad faith.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. Indiana Coalition Against Domestic Violence: https://icadvinc.org/ 3. Contract: Indiana Coalition Against Domestic Violence 4. Poster: Indiana Coalition Against Domestic Violence (English and Spanish) 5. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent of Designee (Warden) 2. PREA Compliance Manager 3. Random Sample of Residents 4. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p> <p>115.353 (a)</p> <p>PAQ: The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by:</p> <ol style="list-style-type: none"> 1. Giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations. 2. Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible. <p>IDOC Policy 02-01-115 (pages 30-31) states the facility shall provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible.</p> <p>Contact information for outside victim advocate services for emotional support related to sexual abuse is posted next to resident telephones and has been added to the resident's tablets.</p> <p>Indiana Coalition Against Domestic Violence:</p> <ol style="list-style-type: none"> 1. Phone: #66 2. Address: 1915 W. 18th Street, Indianapolis, IN 46202 <p>The auditor reviewed the contract to provide residents with emotional support services related to sexual abuse with the Indiana Coalition Against Domestic Violence. The auditor contacted the Indiana Coalition Against Domestic Violence and confirmed victim advocacy is available to the youth at the facility.</p> <p>The auditor tested the telephone system to confirm calls could be made to the Indiana Coalition Against Domestic Violence.</p> <p>IDOC policy does not include procedures for residents detained solely for civil immigration purposes. Logansport Juvenile Correctional Facility does not accept residents detained solely for civil immigration purposes.</p> <p>Resident interviews revealed residents were aware there are services available outside of the facility for dealing with sexual abuse if they ever need it.</p> <p>115.353 (b)</p> <p>PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.</p> <p>IDOC Policy 02-01-115 (page 31) states the facility shall inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p> <p>The auditor observed the posted information informs residents calls will not be monitored unless there is suspected misuse of telephones. The information informs residents of the associated mandatory reporting laws.</p>

115.353 (c)

PAQ: The agency or facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.

IDOC Policy 02-01-115 (page 31) states the Department shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse. The Department shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The auditor reviewed the contract to provide residents with emotional support services related to sexual abuse with the Indiana Coalition Against Domestic Violence. The auditor contacted the Indiana Coalition Against Domestic Violence and confirmed victim advocacy is available to the youth at the facility.

115.353 (d)

PAQ: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

The Warden and PREA Compliance Manager confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident access to outside confidential support services and legal representation. No corrective action is required.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 306 376 333">Documents:</p> <ol data-bbox="240 338 991 465" style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. Visitor Information Brochure: Sexual Prevention and Reporting 3. Resident Brochure: Sexual Prevention and Reporting 4. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p data-bbox="240 499 341 526">§115.354</p> <p data-bbox="240 530 1477 557">PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p data-bbox="240 591 1489 680">IDOC Policy 02-01-115 (page 31) states the Department shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an offender.</p> <p data-bbox="240 714 1469 806">Third party reports by family, friends, and other members of the public can be made electronically by submitting an email to IDOCPREA@idoc.in.gov or telephoning (toll free) the Department Sexual Assault Hotline at (877) 385-5877. This contact information shall be posted in visiting rooms, published in offender and visitor brochures, and on the Department's website.</p> <p data-bbox="240 840 1437 898">The auditor observed the agency website, resident brochure and visitor brochure and verified information is provided for third-party reporting.</p> <p data-bbox="240 931 376 958">Conclusion:</p> <p data-bbox="240 963 1465 1021">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding third-party reporting. No corrective action is required.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. Indiana Mandatory Reporting Law 3. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Warden) 2. PREA Compliance Manager 3. Random Sample of Staff 4. Medical and Mental Health Staff <p>Findings (By Provision):</p> <p>115.361 (a)</p> <p>PAQ: The agency requires all staff to report immediately and according to agency policy:</p> <ol style="list-style-type: none"> 1. Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. 2. Any retaliation against residents or staff who reported such an incident. 3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. <p>IDOC Policy 02-01-115 (page 31) states the Department shall require all staff to report immediately and according to Department policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the Department; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation Interviews with staff confirmed the requirement to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>115.361 (b)</p> <p>PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p>IDOC Policy 02-01-115 (page 31) states the agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p>The auditor researched the Indiana mandatory reporting law. Indiana is a mandatory reporting state; anyone who suspects a child has been neglected or abused must by state law make a report.</p> <p>Staff interviews confirmed they are aware of Indiana laws related to mandatory reporting of sexual abuse.</p> <p>115.361 (c)</p> <p>PAQ: Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>IDOC Policy 02-01-115 (pages 31-32) requires apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in Department policy, to make treatment, investigation, and other security and management decisions.</p> <p>Staff interviewed were knowledgeable that IDOC policy prohibits them from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>115.361 (d)</p> <p>IDOC Policy 02-01-115 (page 32) states unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph 1 of this section and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.</p> <p>Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph 1 of this section, as well as to the designated State or local services agency where required by</p>

mandatory reporting laws.

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

An interview with the doctor confirmed she discloses the limitations of confidentiality and her duty to report, at the initiation of services to a resident. She confirmed she is required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. She confirmed she has become aware of such incidents and reported them.

Interviews with the mental health staff confirmed they disclose the limitations of confidentiality and their duty to report, at the initiation of services to a resident. They confirmed they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. They confirmed they have not become aware of such incidents.

115.361 (e)

IDOC Policy 02-01-115 (page 32) states upon receiving any allegation of sexual abuse, the Warden or their designee shall promptly report the allegation to facility investigators.

For youths, the alleged victim's parents or legal guardians shall be notified, unless the facility has official documentation establishing that the parents or legal guardians should not be notified:

- a. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.
- b. If a juvenile court retains jurisdiction over the alleged victim, the Warden or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within fourteen (14) days of receiving the allegation.

The Warden stated when the facility receives an allegation of sexual abuse, he reports the allegation to DCS, potentially law enforcement, guardians of student, and Central Office staff. If the victim is under the guardianship of the child welfare system, he stated the allegation would be reported to the victim's caseworker. Notification would occur immediately. Lastly, he stated if a juvenile court retains jurisdiction over a victim, the allegation would be reported to the juvenile's attorney or other legal representative of record.

The PREA Compliance Manager stated when the facility receives an allegation of sexual abuse, they report the allegation to DCS (Department of Child Services), depending on the severity of the report possible law enforcement, and parents or legal guardian. In the state of Indiana if the victim is in the welfare system the facility assumes all rights of the guardianship. Notifications are made immediately after they are received or within the next 24-hour day. Lastly, he stated if a juvenile court retains jurisdiction over a victim, the allegation would be reported to the juvenile's attorney or other legal representative of record immediately or within the next 24-hour day.

115.361 (f)

IDOC Policy 02-01-115 (page 33) the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. Sexual abuse allegations shall be referred to Investigations and Intelligence investigators. Sexual harassment allegations shall be referred to staff designated to conduct administrative investigations.

The Warden confirmed all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are reported to directly to designated facility investigators.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff and agency reporting duties. No corrective action is required.

115.362	Agency protection duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 306 376 331">Documents:</p> <ol data-bbox="242 338 991 465" style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. Brochure: Sexual Prevention and Reporting (English and Spanish) 3. Poster: Sexual Abuse Report to Indiana Ombudsman 4. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p data-bbox="242 499 363 524">Interviews:</p> <ol data-bbox="242 530 651 624" style="list-style-type: none"> 1. Agency Head (Chief of Staff) 2. Superintendent or Designee (Warden) 3. Random Sample of Staff <p data-bbox="242 656 347 680">Findings:</p> <p data-bbox="242 687 1481 781">PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p data-bbox="242 813 1492 871">In the past 12 months: The number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0</p> <p data-bbox="242 902 1481 996">IDOC Policy 02-01-115 (page 33) states when staff learns that an offender is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the offender. This may include placing the offender in Protective Custody, Administrative Restrictive Status housing, Isolation, or any other appropriate action.</p> <p data-bbox="242 1028 1441 1086">The Chief of Staff confirmed immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Staff immediately separates the victim from the perpetrator to ensure the offender remains safe.</p> <p data-bbox="242 1093 1473 1187">This may involve placing the offender perpetrator in segregation or reassigning the staff away from the offender. If a victim cannot be safe in open population, then they will be placed in segregation. A facility transfer may also be considered on a case-by-case basis.</p> <p data-bbox="242 1218 1481 1276">The Warden confirmed a resident is subject to a substantial risk of imminent sexual abuse, the facility would take immediate protective actions. Protective measures would include considering bed, unit and housing area assignments to ensure safety.</p> <p data-bbox="242 1308 1477 1366">The Auditor observed the Sexual Prevention and Reporting brochure informs residents to immediately go directly to staff for help if they are in imminent risk of being a victim of sexual assault.</p> <p data-bbox="242 1397 1485 1525">The Auditor observed the Sexual Abuse Report to Indiana Ombudsman poster includes language that encourages residents to contact the facility PREA Compliance Manager, Investigator, Unit Team staff, Shift Supervisor, or any Officer at the facility. They can provide a resident immediate assistance, especially when the resident may be in imminent risk of harm. Residents are informed that making a report through the Indiana Ombudsman will not provide an immediate response.</p> <p data-bbox="242 1556 376 1581">Conclusion:</p> <p data-bbox="242 1588 1465 1646">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.</p>

115.363	Reporting to other confinement facilities
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 306 376 331">Documents:</p> <ol data-bbox="242 338 991 400" style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p data-bbox="242 432 363 456">Interviews:</p> <ol data-bbox="242 463 651 526" style="list-style-type: none"> 1. Agency Head (Chief of Staff) 2. Superintendent or Designee (Warden) <p data-bbox="242 555 505 582">Findings (By Provision):</p> <p data-bbox="242 589 362 616">115.363 (a)</p> <p data-bbox="242 620 1492 748">PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.</p> <p data-bbox="242 779 1458 840">In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0</p> <p data-bbox="242 871 1485 963">IDOC Policy 02-01-115 (page 33) states upon receiving an allegation that an offender was sexually abused while confined at another facility, the Warden that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.</p> <p data-bbox="242 994 363 1021">115.363 (b)</p> <p data-bbox="242 1025 1469 1086">PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p data-bbox="242 1117 1461 1178">IDOC Policy 02-01-115 (page 33) states such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.</p> <p data-bbox="242 1209 362 1236">115.363 (c)</p> <p data-bbox="242 1240 1422 1270">PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p data-bbox="242 1301 1334 1330">IDOC Policy 02-01-115 (page 33) states the Department shall document that it has provided such notification.</p> <p data-bbox="242 1359 363 1386">115.363 (d)</p> <p data-bbox="242 1391 1474 1482">PAQ: Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p data-bbox="242 1491 1310 1520">In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0</p> <p data-bbox="242 1550 1406 1610">IDOC Policy 02-01-115 (page 33) states the Warden that receives such notification shall ensure that the allegation is investigated in accordance with the PREA standards and this policy and administrative procedure.</p> <p data-bbox="242 1639 1469 1767">The auditor interviewed the Chief of Staff. The Chief of Staff stated the agency or facility head would direct the report to the facility head (Warden) of the facility where the incident occurred. They can also send the information to the PREA Coordinator or Executive Director of Investigations and Intelligence. Both would forward the report to the Warden and Investigators at the facility.</p> <p data-bbox="242 1796 1449 1856">The auditor interviewed Warden. The Warden stated the investigator would be notified and they would immediately begin PREA protocols.</p> <p data-bbox="242 1888 376 1915">Conclusion:</p> <p data-bbox="242 1919 1466 1980">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. IDOC Policy 02-01-115: Sexual Abuse Prevention
2. IDOC Staff Development and Training: SART First Responders, Evidence Protocols and Investigations
3. Brochure: Sexual Prevention and Reporting (English and Spanish)
4. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ)

Interviews:

1. Staff First Responders
2. Random Sample of Staff
3. Residents who Reported a Sexual Abuse

Findings (By Provision):

115.364 (a)

PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.

In the past 12 months, the number of allegations that a resident was sexually abused: 0

Of these allegations:

1. The number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0
2. The number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0
3. The number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0
4. The number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0
5. The number of times the first security staff member to respond to the report ensured 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: 0

IDOC Policy 02-01-115 (pages 33-34) states upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to:

- a. Separate the alleged victim and abuser;
- b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- c. If the abuse occurred within a one hundred twenty (120) hour time frame, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and,
- d. If the abuse occurred within a one hundred-twenty (120) hour time frame, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

First Responders are to ensure that the victim is removed from the area and receives prompt medical intervention. They must ensure that the location of assault and any evidence collected, in coordination with Investigations and Intelligence Investigators, is preserved and that the evidence chain of custody is handled properly if the scene cannot remain secured due to facility safety concerns. They will also arrange for the removal of any suspected perpetrator.

Interviews with staff confirmed they are knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse.

The auditor observed the Sexual Prevention and Reporting brochure instructs victims not to use the toilet, not to brush their teeth, not to shower, not to eat or drink, not to remove any clothing, and not to destroy items that may be evidence.

115.364 (b)

PAQ: The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to:

1. Request that the alleged victim not take any actions that could destroy physical evidence.
2. Notify security staff.

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

IDOC Policy 02-01-115 (page 34) states if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Interviews with staff confirmed they are knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff first responder duties. No corrective action is required.

115.365	Coordinated response
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 304 376 333">Documents:</p> <ol data-bbox="242 338 1035 434" style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. IDOC Facility Directive LJCF-19-06: Sexual Assault Response Team (SART) 3. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p data-bbox="242 463 352 492">Interview:</p> <ol data-bbox="242 497 651 526" style="list-style-type: none"> 1. Superintendent or Designee (Warden) <p data-bbox="242 555 347 584">Findings:</p> <p data-bbox="242 589 1461 649">PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p data-bbox="242 678 1490 806">IDOC Policy 02-01-115 (page 34) states the Warden at each facility shall establish a Sexual Assault Response Team (SART) and develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility executive staff. The plan shall be written in a Facility Directive.</p> <p data-bbox="242 835 1485 963">A SART provides a coordinated, efficient, and supportive response to victims of sexual assault. The members of the SART shall provide a full range of comprehensive services to sexual assault victims who have made the decision to report a sexual assault. Persons assigned to the facility's SART First Responders shall receive specialized training in providing comprehensive services to victims of sexual assault.</p> <p data-bbox="242 992 1449 1088">The Warden shall ensure that there is an alternate for every first responder of the SART who is also qualified to fulfill the team member's role when they are unavailable. SART First responders are to be scheduled so that First Responders are available at all times.</p> <p data-bbox="242 1117 1490 1245">Arrangements shall be made to ensure that SART First Responders who must interact with the sexual assault victim are able to communicate directly, through interpretive technology, or through offender interpreters during exigent circumstances, with offenders who have limited English proficiency, are deaf, or speech impaired. Accommodations shall be made to convey all written information verbally to offenders with limited reading skills or who are sight impaired.</p> <p data-bbox="242 1274 1353 1303">The auditor observed policy and the SART Facility Directive lists the team members and their respective duties.</p> <p data-bbox="242 1332 1490 1460">The auditor interviewed the Warden. The Warden outlined the facility's plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The SART would be activated. The facility duty officer would be notified and would contact the PREA investigator to begin an investigation.</p> <p data-bbox="242 1489 376 1518">Conclusion:</p> <p data-bbox="242 1523 1466 1583">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.</p>

115.366	<p>Preservation of ability to protect residents from contact with abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Agency Head (Chief of Staff) <p>Findings (By Provision):</p> <p>115.366 (a)</p> <p>PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p>IDOC Policy 02-01-115 (page 37) states the State of Indiana does not have collective bargaining units for its State employees or the Department. It is the Warden's discretion to determine if staff must be reassigned to another post and prohibited from contact with an alleged victim. Staff may also be placed on an emergency suspension when supported by evidence of a serious violation of policy or State law.</p> <p>The Chief of Staff stated Indiana does not have unions for state employees and has not had unions for state employees since 2005.</p> <p>115.366 (b)</p> <p>IDOC Policy 02-01-115 (page 37) states it is the Warden's discretion to determine if staff must be reassigned to another post and prohibited from contact with an alleged victim. Staff may also be placed on an emergency suspension when supported by evidence of a serious violation of policy or State law.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.</p>
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (Chief of Staff) 2. Superintendent or Designee (Warden) 3. Designated Staff Member Charged with Monitoring Retaliation 4. Residents who Reported a Sexual Abuse - none present <p>Findings (By Provision):</p> <p>115.367 (a)</p> <p>PAQ: The agency has 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.</p> <p>The Agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.</p> <p>The name(s) of the staff member(s): Ulises Sosa Garcia</p> <p>The title(s) of the staff member(s): PREA Compliance Manager</p> <p>IDOC Policy 02-01-115 (page 37) states the Department shall establish a policy to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff. The Warden shall designate which staff members or departments are charged with monitoring retaliation.</p> <p>115.367 (b)</p> <p>The agency shall 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.</p> <p>IDOC Policy 02-01-115 (page 37) states the facility shall employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>The auditor interviewed the Agency Head. The Chief of Staff reported the agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations. If an alleged victim or witness claims they are experiencing retaliation the facility will investigate the report. They also look at housing unit moves to ensure the offender's safety or facility transfer if that is deemed necessary from the investigation. If staff express concerns about retaliation, they will investigate and consult HR staff in mitigating the retaliation. This may involve reassignment, discipline or termination depending on the circumstances.</p> <p>The auditor interviewed the Warden. The Warden described the different measures that would be taken to protect residents and staff from retaliation. The facility would use mental health services and do check ins with students to ensure no retaliation is taking place.</p> <p>The victim advocate charged with monitoring retaliation stated she would make bed assignment changes, transfers, and provide emotional support services. She stated the PREA Compliance manager would initiate contact with residents who have reported sexual abuse. She would monitor unit and assignment changes of students and monitor shift/bracket changes or assignment changes for staff.</p> <p>There were no residents in isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) or residents who reported a sexual abuse.</p> <p>115.367 (c)</p> <p>PAQ: The agency and/or facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.</p> <p>The length of time that the agency and/or facility monitors the conduct or treatment: 90 days</p>

The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The number of times an incident of retaliation occurred in the past 12 months: 0

IDOC Policy 02-01-115 (page 37) For at least ninety (90) days following a report of sexual abuse, the staff designated to monitor for retaliation shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff and shall act promptly to remedy any such retaliation. Items the PREA Committee should monitor include any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The PREA Committee shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need.

The Warden stated measures he would take when he suspects retaliation. The suspected retaliation would be referred to administration and the investigator to look further into to determine if retaliation was taking place.

The victim advocate charged with monitoring retaliation stated things she looks for to detect possible retaliation includes monitoring grievances, conducting reports, reviewing incident reports, reviewing timeout Requests, reviewing behavior changes, and a reviewing assignment and unit changes. She stated he would monitor the conduct and treatment of residents and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse for 90 days, but longer if necessary. She stated the facility would monitor until the facility determines there is not an issue with retaliation.

115.367 (d)

IDOC Policy 02-01-115 (page 37) states in the case of offenders, such monitoring shall also include periodic status checks. Meetings shall occur with offenders once every 30 days. Staff monitoring shall consist of one meeting to inform the staff to report retaliation during the 90 days to the designated monitoring staff.

The victim advocate charged with monitoring retaliation stated monitoring in the form of periodic status checks occurs for at least 90 days.

115.367 (e)

IDOC Policy 02-01-115 (pages 37-38) states if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation. This may require the initiation of an investigation of the retaliation.

The Chief of Staff stated if an individual who cooperates with an investigation expresses fear of retaliation, measures the agency takes to protect that individual against retaliation includes room or housing changes, implementing safety plans, and continuing monitoring to make sure retaliation is not taking place.

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

115.367 (f)

IDOC Policy 02-01-115 (page 38) states a facility's obligation to monitor shall terminate if the investigation determines that the allegation is unfounded.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection against retaliation. No corrective action is required.

115.368	<p>Post-allegation protective custody</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Warden) 2. Staff Who Supervise Residents in Isolation <p>Findings:</p> <p>PAQ: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.</p> <p>The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0</p> <p>IDOC Policy 02-01-115 (page 38) states any use of restrictive status housing to protect an offender who is alleged to have suffered sexual abuse shall be subject to the requirements standard 115.342.</p> <p>The Warden confirmed students would only be isolated if there were no other options available.</p> <p>The Custody officer stated when residents are placed in isolation for protection from sexual abuse or after alleging to have suffered sexual abuse, they still have access to programs, privileges, education, and work opportunities the appropriate level. Residents are placed in involuntary isolation only until an alternative means of separation from likely abusers can be arranged. Nurses and mental health visit every day. Once a resident is placed in involuntary isolation, the facility reviews the resident's circumstances daily to determine if continued placement in involuntary isolation is needed.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. IDOC Policy 00-01-103: Investigations and Intelligence 3. IDOC Staff Development and Training Lesson Plan: PREA 4. IDOC PREA Specialized Investigations Training Manual 5. Acknowledgement of Receipt of Training and Brochures 6. NIC Investigation Curriculum 7. Certificate: PREA Specialized Investigations Training 8. Certificate: Investigations and Intelligence Basic Certification Training Academy 9. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Warden) 2. PREA Coordinator 3. PREA Compliance Manager 4. Investigative Staff – PREA Compliance Manager 5. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p> <p>115.371 (a)</p> <p>PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>IDOC Policy 02-01-115 (page 38) states the Department shall conduct its own investigations into allegations of sexual abuse and sexual harassment. Investigations shall be prompt, thorough, and objective for all allegations, including third-party and anonymous reports.</p> <p>The auditor interviewed the PREA Compliance Manager. The PREA Compliance Manager reported an investigation following an allegation of sexual abuse or sexual harassment is initiated within 24 hours or less. Anonymous or third-party reports of sexual abuse and sexual harassment are investigated in the same manner as all investigations.</p> <p>115.371 (b)</p> <p>IDOC Policy 02-01-115 (page 38) states where sexual abuse is alleged, the Department shall use investigators who have received special training in sexual abuse investigations pursuant to 115.334.</p> <p>The auditor reviewed annual training required by §115.331 certificates for specialized training. The training was completed by the PREA Compliance Manager.</p> <p>The PREA Compliance Manager confirmed he received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. He confirmed receiving the specialized topics required by the standard provision.</p> <p>115.371 (c)</p> <p>IDOC Policy 02-01-115 (page 38) states investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. Staff shall ensure that any crime scene or evidence collected is maintained in accordance with Policy an Administrative Procedure 00-01-103, "The Operation of the Office of the Investigations and Intelligence." The Warden is responsible for ensuring that First Responders and Investigators under their control follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for Department disciplinary and criminal proceedings.</p> <p>The PREA Compliance Manager stated the first steps in initiating an investigation would be to ensure the victim and the aggressor are separated and don't have contact with each other. The scene of the incident is secured.</p> <p>The auditor reviewed one investigation report of an allegation of sexual abuse. The investigation determined the allegation to be non-abusive.</p> <p>115.371 (d)</p> <p>PAQ: The agency does not terminate an investigation solely because the source of the allegation recants the allegation.</p> <p>The PREA Compliance Manager confirmed an investigation does not terminate if the source of the allegation recants the</p>

allegation.

115.371 (e)

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

IDOC Policy 02-01-115 (page 38) states when the quality of evidence appears to support criminal prosecution, the Department Investigators shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The PREA Compliance Manager confirmed when he discovers evidence that a prosecutable crime may have taken place he would not conduct compelled interviews without consulting with prosecutors and the Indiana DOC central office Legal Department.

115.371 (f)

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 resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

IDOC Policy 02-01-115 (page 39) states the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender or staff. The Department shall not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The PREA Compliance Manager stated all allegations are taken seriously and investigated to the full extent of the current policy. He confirmed that a resident who alleges sexual abuse is not required to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

There were no residents who reported a sexual abuse.

115.371 (g)

IDOC Policy 02-01-115 (page 39) states administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The PREA Compliance Manager stated efforts made during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse would include observing and analyzing staff activity and actions and comparing to the policy expectations and operational requirements.

115.371 (h)

IDOC Policy 02-01-115 (page 39) states criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

The PREA Compliance Manager stated criminal investigations are documented. Reports contain the name of the perpetrator, reporting source, and people involved; date, time, and location of the incident; steps of the investigation; outcome of the investigation; who was informed; and any other pertinent information (descriptions of physical, testimonial, and documentary evidence, as well as attached copies of documentary evidence).

115.371 (i)

PAQ: Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: 0

IDOC Policy 02-01-115 (page 39) states substantiated allegations of conduct that appear to be a violation of Indiana criminal code shall be referred for prosecution.

115.371 (j)

PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

IDOC Policy 02-01-115 (page 39) states the Department shall retain all written reports referenced in paragraphs 6 and 7 of this section for as long as the alleged abuser is incarcerated or employed by the Department, plus five (5) years, unless the abuse was committed by a juvenile offender and applicable law requires a shorter period of retention.

The auditor reviewed one administrative investigation report of an allegation of sexual abuse.

115.371 (k)

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

IDOC Policy 02-01-115 (page 39) states the departure of the alleged abuser or victim from the employment or control of the facility or Department shall not provide a basis for terminating an investigation.

The PREA Compliance Manager confirmed an investigation would proceed when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct. The investigation is completed to the guidelines of the policy and all the evidence is forward to the proper authorities if the acts are determined to be criminal. He stated when a victim alleging sexual abuse or sexual harassment leaves the facility prior to a completed investigation into the allegation the investigation is completed to the guidelines of the policy and all the evidence is forward to the proper authorities if the acts are determined to be criminal.

115.371 (m)

This standard provision is nonapplicable. An outside agency does not conduct administrative or criminal sexual abuse investigations.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding criminal and administrative agency investigations. No corrective action is required.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Investigator <p>Findings:</p> <p>PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>IDOC Policy 02-01-115 (page 39) states the Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The interview with the Lead Investigator confirmed this policy.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.</p>

115.373	Reporting to residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 309 376 336">Documents:</p> <ol data-bbox="240 344 991 434" style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. PREA Investigation Outcome Notification form 3. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p data-bbox="240 465 363 492">Interviews:</p> <ol data-bbox="240 501 679 591" style="list-style-type: none"> 1. Superintendent or Designee (Warden) 2. Investigative Staff 3. Residents who Reported a Sexual Abuse <p data-bbox="240 622 501 649">Findings (by provision):</p> <p data-bbox="240 658 360 685">115.373 (a)</p> <p data-bbox="240 694 1485 784">PAQ: The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p data-bbox="240 815 469 842">In the past 12 months:</p> <ol data-bbox="240 851 1477 976" style="list-style-type: none"> 1. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: 1 2. Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: 1 <p data-bbox="240 1008 1461 1097">IDOC Policy 02-01-115 (pages 39-40) states following an investigation into an offender's allegation that he or she suffered sexual abuse in a Department facility, the facility PREA Compliance Manager shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="240 1128 1485 1187">The auditor interviewed the Warden. The Warden confirmed the facility notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="240 1218 1477 1308">The auditor interviewed the PREA Compliance Manager/ Investigator. The PREA Compliance Manager confirmed he is aware that when a resident makes an allegation of sexual abuse, the resident must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.</p> <p data-bbox="240 1339 1469 1433">The auditor reviewed the PREA Investigation Outcome Notification form for one unfounded allegation. The form informs residents as to whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p data-bbox="240 1464 360 1491">115.373 (b)</p> <p data-bbox="240 1500 1461 1559">PAQ: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.</p> <p data-bbox="240 1568 469 1594">In the past 12 months:</p> <ol data-bbox="240 1603 1485 1693" style="list-style-type: none"> 1. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 0 2. Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0 <p data-bbox="240 1724 1445 1783">IDOC Policy 02-01-115 (page 40) states if the facility or agency did not conduct the investigation, the PREA Compliance Manager shall request the relevant information from the facility or agency that did in order to inform the offender.</p> <p data-bbox="240 1814 360 1841">115.373 (c)</p> <p data-bbox="240 1850 1485 1939">PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency/facility has determined that the allegation is unfounded) whenever:</p> <ol data-bbox="240 1948 1430 2074" style="list-style-type: none"> 1. The staff member is no longer posted within the resident's unit; 2. The staff member is no longer employed at the facility; 3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. <p data-bbox="240 2105 1477 2132">There has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff</p>

member against a resident in the past 12 months.

IDOC Policy 02-01-115 (page 40) states following an offender's allegation that a staff member has committed sexual abuse against the offender, the Department shall subsequently inform the offender (unless the Department has determined that the allegation is unfounded) whenever:

- a. The staff member is no longer posted within the offender's unit;
- b. The staff member is no longer employed at the facility;
- c. The Department learns that the staff member has been indicted on a
- d. charge related to sexual abuse within the facility; or,
- e. The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility..

115.373 (d)

PAQ: Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever:

1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

IDOC Policy 02-01-115 (page 40) states following an offender's allegation that he or she has been sexually abused by another offender, the Department shall subsequently inform the alleged victim whenever:

- a. The Department learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or,
- b. The Department learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- c. The auditor reviewed the Youth Notification Form for verification notifications to residents would include the standard provision requirements.

115.373 (e)

PAQ: The agency has a policy that all notifications to residents described under this standard are documented.

In the past 12 months:

1. The number of notifications to residents that were made pursuant to this standard: 1
2. The number of those notifications that were documented: 1

IDOC Policy 02-01-115 (page 40) states all such notifications or attempted notifications shall be documented on the PREA Investigation Outcome Notification form. A copy of the form shall be provided to the offender and placed in the offender record.

The auditor reviewed the PREA Investigation Outcome Notification form for one unfounded allegation for verification notifications to residents described under this standard are documented.

115.373 (f)

An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

IDOC Policy 02-01-115 (page 40) states a facility's obligation to report under this standard shall terminate if the offender is released from the Department's custody.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to residents. No corrective action is required.

115.376	Disciplinary sanctions for staff
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 306 376 331">Documents:</p> <ol data-bbox="242 338 991 434" style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. Discipline Policy Statement 3. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p data-bbox="242 463 501 490">Findings (by provision):</p> <p data-bbox="242 497 362 524">115.376 (a)</p> <p data-bbox="242 530 1445 589">PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="242 620 1490 678">IDOC Policy 02-01-115 (pages 40-41) states staff shall be subject to disciplinary sanctions up to and including termination for violating Department sexual abuse or sexual harassment policies.</p> <p data-bbox="242 710 362 736">115.376 (b)</p> <p data-bbox="242 743 467 770">In the past 12 months:</p> <ol data-bbox="242 777 1481 871" style="list-style-type: none"> 1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: 0 2. The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0 <p data-bbox="242 902 1406 960">IDOC Policy 02-01-115 (page 41) states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse (Staff Sexual Misconduct).</p> <p data-bbox="242 992 362 1019">115.376 (c)</p> <p data-bbox="242 1025 1445 1120">PAQ: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p data-bbox="242 1151 1445 1209">In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0</p> <p data-bbox="242 1240 1473 1368">IDOC Policy 02-01-115 (page 41) states disciplinary sanctions for violations of Department policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p data-bbox="242 1400 362 1426">115.376 (d)</p> <p data-bbox="242 1433 1490 1527">PAQ: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p data-bbox="242 1559 1458 1653">In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p data-bbox="242 1684 1485 1812">IDOC Policy 02-01-115 (page 41) states all terminations for violations of Department sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. These referrals shall be documented.</p> <p data-bbox="242 1843 376 1870">Conclusion:</p> <p data-bbox="242 1877 1466 1935">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.</p>

115.377	Corrective action for contractors and volunteers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 306 376 331">Documents:</p> <ol data-bbox="242 338 991 400" style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p data-bbox="242 432 352 456">Interview:</p> <ol data-bbox="242 463 651 492" style="list-style-type: none"> 1. Superintendent or Designee (Warden) <p data-bbox="242 521 501 548">Findings (by provision):</p> <p data-bbox="242 555 362 582">115.377 (a)</p> <p data-bbox="242 589 1473 680">PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p data-bbox="242 712 1473 775">In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p data-bbox="242 804 1473 929">IDOC Policy 02-01-115 (page 41) states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders, removed from the facility and shall be reported to law enforcement agencies, unless the activity was clearly not criminal. A substantiated finding for sexual abuse shall be reported to relevant licensing bodies where applicable and documented.</p> <p data-bbox="242 960 362 987">115.377 (b)</p> <p data-bbox="242 994 1485 1057">PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="242 1086 1473 1178">IDOC Policy 02-01-115 (page 41) states the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders, in the case of any other violation of Department sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="242 1209 1490 1335">The auditor interviewed the Warden. The Warden stated that in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility will take remedial measures and prohibit further contact with residents. Remedial measures the facility could enforce would include placing an immediate gate closure on the contractor or volunteer to ensure no further contact could be made.</p> <p data-bbox="242 1366 376 1393">Conclusion:</p> <p data-bbox="242 1400 1466 1462">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. IDOC Policy 03-02-101: Code of Conduct for Youths Appendix 1 - Minor Violations and Responses 3. IDOC Policy 03-02-101: Code of Conduct for Youths Appendix 2 - Major Violations and Responses 4. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Warden) <p>Findings (by provision):</p> <p>115.378 (a)</p> <p>PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0 2. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0 <p>IDOC Policy 02-01-115 (page 41) states offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse.</p> <p>115.378 (b)</p> <p>PAQ: In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse: 0 2. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: N/A 3. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied access to other programs and work opportunities: N/A <p>IDOC Policy 02-01-115 (pages 41-42) states sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. In the event a disciplinary sanction results in the isolation of a juvenile offender, the facility shall not deny the offender daily large-muscle exercise or access to any legally required educational programming or special education services. Juvenile offenders in isolation shall receive daily visits from a medical or mental health care clinician. Juvenile offenders shall also have access to other programs and work opportunities to the extent possible.</p> <p>The auditor interviewed the Warden. The Warden described disciplinary sanctions residents are subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse. These would include possible extension of release date and further programming to address sexual behaviors. The sanctions would be proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. Isolation is not used as a disciplinary sanction.</p> <p>115.378 (c)</p> <p>When determining sanctions, a resident's mental disabilities or mental illness is considered when determining what type of sanction, if any, should be imposed.</p> <p>IDOC Policy 02-01-115 (page 42) states the disciplinary process shall consider whether an offender's mental disabilities or</p>

mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The Warden stated mental disability or mental illness is considered when determining sanctions.

115.378 (d)

PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior based incentives. Access to general programming or education is not conditional on participation in such interventions.

IDOC Policy 02-01-115 (page 42) states if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. A juvenile facility may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

115.378 (e)

PAQ: The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.

IDOC Policy 02-01-115 (page 42) states the Department may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.378 (f)

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

IDOC Policy 02-01-115 (page 42) states for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (g)

PAQ: The agency prohibits all sexual activity between residents. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

IDOC Policy 02-01-115 (page 42) states the Department shall prohibit all sexual activity between offenders and shall discipline offenders for such activity in accordance with the appropriate disciplinary code or code of conduct. The Department shall not deem such activity to constitute sexual abuse if it determines that the activity is consensual and not coerced. Staff shall make every effort to determine if coercion was involved. Offenders shall be advised in PREA education that cases of sexual abuse shall be referred for criminal prosecution and to Child Protective Services as appropriate.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. Indiana Mandatory Reporting Law 3. Juvenile Sexual Violence Assessment Tool 4. Follow-up Notes 5. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff Responsible for Risk Screening 2. Medical and Mental Health Staff 3. Residents who Disclose Sexual Victimization at Risk Screening <p>Findings (by provision):</p> <p>115.381 (a)</p> <p>PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. In the past 12 months, the number of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 100%</p> <p>IDOC Policy 02-01-115 (pages 42-43) states if the screening pursuant to 115.41/341 indicates that an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within fourteen (14) days of the intake screening.</p> <p>The intake staff responsible for risk screening confirmed if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a medical/and or mental health practitioner within 14 days.</p> <p>The auditor reviewed mental health follow-up notes for residents who disclosed prior victimization during risk screening.</p> <p>Eight residents were identified as reporting prior sexual victimization during risk screening. Seven of the 8 residents confirmed they were offered a meeting with a mental health care practitioner within 14 days. Of those 7 residents, 1 stated they accepted the follow-up meeting and 6 stated they declined. The eight resident stated they did not remember.</p> <p>115.381 (b)</p> <p>PAQ: All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100%</p> <p>IDOC Policy 02-01-115 (page 43) states if the screening pursuant to 115.41/341 indicates that a prison offender or offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender/offender is offered a follow-up meeting with a mental health practitioner within fourteen (14) days of the intake screening.</p> <p>The intake staff responsible for risk screening confirmed if a screening indicates that a resident has previously perpetrated sexual abuse, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a medical/and or mental health practitioner within 14 days.</p> <p>115.381 (c)</p> <p>PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.</p> <p>IDOC Policy 02-01-115 (page 43) states any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program</p>

assignments, or as otherwise required by Federal, State, or local law.

115.381 (d)

PAQ: 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.

IDOC Policy 02-01-115 (page 43) states medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

Interviews with medical and mental health staff confirmed they obtain informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding medical and mental health screenings; history of sexual abuse. No corrective action is required.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 306 376 333">Documents:</p> <ol data-bbox="240 338 991 501" style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. IDOC Sexual Assault Manual 3. Franciscan Health Lafayette Hospital 4. Indiana Coalition Against Domestic Violence: https://icadvinc.org/ 5. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p data-bbox="240 530 363 557">Interviews:</p> <ol data-bbox="240 562 815 658" style="list-style-type: none"> 1. Medical and Mental Health Staff 2. Residents who Reported a Sexual Abuse 3. Security Staff and Non-Security Staff First Responders <p data-bbox="240 687 528 714">Site Review Observations:</p> <p data-bbox="240 719 762 745">Observations during on-site review of physical plant</p> <p data-bbox="240 777 504 804">Findings (By Provision):</p> <p data-bbox="240 808 360 835">115.382 (a)</p> <p data-bbox="240 840 1481 1072">PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p data-bbox="240 1102 1485 1198">IDOC Policy 02-01-115 (page 43) states offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. (Also see the Sexual Assault Manual)</p> <p data-bbox="240 1227 1453 1323">The auditor interviewed Medical and Mental Health Staff. The medical staff stated the nature and scope of these services would not be determined according to their professional judgment. The mental health staff stated the nature and scope of these services would be determined according to their professional judgment.</p> <p data-bbox="240 1352 1401 1413">The auditor reviewed the IDOC Sexual Assault Manual. Franciscan Health Lafayette Hospital would provide medical services.</p> <p data-bbox="240 1442 1453 1503">The auditor contacted the Indiana Coalition Against Domestic Violence. Services would be available to resident victims of sexual abuse at the facility.</p> <p data-bbox="240 1532 360 1559">115.382 (b)</p> <p data-bbox="240 1563 1481 1659">PAQ: If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p data-bbox="240 1666 1481 1762">IDOC Policy 02-01-115 (page 43) states if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to 115.362 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p data-bbox="240 1792 360 1818">115.382 (c)</p> <p data-bbox="240 1823 1481 2056">PAQ: Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p data-bbox="240 2085 1453 2145">IDOC Policy 02-01-115 states (page 43) states offender victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in</p>

accordance with professionally accepted standards of care, where medically appropriate.

Medical staff confirmed victims of sexual abuse would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

115.382 (d)

PAQ: Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

IDOC Policy 02-01-115 states (page 43) states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. IDOC Sexual Assault Manual 3. Franciscan Health Lafayette Hospital 4. Indiana Coalition Against Domestic Violence: https://icadvinc.org/ 5. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Staff 2. Residents who Reported a Sexual Abuse – none present <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (by provision):</p> <p>115.383 (a)</p> <p>PAQ: The facility 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.</p> <p>IDOC Policy 02-01-115 (page 44) states the facility shall offer a medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>The auditor observed medical facilities during the site review and the mental health staff reported that behavioral health care would be offered at the facility. Additionally, services are available at Franciscan Health Lafayette Hospital.</p> <p>115.383 (b)</p> <p>IDOC Policy 02-01-115 (page 44) states the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p>The medical and mental health staff interviewed confirmed evaluation and treatment of residents who have been victimized would include follow-up medical and mental health services and referrals when needed.</p> <p>115.383 (c)</p> <p>The medical and mental health providers stated medical and mental health services are consistent with the community level of care.</p> <p>IDOC Policy 02-01-115 (page 44) states the facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p>The medical and mental health staff interviewed confirmed medical and mental health services are consistent with the community level of care.</p> <p>115.383 (d)</p> <p>This standard is nonapplicable. Logansport Juvenile Correctional Facility is an all-male facility.</p> <p>115.383 (e)</p> <p>This standard is nonapplicable. Logansport Juvenile Correctional Facility is an all-male facility.</p> <p>115.383 (f)</p> <p>PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p>IDOC Policy 02-01-115 (page 44) states offender victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.</p> <p>Franciscan Health Lafayette Hospital medical personnel would provide information and treatment for sexually transmitted infections and possible pregnancy. Medical staff confirmed victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate.</p>

115.383 (g)

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

IDOC Policy 02-01-115 (page 44) states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.383 (h)

PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

IDOC Policy 02-01-115 (page 44) states all facilities shall attempt to conduct a Mental Health evaluation of all known offender-on-offender abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by Mental Health practitioners.

The mental health staff confirmed a mental health evaluation of all known resident-on-resident abusers would be conducted and they would be offered treatment if appropriate.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 306 376 329">Documents:</p> <ol data-bbox="240 338 991 434" style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. Sexual Abuse Incident Review 3. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p data-bbox="240 463 363 486">Interviews:</p> <ol data-bbox="240 495 651 591" style="list-style-type: none"> 1. Superintendent or Designee (Warden) 2. PREA Compliance Manager 3. Incident Review Team <p data-bbox="240 620 501 647">Findings (by provision):</p> <p data-bbox="240 656 363 683">115.386 (a)</p> <p data-bbox="240 692 1477 748">PAQ: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been determined to be unfounded.</p> <p data-bbox="240 757 1469 813">In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 0</p> <p data-bbox="240 844 1449 938">IDOC Policy 02-01-115 (page 44) states the facility PREA Committee shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.</p> <p data-bbox="240 969 363 996">115.386 (b)</p> <p data-bbox="240 1005 1417 1061">PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.</p> <p data-bbox="240 1093 1469 1149">In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 0</p> <p data-bbox="240 1180 1441 1236">IDOC Policy 02-01-115 (page 44) states such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation.</p> <p data-bbox="240 1267 363 1294">115.386 (c)</p> <p data-bbox="240 1303 1414 1359">PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="240 1391 1477 1447">IDOC Policy 02-01-115 (page 45) states the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or Mental Health practitioners.</p> <p data-bbox="240 1478 1437 1534">The Warden confirmed the facility has a sexual abuse incident review team; the team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="240 1565 363 1592">115.386 (d)</p> <p data-bbox="240 1601 1477 1695">PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager.</p> <p data-bbox="240 1727 871 1753">IDOC Policy 02-01-115 (page 45) states the review team shall:</p> <ol data-bbox="240 1762 1477 2130" style="list-style-type: none"> a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; d. Assess the adequacy of staffing levels in that area during different shifts; e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; f. Prepare a report of its findings on the Sexual Abuse Incident Review, including but not necessarily limited to determinations made pursuant to paragraphs (4)(a)-(4)(e) of this section, and any recommendations for improvement and

submit such report to the Warden and the Executive Director of PREA; and,
g. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so on the Sexual Abuse Incident Review.

The Warden was interviewed as a member of the sexual abuse incident review team. He confirmed the team considers 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 was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in the area is assessed for different shifts. He confirmed the team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

115.386 (e)

PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so.

IDOC Policy 02-01-115 (page 45) states the facility shall implement the recommendations for improvement, or shall document its reasons for not doing so on the Sexual Abuse Incident Review.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding sexual abuse incident reviews. No corrective action is required.

115.387	Data collection
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1085 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 306 376 331">Documents:</p> <ol data-bbox="242 338 1037 501" style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. Sexual Incident Reposting System 3. 2019 Survey of Sexual Victimization, State Juvenile Systems Summary Form 4. 2020 Survey of Sexual Victimization, State Juvenile Systems Summary Form 5. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p data-bbox="242 530 501 560">Findings (by provision):</p> <p data-bbox="242 566 360 591">115.387 (a)</p> <p data-bbox="242 598 1436 723">PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.</p> <p data-bbox="242 754 1479 1016">IDOC Policy 02-01-115 (pages 45-46) states the Department shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. All reports of Nonconsensual Sexual Acts, Abusive Sexual Contact, Staff Sexual Misconduct and Sexual Harassment as defined in this policy and administrative procedure shall be reported on a Sexual Incident Report. The facility PREA Compliance Manager shall submit a Sexual Incident Report for each allegation that is a PREA related incident via the Sexual Incident Reporting System. All incident reports, investigation reports, or written statements shall be attached to the Sexual Incident Report. The Sexual Incident Report shall be filed in the confidential section of the offender facility packet. It shall not be released to offenders or the public, unless court ordered.</p> <p data-bbox="242 1048 1484 1106">The auditor reviewed the Sexual Incident Reposting System and Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.</p> <p data-bbox="242 1137 360 1162">115.387 (b)</p> <p data-bbox="242 1169 1094 1198">PAQ: The agency aggregates the incident-based sexual abuse data at least annually.</p> <p data-bbox="242 1205 1428 1263">IDOC Policy 02-01-115 (page 46) states the Department shall aggregate the incident-based sexual abuse data at least annually.</p> <p data-bbox="242 1270 833 1299">The auditor reviewed the aggregated data from 2013-2020.</p> <p data-bbox="242 1330 360 1355">115.387 (c)</p> <p data-bbox="242 1361 1479 1420">PAQ: The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p data-bbox="242 1451 1489 1545">IDOC Policy 02-01-115 (page 46) states the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.</p> <p data-bbox="242 1552 1484 1610">The auditor reviewed the Sexual Incident Reposting System and Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.</p> <p data-bbox="242 1641 360 1666">115.387 (d)</p> <p data-bbox="242 1673 1453 1731">PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p data-bbox="242 1762 1489 1859">IDOC Policy 02-01-115 (page 46) states the Department shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p data-bbox="242 1890 1169 1919">The auditor reviewed one administrative investigation report of an allegation of sexual abuse.</p> <p data-bbox="242 1951 360 1975">115.387 (e)</p> <p data-bbox="242 1982 1420 2040">PAQ: The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data from private facilities complies with SSV reporting regarding content.</p> <p data-bbox="242 2072 1457 2130">IDOC Policy 02-01-115 (page 46) states the Department also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its</p>

offenders.

115.387 (f)

The agency provided the Department of Justice with data from the previous calendar year upon request.

IDOC Policy 02-01-115 (page 46) states upon request, the Department shall provide all such data from the previous calendar year to the Department of Justice upon request by the set due date.

The auditor reviewed the 2019 and 2020 Survey of Sexual Victimization, State Juvenile Systems Summary Form.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data collection. No corrective action is required.

115.388	Data review for corrective action
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 309 376 336">Documents:</p> <ol data-bbox="240 344 991 568" style="list-style-type: none"> 1. IDOC Policy 02-01-115: Sexual Abuse Prevention 2. 2020 LJCF Sexual Abuse Prevention Report 3. 2021 LJCF Sexual Abuse Prevention Report 4. 2020 IDOC Sexual Abuse Prevention Program Report 5. 2021 IDOC Sexual Abuse Prevention Program Report 6. Annual Reports (2013-2020) https://www.in.gov/idoc/divisions/prea/ 7. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p data-bbox="240 600 363 627">Interviews:</p> <ol data-bbox="240 636 555 725" style="list-style-type: none"> 1. Agency Head (Chief of Staff) 2. PREA Coordinator 3. PREA Compliance Manager <p data-bbox="240 757 501 784">Findings (by provision):</p> <p data-bbox="240 792 360 819">115.388 (a)</p> <p data-bbox="240 828 1385 882">PAQ: The agency reviews 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, and training, including:</p> <ol data-bbox="240 891 1453 1016" style="list-style-type: none"> 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; and 3. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. <p data-bbox="240 1048 1474 1137">IDOC Policy 02-01-115 (page 46) states the Department shall 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:</p> <ol data-bbox="240 1146 1453 1240" style="list-style-type: none"> a. Identifying problem areas; b. Taking corrective action on an ongoing basis; and, c. Preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole. <p data-bbox="240 1249 1490 1308">Each facility shall submit their annual Sexual Abuse Prevention report to the appropriate Regional Director and the Executive Director of PREA by January 31.</p> <p data-bbox="240 1339 1465 1429">Annual reports are published on the agency's website at: https://www.in.gov/idoc/divisions/prea/. Reports are published for 2013 through 2020. The reports are inclusive of annual data comparison and statistical analysis, corrective actions, and policy updates and/or training needs.</p> <p data-bbox="240 1460 1453 1554">The Chief of Staff, PREA Coordinator, and PREA Compliance Manager confirmed the agency reviews data collected and aggregated pursuant to §115.387 in order to assess, and improve the effectiveness, of its sexual abuse and prevention, detection, and response policies, and training.</p> <p data-bbox="240 1585 1474 1644">The PREA Compliance Manager stated the facility data is included in the annual report. The auditor reviewed the published annual reports and found them to be inclusive of the requirements of the standard provision.</p> <p data-bbox="240 1675 363 1702">115.388 (b)</p> <p data-bbox="240 1711 1474 1769">PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.</p> <p data-bbox="240 1800 1490 1890">IDOC Policy 02-01-115 (pages 46-47) states such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the facility and agency progress in addressing sexual abuse.</p> <p data-bbox="240 1921 1490 1989">The auditor reviewed the annual reports and determined they are inclusive of the standard provision. Tables show the reader a comparison of the current year's data and corrective actions to those from prior years.</p> <p data-bbox="240 2020 363 2047">115.388 (c)</p> <p data-bbox="240 2056 1449 2114">PAQ: The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.</p>

IDOC Policy 02-01-115 (page 47) states the agency report shall be approved by the Commissioner and made readily available to the public through the Department website.

The auditor observed the published annual reports at: <https://www.in.gov/idoc/divisions/prea/>
The reports are approved by the Commissioner.

115.388 (d)

PAQ: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

DOC Policy 02-01-115 (page 47) states the Executive Director of PREA may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

The auditor reviewed the annual reports and observed no identifying information.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data review for corrective action. No corrective action is required.

115.389	Data storage, publication, and destruction
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 304 376 333">Documents:</p> <ol data-bbox="242 338 991 566" style="list-style-type: none"> 1. Policy 02-01-115: Sexual Abuse Prevention 2. 2020 LJCF Sexual Abuse Prevention Report 3. 2021 LJCF Sexual Abuse Prevention Report 4. 2020 IDOC Sexual Abuse Prevention Program Report 5. 2021 IDOC Sexual Abuse Prevention Program Report 6. Annual Reports (2013-2020) https://www.in.gov/idoc/divisions/prea/ 7. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) <p data-bbox="242 595 501 624">Findings (by provision):</p> <p data-bbox="242 629 360 658">115.389 (a)</p> <p data-bbox="242 663 1129 692">PAQ: The agency ensures that incident-based and aggregate data are securely retained.</p> <p data-bbox="242 721 1453 781">DOC Policy 02-01-115 (page 47) states the Department shall ensure that data collected pursuant to 115.387 are securely retained.</p> <p data-bbox="242 810 1458 907">The PREA Coordinator confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained.</p> <p data-bbox="242 936 360 965">115.389 (b)</p> <p data-bbox="242 969 1453 1030">PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.</p> <p data-bbox="242 1059 1490 1155">DOC Policy 02-01-115 (page 47) states the Department shall 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 the Department website.</p> <p data-bbox="242 1184 1259 1245">Aggregated sexual abuse data is readily available to the public at least annually through its website at https://www.in.gov/idoc/divisions/prea/ . Reports are published for 2013 to 2020.</p> <p data-bbox="242 1274 943 1303">The auditor reviewed published annual reports on the agency website.</p> <p data-bbox="242 1332 360 1361">115.389 (c)</p> <p data-bbox="242 1366 1382 1395">PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p data-bbox="242 1424 1445 1485">DOC Policy 02-01-115 (page 47) states before making aggregated sexual abuse data publicly available, the Department shall remove all personal identifiers.</p> <p data-bbox="242 1514 1410 1543">The auditor reviewed the published annual reports and observed personal identifiers were not included in the reports.</p> <p data-bbox="242 1572 360 1601">115.389 (d)</p> <p data-bbox="242 1606 1474 1666">PAQ: The agency maintains sexual abuse data sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.</p> <p data-bbox="242 1695 1497 1756">DOC Policy 02-01-115 (page 47) states the Department shall maintain sexual abuse data collected pursuant to 115.387 for at least ten (10) years after the date of the initial collection.</p> <p data-bbox="242 1785 376 1814">Conclusion:</p> <p data-bbox="242 1818 1466 1879">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data storage, publication, and destruction. No corrective action is required.</p>

115.401	Frequency and scope of audits
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1086 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 304 991 501" style="list-style-type: none"> 1. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) 2. Interviews 3. Research 4. Policy Review 5. Document Review 6. Observations during onsite review of facility <p data-bbox="240 533 347 560">Findings:</p> <p data-bbox="240 564 1474 689">During the three-year period starting on August 20, 2013, and the current audit cycle, the IDOC Division of Youth Services ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. Also, one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited.</p> <p data-bbox="240 721 1489 913">The auditor was given access to, and the ability to observe, all areas of the Logansport Juvenile Correctional Facility. The auditor was permitted to conduct private interviews with residents at the facility. The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by emailing pictures of the posted audit notices. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.</p> <p data-bbox="240 945 376 972">Conclusion:</p> <p data-bbox="240 976 1437 1039">Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Logansport Juvenile Correctional Facility Pre-Audit Questionnaire (PAQ) 2. Policy Review 3. Documentation Review 4. Interviews 5. Observations during onsite review of facility <p>Findings: All Indiana IDOC PREA Audit Reports are published on the agency's website at: https://www.in.gov/idoc/divisions/prea/</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding audit contents and findings. No corrective action is required.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	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
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	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 only until October 1, 2017.)	no
	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 only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	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
115.315 (a)	Limits to cross-gender viewing and searches	
	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
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	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)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	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
	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
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	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
	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: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	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
115.317 (a)	Hiring and promotion decisions	
	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
	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
	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 bullet immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
	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
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	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
115.317 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	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.)	na
115.318 (b)	Upgrades to facilities and technologies	
	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
115.321 (a)	Evidence protocol and forensic medical examinations	
	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

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	na
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	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
	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
	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	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
115.332 (b)	Volunteer and contractor training	
	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
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	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
	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
	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
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	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
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	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
115.334 (a)	Specialized training: Investigations	
	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

115.334 (b)	Specialized training: Investigations	
	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
	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
	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
	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
115.334 (c)	Specialized training: Investigations	
	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
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to 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
	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
115.335 (b)	Specialized training: Medical and mental health care	
	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
115.335 (c)	Specialized training: Medical and mental health care	
	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

115.335 (d)	Specialized training: Medical and mental health care	
	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
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (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
115.341 (a)	Obtaining information from residents	
	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
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	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
115.342 (a)	Placement of residents	
	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
	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
	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
	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
	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
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	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
	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
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	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
	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
115.342 (e)	Placement of residents	
	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
115.342 (f)	Placement of residents	
	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
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	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?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	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
115.351 (b)	Resident reporting	
	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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	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
115.352 (b)	Exhaustion of administrative remedies	
	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
	Does the agency always refrain from requiring an 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

115.352 (c)	Exhaustion of administrative remedies	
	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
	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
115.352 (d)	Exhaustion of administrative remedies	
	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
	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
	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
115.352 (e)	Exhaustion of administrative remedies	
	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
	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
	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
	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
	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

115.352 (f)	Exhaustion of administrative remedies	
	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
	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
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	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
115.353 (a)	Resident access to outside confidential support services and legal representation	
	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 accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	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
115.353 (c)	Resident access to outside confidential support services and legal representation	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	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
115.361 (d)	Staff and agency reporting duties	
	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
	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

115.361 (e)	Staff and agency reporting duties	
	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
	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
	If the 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? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	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
115.361 (f)	Staff and agency reporting duties	
	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
115.362 (a)	Agency protection duties	
	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
115.363 (a)	Reporting to other confinement facilities	
	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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	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
	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
	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
	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
115.364 (b)	Staff first responder duties	
	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
115.365 (a)	Coordinated response	
	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
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	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
115.367 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	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
	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
	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
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	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
115.368 (a)	Post-allegation protective custody	
	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
115.371 (a)	Criminal and administrative agency investigations	
	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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	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
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	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
115.371 (f)	Criminal and administrative agency investigations	
	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
	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
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	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
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	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
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.372 (a)	Evidentiary standard for administrative investigations	
	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
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	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
	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
	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
	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
115.373 (d)	Reporting to residents	
	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
	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
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	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
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	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
115.378 (a)	Interventions and disciplinary sanctions for residents	
	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

115.378 (b)	Interventions and disciplinary sanctions for residents	
	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
	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
	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
	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
	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
115.378 (c)	Interventions and disciplinary sanctions for residents	
	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
115.378 (d)	Interventions and disciplinary sanctions for residents	
	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
	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
115.378 (e)	Interventions and disciplinary sanctions for residents	
	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
115.378 (f)	Interventions and disciplinary sanctions for residents	
	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
115.378 (g)	Interventions and disciplinary sanctions for 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
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	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

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.382 (a)	Access to emergency medical and mental health services	
	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
115.382 (b)	Access to emergency medical and mental health services	
	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
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	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
115.382 (d)	Access to emergency medical and mental health services	
	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
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.386 (a)	Sexual abuse incident reviews	
	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
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	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
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	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
115.387 (d)	Data collection	
	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
115.387 (e)	Data collection	
	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
115.387 (f)	Data collection	
	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
115.388 (a)	Data review for corrective action	
	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
	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
	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
115.388 (b)	Data review for corrective action	
	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
115.388 (c)	Data review for corrective action	
	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
115.388 (d)	Data review for corrective action	
	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
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	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

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	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 AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes