

PREA Facility Audit Report: Final

Name of Facility: South Bend Community Reentry and Chain O' Lakes Complex

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/07/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: Sonya Love	Date of Signature: 11/07/2024

AUDITOR INFORMATION	
Auditor name:	Love, Sonya
Email:	sonya.love57@outlook.com
Start Date of On-Site Audit:	05/23/2024
End Date of On-Site Audit:	05/24/2024

FACILITY INFORMATION	
Facility name:	South Bend Community Reentry and Chain O' Lakes Complex
Facility physical address:	4650 Old Cleveland Road, South Bend, Indiana - 46628
Facility mailing address:	

Primary Contact

Name:	James Henry
Email Address:	JaHenry@idoc.in.gov
Telephone Number:	574-234-5080

Facility Director	
Name:	Charles Bowen
Email Address:	cbowen@idoc.IN.gov
Telephone Number:	574-274-7607

Facility PREA Compliance Manager	
Name:	James Henry
Email Address:	jahenry@idoc.in.gov
Telephone Number:	O: (574) 234-4094 x263
Name:	Amanda Nutt
Email Address:	anutt@idoc.in.gov
Telephone Number:	O: (260) 636-3144 x222
Name:	David Chronister
Email Address:	dchronister@idoc.in.gov
Telephone Number:	O: (574) 234-4094
Name:	Rhonda Thomas-Hardy
Email Address:	rthomas-hardy@idoc.in.gov
Telephone Number:	O: (260) 636-3144 x222

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

Telephone Number:	7655930111
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Facility Characteristics	
Designed facility capacity:	341
Current population of facility:	253
Average daily population for the past 12 months:	245
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:	18 and over
Facility security levels/resident custody levels:	Level 1 Minimum
Number of staff currently employed at the facility who may have contact with residents:	82
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	16
Number of volunteers who have contact with residents, currently authorized to enter the facility:	79

AGENCY INFORMATION	
Name of agency:	Indiana Department of Correction
Governing authority or parent agency (if applicable):	State of Indiana
Physical Address:	302 West Washington Street, IGCS, RM E334, Indianapolis, Indiana - 46204
Mailing Address:	
Telephone number:	3172325711

Agency Chief Executive Officer Information:

Name:	Christina Reagle
Email Address:	creagle@idoc.in.gov
Telephone Number:	317-232-5711

Agency-Wide PREA Coordinator Information

Name:	Matthew Bishir	Email Address:	mbishir@idoc.in.gov
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Facility AUDIT FINDINGS**Summary of Audit Findings**

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.

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.

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-05-23
2. End date of the onsite portion of the audit:	2024-05-24

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:	Indiana Ombudsman Office Indiana Coalition Against Domestic Violence, IDOC Victim Advocate Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	341
15. Average daily population for the past 12 months:	245
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	82
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:	1

<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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):</p>	<p>South Bend Chain-O-Lakes Complex is a community work camp. It does not house offenders in segregation or isolation.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>82</p>
<p>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:</p>	<p>79</p>

<p>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:</p>	<p>16</p>
<p>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:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>12</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <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 checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Yes, offenders vary. Transfers differ also.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

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):	Certain vulnerable population were not represented in the population based on the mission of the facility.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
<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>Certain vulnerable population were not represented in the population based on the mission of the facility. Corroboration strategies to determine if this population exists in the audited facility included facility tour and observations, interview with the medical practitioner, PREA Compliance Manager, PREA Coordinator and staff responsible for conducting SVAT screenings.</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>Certain vulnerable population were not represented in the population based on the mission of the facility. Corroboration strategies to determine if this population exists in the audited facility included facility tour and observations, interview with the medical practitioner, PREA Compliance Manager, PREA Coordinator and staff responsible for conducting SVAT screenings.</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>Certain vulnerable population were not represented in the population based on the mission of the facility. Corroboration strategies to determine if this population exists in the audited facility included facility tour and observations, interview with the medical practitioner, PREA Compliance Manager, PREA Coordinator and staff responsible for conducting SVAT screenings.</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>Certain vulnerable population were not represented in the population based on the mission of the facility. Corroboration strategies to determine if this population exists in the audited facility included facility tour and observations, interview with the medical practitioner, PREA Compliance Manager, PREA Coordinator and staff responsible for conducting SVAT screenings.</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>Certain vulnerable population were not represented in the population based on the mission of the facility. Corroboration strategies to determine if this population exists in the audited facility included facility tour and observations, interview with the medical practitioner, PREA Compliance Manager, PREA Coordinator and staff responsible for conducting SVAT screenings.</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>Certain vulnerable population were not represented in the population based on the mission of the facility. Corroboration strategies to determine if this population exists in the audited facility included facility tour and observations, interview with the medical practitioner, PREA Compliance Manager, PREA Coordinator and staff responsible for conducting SVAT screenings.</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>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>Certain vulnerable population were not represented in the population based on the mission of the facility. Corroboration strategies to determine if this population exists in the audited facility included facility tour and observations, interview with the medical practitioner, PREA Compliance Manager, PREA Coordinator and staff responsible for conducting SVAT screenings.</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>Certain vulnerable population were not represented in the population based on the mission of the facility. Corroboration strategies to determine if this population exists in the audited facility included facility tour and observations, interview with the medical practitioner, PREA Compliance Manager, PREA Coordinator and staff responsible for conducting SVAT screenings.</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>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>Certain vulnerable population were not represented in the population based on the mission of the facility. Corroboration strategies to determine if this population exists in the audited facility included facility tour and observations, interview with the medical practitioner, PREA Compliance Manager, PREA Coordinator and staff responsible for conducting SVAT screenings.</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>Certain vulnerable population were not represented in the population based on the mission of the facility. Corroboration strategies to determine if this population exists in the audited facility included facility tour and observations, interview with the medical practitioner, PREA Compliance Manager, PREA Coordinator and staff responsible for conducting SVAT screenings.</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>Sample selection for targeted population was underrepresented due to the mission of this facility. Targeted offenders with physical, cognitive, low vision, or blind disabilities were not found in the population. Offenders are requires to work in environments that could prove a problematic liability. Another barrier to sampling includes the frequency of discharge from the facility due to discharge back into their communities. Therefore other targeted population not represented (e.g., history of victimization, and LEP,) could correlate with the the frequency of discharges back into the community.</p>

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	11
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	The Warden was on holiday. The Auditor interviewed the acting Warden in his absence.
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <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)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	Some specialized staff work at both facilities therefore they were not doubled counted. The two facilities share some resources.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

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>
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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.

<p>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?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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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	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	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	1	0	0	0
Total	1	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	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	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	1	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

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<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</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
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.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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.

Yes
 No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

2

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • 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)
<p>Auditor Discussion Instructions</p> <p>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.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.211 (a): An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.</p> <p>115.211 (a)-1 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.</p> <p>IDOC 02-01-115 Sexual Abuse Prevention pages 1-47 address the agency's zero tolerance toward all forms of sexual abuse and sexual harassment.</p> <p>115.211 (a)-2 The facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>IDOC 02-01-115 Sexual Abuse Prevention pages 1-47 (effective date</p>

04-01-2020) outlines how IDOC will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

115.211 (a)-3 The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment

- IDOC indicates yes.

IDOC 02-01-115 Sexual Abuse Prevention pages 2-4 (**effective date 04-01-2020**) policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment

IDOC 02-04 -101 Disciplinary Code for Adult Offenders (**effective date 3/01/2020**), pages 1-56, includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

115.211 (a)-4 The policy includes sanctions for those found to have participated in prohibited behaviors.

- IDOC indicates yes

IDOC 02-04 -101 Disciplinary Code for Adult Offenders, Harm to Staff Person, Volunteer, Visitor or Contractor page 40 (**effective date 3/01/2020**), pages 1-56, includes definitions of prohibited behaviors. The disciplinary code also includes sanctions for offenders found guilty of violating codes for offensive acts that result in bodily harm.

115.211 (a)-5 The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

- IDOC indicates yes

115.211 (b): An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

115.211 (b)-1 The agency employs or designates an upper-level, agency-wide PREA Coordinator.

By examination, this Auditor determined that the PREA Coordinator is a direct report to the Executive Director of Investigations and Intelligence. The Executive Director of Investigations and Intelligence is a direct report to the Executive Director of Field Operations who is a direct report to the Commissioner.

115.211 (b)-2 The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities.

	<ul style="list-style-type: none"> • IDOC indicates yes, the PREA Coordinator has to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. <p>During an interview with the PREA Coordinator, he confirmed that he is responsible for developing, implementing, and overseeing agency efforts to comply with the PREA standards in all of its community confinement facilities. The PREA Coordinator explained that each IDOC facility has a designated PREA Compliance Manager. Furthermore, he mentioned that he schedules quarterly meetings with all agency PCMs to discuss issues and implementation strategies to support the agency's efforts to comply with the PREA standards in all of its community confinement facilities.</p> <p>115.211 (b)-3 The position of the PREA Coordinator in the agency's organizational structure:</p> <p>By examination of the agency's organizational structure this Auditor confirmed that the position of PREA Coordinator is included in the agency's organizational structure.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. IDOC 02-01-115 Sexual Abuse Prevention (effective date 04-01-2020) 3. IDOC 02-04 -101 Disciplinary Code for Adult Offenders (effective date 3/01/2020) 4. Interview with PREA Coordinator 5. Examination of the IDOC Organization Chart <p>Conclusion:</p> <p>Based on an analysis of evidence and reasoning this standard is compliant for the relevant review period.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.212 (a): A public agency that contracts for the confinement of its residents 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.

115.212 (a)-1 The agency has entered into or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA audit, whichever is later. IDOC confirms yes.

115.212 (a)-2 All of the above contracts require contractors to adopt and comply with PREA standards. IDOC confirms yes.

115.212 (a)-3 The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit, whichever is later: is six.

115.212 (a)-4 The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: was zero.

Indiana Department of Correction (IDOC), Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection B, Contracting With Other Entities for Confinement of Offenders, pages 7 - 8, indicates that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, will include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

Further, IDOC contracts Lake County contract, Exhibit A Statement of Work, PREA Section, page 18, explicitly requires vendors with contracts for the confinement of its inmates to adopt and comply with the PREA standards, according to the contract administrator. This Auditor sampled the following contracts to determine compliance with this substandard: Lake County Government contract, Exhibit A, Requirements for a Work-Release Center Under a Grant/Contract with the Indiana Department of Corrections, page 18, Volunteers of America contract, Exhibit B, Scope of Work, page 12, John P. Craine House, Requirements for a Work-Release Center Under a Grant/Contract with the Indiana Department of Corrections, Exhibit A, page 22, includes the entity's obligation to adopt and comply with the PREA standards. IDOC contract with Volunteers of America Indiana, Other Provisions, page 6 indicates that the contractor will comply with the Prison Rape Elimination Act of 2003, and with all applicable PREA Standards, and IDOC Policies related to PREA.

115.212 (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

115.212 (b)-1 All of the above contracts require the agency to monitor the contractor's compliance with PREA standards.

115.212 (b)-2 The number of contracts referenced in 115.212 (a)-3 that DO NOT require the agency to monitor contractor's compliance with PREA standards: is zero.

Indiana Department of Correction (IDOC), Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection B, Contracting With Other Entities for Confinement of Offenders, pages 7 - 8, indicates that contracts for the

confinement of its inmates with private agencies or other entities, including other government agencies, will include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. Further, IDOC contracts Exhibit A, Requirements for a Work-Release Center Under a Grant/Contract with the Indiana

Department of Correction, and Exhibit B, Statement of Work, PREA Section, explicitly requires vendors with contracts for the confinement of its inmates to adopt and comply with the PREA standards, according to the Contract Administrator. The agency contract administrator confirmed that the agency is responsible for monitoring the agency contract, specifically the PREA Coordinator, to ensure compliance with all PREA standards. IDOC contract with Volunteers of America Indiana, Other Provisions, page 6 indicates that the contractor acknowledges that , in addition to self-monitoring requirements, IDOC will conduct, announced and unannounced monitoring to include "on site" monitoring.

The Auditor also interviewed the PREA Coordinator, who confirmed that it was his responsibility to monitor the contractual application of this standard. The agency contract administrator indicated that IDOC designates the PREA Coordinator as the designated staff to monitor new or renewed contracts for confinement services to determine if an entity complies with all PREA requirements. The PREA Coordinator indicated that IDOC has not entered into contracts with a private agency or other entity that failed to comply with PREA standards.

115.212 (c): Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed, may the agency enter into a contract with an entity that fails to comply with these standards. In such a case, the public agency shall document its unsuccessful attempts to find an entity in compliance with the standards.

115.212 (c)-1 Since August 20, 2012, the agency has entered into one or more contracts with a private agency or other entity that failed to comply with the PREA standards. IDOC indicates no.

115.212 (c)-2 If YES, these contracts were a result of emergency circumstances. Not applicable

115.212 (c)-3 The agency documents unsuccessful attempts to find an entity in compliance with the standards. Not applicable.

Evidence relied upon:

1. Pre-audit questionnaire
2. Examination of select contracts for the confinement of residents entered into (or renewed) after August 20, 2012, or since the last PREA audit -Crain House
3. Examination of select contracts for the confinement of residents entered into (or renewed) after August 20, 2012, or since the last PREA audit - Volunteers

	<p style="text-align: center;">of America Indiana</p> <ol style="list-style-type: none"> 4. Interview with the agency contract administrator 5. Interview with the PREA Coordinator <p>Conclusion:</p> <p>Based on evidence relied upon, compliance sampling, analysis and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.</p>
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.213 (a): For each facility, the agency shall develop and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, agencies shall take into consideration: (1) The physical layout of each facility; (2) The composition of the resident population; (3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (4) Any other relevant factors.</p> <p>115.213 (a)-1 For each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse.</p> <p>By examination this Auditor confirmed that South Bend Community Reentry and Chain O' Lakes Complex has a documented staff plan development process. The process includes a staffing plan. The annual 2024 Staffing Plan was signed by the facility Warden on 2/8/2024 for submission to the PREA Coordinator, Director of PREA and the IDOC Regional Director.</p> <p>During the facility tour of both facilities this Auditor observes the number of staff present, staffing patterns on the housing units recreational and staff positioning. Staff appeared to have a good line of sight on offender movement. Video monitoring technology was identified throughout the facility to compensate for staff and improve supervision. Informal conversation with random staff denied concerns with staffing or overcrowding.</p> <p>115.213 (a)-2 Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents: was 152.</p> <p>115.213 (a)-3 Since August 20, 2012, or last PREA audit, whichever is later, the</p>

average daily number of residents on which the staffing plan was predicated: was 152.

During an interview with the PREA Coordinator he confirmed receipt and review of the South Bend Community Reentry and Chain O' Lakes Complex staffing plan.

During his interview the facility Warden confirmed the annual development and review of a facility staffing plan for South Bend Community Reentry and Chain O' Lakes Complex. Further the Warden explained that consideration included in the development of the facility staffing plan such as the physical layout, resident population, and incidents of sexual abuse and sexual harassment. Compliance is checked against actual staffing on every shift by the shift supervisor and reported up the chain to correctional managers on duty.

115.213 (b): In circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan.

115.213 (b)-1 Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. Not applicable.

115.213 (b)-2 If documented, the six most common reasons for deviating from the staffing plan in the last 12 months: Not applicable.

During his interview the facility Warden indicated if the facility could not comply with the staffing plan it would notify the on call manager, document and justify the deviation from the staffing plan.

115.213 (c): Whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) 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 adequate staffing levels.

115.213 (c)-1 At least once every year the facility, reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

During his interview the facility Warden confirmed that at least annually the facility reviews the staffing plan to determine if adjustment are necessary to the (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources. Other annual review were omitted. Corrective action.

Evidence relied upon:

	<ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. Examination of the 2024 South Bend Community Reentry and Chain O' Lakes Complex staffing plan <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. South Bend Community Reentry and Chain O' Lakes Complex staffing plan will provide a sample of staffing plans from previous years during corrective action. <p>Conclusion:</p> <ol style="list-style-type: none"> 1. After correction action the South Bend Community Reentry and Chain O' Lakes Complex met the requirements of this standard based on select sampling and examination of relevant documentation for this review period.
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.215 (a): The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p>115.215 (a)-1 The facility conducts cross-gender strip or cross-gender visual body cavity searches of residents. The facility indicates no.</p> <p>IDOC Policy 02-03-101 Searches pages 1-20, (effective date 06/01/2019) is the agency policy which includes cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p>According to the facility Warden non-medical staff are never involved in cross-gender strip or visual searches. Interviews with 12 random staff indicated no knowledge of cross-gender strip or cross-gender visual body cavity searches of residents in the past 12 months.</p> <p>By examination this Auditor observed the locations designated by the facility to conduct strip searches, visual body cavity searches, and pat-down searches. Informal interviews with custody staff all indicated that non-medical persons cannot watch them when conducting a strip search or visual body cavity search. If an opposite-gender supervisor is present during a strip search or visual body cavity search they stand out of view of the actual strip search or visual body cavity search</p>

well beyond a privacy structure where the contours of the breasts, genitalia, or buttocks are not readily distinguishable. Informal conversation with residents re-entering the facility from work details denied being searched by an opposite gender staff. According to the facility Warden during this report period the past 12 months the facility conducted zero

115.215 (a)-2 In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents: The facility indicates zero cross-gender strip or cross-gender visual body cavity searches of residents.

115.215 (b): As of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 residents, the facility shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Facilities shall not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision.

115.215 (b)-1 The facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances (facilities have until August 20, 2015, to comply; or August 20, 2017, if their rated capacity does not exceed 50 residents).

This facility is a male facility with zero females. This substandard does not apply.

115.215 (b)-2 The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. This facility is a male facility with zero females. This substandard does not apply.

115.215 (b)-3 The number of pat-down searches of female residents that were conducted by male staff: This facility is a male facility with zero females. This substandard does not apply.

115.215 (c): The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female residents.

115.215 (c)-1 Facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented.

IDOC Policy 02-03-101 Searches, IX Strip Search, page 9, (**effective date 06/01/2019**) requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented on an IDOC Incident Report and submitted to the Custody Supervisor or designee.

115.215 (c)-2 Facility policy requires that all cross-gender pat-down searches of female residents be documented. IDOC indicates no. This facility is a male facility.

115.215 (d): The facility shall 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. Such policies and procedures shall 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.

115.215 (d)-1 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).

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section E, Limits to cross-gender viewing and searches, page 11, addresses cross-gender viewing. Section E., outlines how 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).

115.215 (d)-2 Policies and procedures 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.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section E, Limits to cross-gender viewing and searches, page 11, requires 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.

Resident Interview Questionnaire - Question: 1

Residents interviewed during the onsite portion of this audit confirmed that all staff including females announce their presence when entering a male housing unit.

Resident interview Questionnaire - Question: 2

Are you and other residents ever naked in full view of female staff. All residents answered no.

Interviews with a select group of random staff confirmed that all received PREA training which included topic such as the agency's zero tolerance policy, how to detect signs of sexual abuse and sexual harassment and how to avoid inappropriate relations with inmates.

115.215 (e)-1 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.

IDOC Policy 02-01-115 Sexual Abuse Prevention, policy prohibits staff from

searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

115.215 (e)-2 Such searches (described in 115.215(e)-1) occurred in the past 12 months. The facility indicates no.

Random Sample of Staff - Question: 4, all staff (random) interviewed confirmed that the facility prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status,

Further all staff interviewed confirmed an understanding and awareness of the agency's policy prohibiting staff from searching or physically examining a transgender or intersex resident for the purpose of determining that resident's genital status.

During the onsite portion of this audit zero transgender or intersex residents were identified by the PREA Compliance Manager or Medical Practitioner.

115.215 (f)-1 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:

This Auditor examined the IDOC training curricula and confirmed that the agency has a training curriculum which trains staff in how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. Likewise a review of 12 Security Skills - Search Evaluations confirmed that all staff sampled completed the required training as outlined in this standard. The training documentation was found in Standard 115.231.

Evidence relied upon:

1. Pre-audit questionnaire
2. IDOC Policy 02-03-101 Searches pages 1-20, (effective date 06/01/2019).
3. Facility tour and observation of staffing and supervision practices
4. Examination of designated locations for searches
5. Examination of IDOC Staff Development and Training, Pa, Frisk, and Modified Frisk Searches of Adult Males (R2/26/18)
6. Examination of (12) Security Skills - Search Evaluations (see Standard 115.231 (a)1)
7. Interviews: Informal with random staff'
8. Interview: Warden
9. Interview with the PREA Coordinator
10. Interview with the random staff (12)
11. Interview with random residents
12. Interview with the medical practitioner

	<p>Conclusion:</p> <p>1. Based on evidence relied upon and sampled during this review period the facility meets this standard.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.216 (a)-1 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 02-02-115 Sexual Abuse Prevention, Section F., Offenders with Disabilities and Offenders Who are Limited English Proficient., page 11, 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>By examination this Auditor confirmed that IDOC maintains a contractual agreement for interpretative services with Language Training Center. The expiration date is 08/01/2025. The translation services includes in-person, written and video remote language translation services.</p> <p>IDOC omitted evidence of staff training on PREA compliant practices for resident with disabilities.</p> <p>Agency Head - Q: 11</p> <p>During the onsite audit zero residents (with disabilities or who are limited English proficient) were interviewed. By examination this Auditor confirmed that IDOC has written materials in Spanish to be used for effective communication about PREA with residents with limited English proficiency. Further IDOC provides Spanish speaking residents with a written Spanish PREA brochure.</p> <p>Zero residents required interpretive assistance during the onsite portion of this audit. All phones were tested on each living unit and found to have a dial tone and in good working order.</p> <p>During an internet search this Auditor determined that residents in the facility would not be required to self-identify. Determine if persons confined in the facility must self-identify (e.g., enter pin, provide name/ID number) to access interpretation services. According to the PCM resident in need of interpretive services would utilize the services in a private setting (e.g. staff office). Access to interpretive</p>

services is a 24/7 on demand service available as needed according to the contractual agreement provided in 115.216 (a). Staff offices are located off the main hallways with office doors for privacy.

115.216 (b)-1 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.

During the onsite audit zero residents (with disabilities or who are limited English proficient) were interviewed. By examination this Auditor confirmed that IDOC has written materials in Spanish to be used for effective communication about PREA with residents with limited English proficiency. Further IDOC provides Spanish speaking residents with a written Spanish PREA brochure.

115.216 (c)-1 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 §115.264, or the investigation of the resident's allegations.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section F, Offenders with Disabilities and Offenders who are Limited English Proficient pages 11-12, indicate that the 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 §115.264, or the investigation of the resident's allegations.

115.216 (c)-2 If YES, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. (Absence of such documentation does not result in noncompliance with the standard.) The facility indicates yes.

115.216 (c)-3 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 § 115.264, or the investigation of the resident's allegations: The facility indicates zero.

Interviews with random staff (12) all confirmed that the 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 §115.264, or the investigation of the resident's allegations.

During the onsite portion of this audit zero residents were identified with disabilities

or who are limited English proficient. After an informal conversation with a medical practitioner she again confirmed that zero residents with LEP or physical disabilities.

According to the PCM in the past 12 months zero circumstances occurred where a resident interpreter, reader, or other resident assistant were used.

Evidence relied upon:

1. Preaudit questionnaire
2. IDOC Policy 02-01-115 Sexual Abuse Prevention (effective date 04/01/2020)
3. Examination of the contract for interpretative services 2023
4. Examination of the contract for interpretative services 2024
5. Examination of IDOC Offender Handbook (Spanish) written material used for effective communication
6. Examination of Offender PREA Brochure (Spanish) written material used for effective communication
7. Interview with the Agency Head
8. Interview random staff (12)
9. Informal interview with a medical practitioner
10. Internet search for interpretive service to determine if a pin was required
11. Facility tour and observations to determine the location use if interpretive services were needed

Corrective Action:

1. IDOC will provide evidence of staff training on PREA - compliant practices for residents with limited English proficiency

Conclusion:

1. Based on evidence relied upon and sampled during this review period the facility meets this standard.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.17 (a): The agency shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor who may have contact with inmates, who— (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile

facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, 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.

PAQ 115.17 (a)-1 IDOC confirmed that the agency has a policy that prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: (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.

IDOC Policy 02-02-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection G, Hiring and Promotion Decision, pages 13 - 14, indicates that IDOC shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor who may have contact with inmates, who— (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, 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.

IDOC Policy 04-03-103 (Information and Standards of Conduct for Departmental Staff), Section VIII, Employment Requirements, Subsection A, Background Checks, pages 13 - 16, indicates all person hired will undergo a criminal background records check, a driver's license check, fingerprinting, sex offender registry check, employment verification, education verification, license verification, and in appropriate cases Child Protective Services check, DIANA screen, in limited cases, credit history check, or any screen or check deemed necessary by the appointing authority or designee. This Auditor examined 12 random employee files of persons hired or promoted in the past 12 months to determine if the agency properly conducted criminal records background reviews. Evidence supports that background checks were conducted in accordance with this standard.

IDOC Policy 02-02-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection G, Hiring and Promotion Decision, pages 13 - 14, indicates that IDOC shall not hire anyone who: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in

42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, 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.

By examination of the IDOC Mandatory Pre-service PREA Questions this Auditor determined that IDOC requires each applicant to complete the questionnaire as a prerequisite for employment.

115.17 (b): The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates or to enlist the services of any contractor.

PAQ 115.17 (b)-1 confirms that the agency's policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor who may have contact with inmates.

IDOC Policy 02-02-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection G, Hiring and Promotion Decision, pages 13 - 14, indicates that IDOC shall consider an incident of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor who may have contact with offenders. Through the interview process with administrative staff, this Auditor confirmed IDOC's policy as it pertains to this substandard.

Through the interview process with administrative staff, the staff person confirmed that the agency considers any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates and considers any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with offender.

115.17 (c): Before hiring new employees who may have contact with inmates, the agency shall (1) Perform a criminal background records check and (2), Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

PAQ 115.17 (c)-1 IDOC confirmed that the agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

IDOC Policy 04-03-102 (Human Resources), Section XIII, Criminal Background Checks, page 15, (**effective date 11/01/2020**) indicated that the agency should conduct a criminal background records check in accordance with Policy and Administrative Procedure 04-03-102 before listing enlisting the services of any individuals who may have contact with offenders. IDOC Policy 04-03-102 (Human Resources), Section XIV, Employment Verification, page 15, indicated in accordance with the agency procedures, employers requesting verification of the employment

of a current or former agency may be provided the following name, job title, business address, business telephone job description, and dates of employment.

IDOC Policy 04-03-103, (Information and Standards of Conduct for Departmental Staff), Section VIII, Employment Requirements, Subsection A, Background Checks, pages 13 - 16, indicates all person hired will undergo a criminal background records check, a driver's license check, fingerprinting, sex offender registry check, employment verification, education verification, license verification, and in appropriate cases Child Protective Services check, DIANA screen, in limited cases, credit history check, or any screen or check deemed necessary by the appointing authority or designee.

PAQ 115.17 (c)-2 The facility confirmed that in the past 12 months, 23 persons were hired who may have contact with inmates who have had criminal background record checks. Through interviews, this Auditor interviewed administrative (Human Resources) staff, who confirmed that 23 persons were hired who may have contact with offenders who may have had criminal background records checks. Further, the administrative staff person also confirmed that before hiring new employees who may have contact with offenders, the agency performs a criminal background records check as required in IDOC Policy 04-03-102 (Human Resources), Section XIII, Criminal Background Checks, page 15, and Policy and Administrative Procedure 04-03-102 before enlisting the services of any individuals who may have contact with offenders. Further, the administrative staff person confirmed that before hiring new employees who may have contact with offenders, IDOC, 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. The agency follows Standard 115.17 as prescribed. **This Auditor will sample newly hired employees to determine compliance with this substandard.**

115.17 (d): The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates. PAQ 115.17 (d)-1 IDOC confirmed that the agency has a policy requiring a criminal background record check before enlisting the services of any contractor who may have contact with inmates. IDOC Policy 04-03-102 (Human Resources), Section XIII., Criminal Background Checks, page 15, indicated that the agency should conduct a criminal background records check in accordance with Policy and Administrative Procedure 04-03-102 before enlisting the services of any individuals who may have contact with offenders.

IDOC Policy 04-03-102 (Human Resources), Section XIV., Employment Verification, page 15, indicated under the agency procedures, employers requesting verification of the employment of a current or former agency may be provided the following name, job title, business address, business telephone job description, and dates of employment.

PAQ 115.17 (d)-2 The facility confirmed that in the past 12 months, there were four

contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates. This Auditor examined criminal background records checks **(12 total)** for newly hired employees, transfer and promoted employees, and five-year background checks for this reporting period. Problematic, omitted from the evidence were three background checks for new contract employees. This substandard requires corrective action. Through interviews, this Auditor interviewed administrative (Human Resources) staff, who confirmed that the agency performs a criminal background records check before enlisting the services of any contractor who may have contact with inmates. As mentioned above, absent from evidence was documented evidence that the facility performed a criminal background records check before enlisting the services of three contractors who may have had contact with offenders.

115.17 (e): The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees. PAQ 115.17 (e)-1 IDOC confirmed that the agency has a policy requiring that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates or that a system is in place for otherwise capturing such information for current employees. By examining employee criminal background records, this Auditor determined that IDOC has a system in place to capture criminal background information, which is termed Indiana Data and Communication System (IDACS). The Indiana Data and Communications System (IDACS) is a computerized law enforcement/criminal justice communications and information storage and retrieval system. This system is designed to serve as a tool in providing more effective and efficient law enforcement for both the citizens of this State and, through interfacing with the National Crime Information Center (NCIC) computer and the International Justice and Public Safety Network (Nlets) computer, the Nation as a whole. This Auditor examined documentation of criminal background records checks (12 total) for newly hired employees, transfer and promoted employees, and five-year background checks for this reporting period to determine compliance with this substandard. According to the administrative staff, IDOC conducts IDACS criminal records checks every four years to maintain compliance with this standard, but at least every five years of current employees and contractors may have contact with inmates or have in place a system for otherwise capturing such information for current employees.

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

paragraph (a) of this section in written applications or interviews for hiring or promotions, and the agency imposes upon employees a continuing affirmative duty to disclose any such misconduct. STD Discipline Policy Statement: Statement of Policy, page 1, indicates that a classified employee in the civil service is subject to discipline for just cause. Just cause can include;

1. Doing an act which a person ought not to do.
2. The omission of an act which a person ought not do.
3. Improper doing of a permissible act.

PAQ 115.17 (g)-1 IDOC confirmed that the policy states that material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination.

IDOC Policy 04-03-103 (Information and Standards of Conduct for Departmental Staff), Section VIII, Employment Requirements, Subsection A, Background Checks, pages 13 - 16, indicates that material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination.

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

Evidence relied upon:

1. Pre-audit questionnaire
2. IDOC Policy 02-02-115 (Sexual Abuse Prevention) (effective date 04/01/2020)
3. IDOC Policy 04-03-103 (Information and Standards of Conduct for Departmental Staff) (effective date 12/01/2012)(revised 04/01/2024)
4. IDOC Policy 04-03-102 (Human Resources) (effective date 11/01/2020)
5. STD Discipline Policy Statement: Statement of Policy (effective date 08/01/ 2012)
6. Internet search Indiana Data and Communication System (IDACS)
7. Interview with administrative staff
8. Examination of personnel files of persons hired in the past 12 months
9. Examination of records of contractors hired in the past 12-month period (corrective action)
10. Examination of IDAC background records checks of current employees in five-year intervals
11. Examination of Request for Information, Prison Rape Elimination Act (PREA) Investigations form (revised 08/25/2017)

Corrective Action:

1. PAQ 115.17 (a)-1 IDOC confirmed that the agency has a policy that prohibits hiring or promoting anyone who may have contact with inmates and

	<p>prohibits enlisting the services of any contractor who may have contact with inmates who: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, 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. This Auditor examined ten employee files of persons hired or promoted in the past 12 months to determine if the agency properly checked criminal records background as required in this standard.</p> <ol style="list-style-type: none"> 2. This Auditor will sample (12) newly hired employees to determine compliance with this substandard. Files of personnel hired in the past 12 months to determine that the agency has completed checks consistent with 115.217(c). 3. This Auditor will sample newly promoted employees to determine compliance with this standard. Files of personnel hired in the past 12 months to determine that the agency has completed checks consistent with 115.217(c). <p>Conclusion:</p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.218 (a)-1 The agency/facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. The facility indicates no.</p> <p>When designing, acquiring, or planning substantial modifications to facilities, the Agency Head indicated that her team considers how to improve the sexual safety of residents and staff by where possible removal of blinds pots and adding or improving video technology to assist custody staff is management of residents.</p> <p>According to the facility Warden, this facility has no had any substantial expansions</p>

or modifications to the facility since August 20, 2012, or the last PREA audit (whichever is later), have been noted within the materials collected in advance, ask: How has the facility considered the effect of the expansion or modification upon the facility's ability to protect residents from sexual abuse.

During the facility tour and observation this Auditor did not observe any substantial modifications to the facility.

115.218 (b): 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.

115.218 (b)-1 The agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later. The facility indicates yes.

According to the Agency Head monitoring technology assist staff by monitoring in multiple locations particularly facilities and locations where the potential for an incident to occur is a greater possibility.

According to the Warden when installing or updating monitoring technology, such as a video monitoring system or electronic surveillance, how has the facility considered using such technology to enhance residents' protection from sexual abuse, the facility considers how to eliminate sight-lines or blind spots in and around the facility with special consideration for incidents that are PREA related.

Evidence relied upon:

1. Pre-audit questionnaire
2. Interview with the Agency Head
3. Interview with the Facility Warden
4. Facility tour and observations

Conclusion:

Based on evidence relied upon and sampled during this review period the facility meets this standard.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.221 (a): To the extent the agency is responsible for investigating

allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

115.221 (a)-1 The agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The facility indicates yes.

115.221 (a)-2 The agency/facility is responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The facility indicates yes.

115.221 (a)-3 If another agency has responsibility for conducting either administrative or criminal sexual abuse investigations, the name of the agency that has responsibility (if another agency has responsibility for conducting both administrative and criminal sexual abuse investigations). The facility indicates not applicable.

115.221 (a)-4 When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. The facility indicates yes.

During the onsite portion of this audit. This Auditor interviewed 12 random staff. All staff were asked if they knew and understood the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. All staff interview were able to explain measures they would take to obtain usable physical evidence such as to not allow the victim and the accused to shower, brush their teeth of change clothes, and secure the crime scene.

Further this same group of (12) random staff were asked who is responsible for conducting sexual abuse investigations. Nine random staff indicated the person responsible for conducting sexual abuse investigations was the PREA Compliance Manager three indicated IDOC the Office of Internal Investigations (OII).

By examination this Auditor reviewed the evidence protocol for collection of usable evidence in confinement settings. Review uniform evidence protocol for evidence that there is sufficient technical detail to aid responders in obtaining usable physical evidence. IDOC Sexual Assault Manual (**effective date 04/01/2022**), Indiana Department of Corrections, Health Services Division , pages 1-6, outlines how investigators and medical practitioners initially assess a sexual assault victim.

IDOC Policy 00-01-103 (Investigation and Intelligence), pages 1-40, outlines the uniform evidence protocol the agency shall take when investigating civil or criminal actions against offenders, staff, or visitors, an appropriate chain of custody. The Investigation and Intelligence (OII) policy outlines a uniform process for investigating offenders' incidents. The protocol included the role and obligation to the victim, victim transfer for a forensic examination, the collection of evidence, prompt forensic examinations and decision-making on a case-by-case basis, and evidence integrity. All random staff interviewed during the on-site portion of this

audit incited that if an offender was sexually assaulted, the staff member would protect the victim, notify a medical practitioner on duty, protect usable evidence by closing off the crime scene, advise the victim not to brush their teeth, take a shower, or change clothes, notify a supervisor, and immediately document the incident. A review of the uniform evidence protocol indicates that the protocol's critical factors maximize the potential for obtaining usable physical evidence for administrative proceedings or criminal prosecution.

115.221 (b): 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.

115.221 (b)-1 The protocol is developmentally appropriate for youth. The facility indicates this substandard is not applicable. This facility is an adult male facility.

115.221 (b)-2 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. The facility indicates yes.

115.221 (c): The agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

115.221 (c)-1 The facility offers all residents who experience sexual abuse access to forensic medical examinations. If no, skip to 115.221 (d)-1. the facility indicates yes.

115.221 (c)-2 Forensic medical examinations are offered without financial cost to the victim. The facility indicates yes.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section V, Responsive Planning, Subsection A, Evidence Protocol and Forensic Examinations, pages 15 - 16, states the agency shall offer all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary and medically appropriate.

115.221 (c)-3 Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The facility indicates yes.

115.221 (c)-4 When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility indicates yes.

PAQ 115.21 (c)-5 The facility confirmed that where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).

By examination IDOC collaborates with the Indiana SANE Training Project, Indiana Medical Forensic Examination Providers 2023 which requires in the absence of forensically trained providers, the facility should transferred or refer the victim to the nearest trained provider. The facility provided as evidence the provider roster which includes the county, the name of the SANE facility, contact person, phone number and website, the a description victim type the services are tailored to meet (e.g., pediatrics, adult, adolescent).

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section V, Responsive Planning, Subsection A, Evidence Protocol and Forensic Examinations, pages 15 - 16, such examinations shall be performed by a Sexual Assault Forensic Examiner (SAFEs) or a Sexual Assault Nurse Examiner (SANE) or performed by a qualified medical practitioner.

115.221 (c)-6 The number of forensic medical exams conducted during the past 12 months: The facility indicates zero. This information was confirmed during an informal conversation with the PREA Coordinator and OII.

115.221 (c)-7 The number of exams performed by SANEs/SAFEs during the past 12 months: The facility indicates zero. This information was confirmed during an informal conversation with the PREA Coordinator and OII.

115.221 (c)-8 The number of exams performed by a qualified medical practitioner during the past 12 months: The facility indicates zero. This information was confirmed during an informal conversation with the PREA Coordinator and OII.

SAFEs/SANEs Staff - Q: 1, 2 at the writing of this initial report this Auditor has not been able to make contact with a SANE representative. The Auditor will continue to make contact with a representative from SANE. During this reporting period this facility indicates zero SANE examinations and zero allegations of sexual abuse.

115.221 (c)-6 The number of forensic medical exams conducted during the past 12 months: was zero. Therefore this Auditor interviewed zero residents who reported sexual abuse during the past 12 months.

115.221 (d): The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services

specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

115.221 (d)-1 The facility attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other means. the facility indicates yes.

The facility will upload/select documentation of agreement(s) with rape crisis center for services or documentation of efforts in the corrective action period.

115.221 (d)-3 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. The IDOC curriculum objective include a description of services provided by victim advocates, how to communicate and foster a productive relationship with a victim and the role of a victim advocate, the role of an advocate during a forensic medical examine and crisis intervention.

During an interview with the PREA Coordinator. the PC confirmed that each IDOC facility employs Sexual Assault Response Teams (SART) members at every facility and on every shift. SART members are required to attend an IDOC Staff Development and Training Victim Advocacy Class to service as a victim advocate. Further the PC indicated that the agency provides SART members to act ac victim advocates to assist victims of sexual abuse through the legal and forensic process.

During this reporting period the facility confirmed that zero residents reported sexual abuse. Therefore zero residents were interviewed to determine compliance with this substandard. To confirm that zero residents reported sexual abuse as indicated in the facility's pre-audit questionnaire this Auditor also confirm the information provided by the facility with the PREA Coordinator and IDOC OII database.

115.221 (e): As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member 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.

115.221 (e)-1 If requested by the victim, a victim advocate, 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.

During an interview with the PREA Coordinator, the PC confirmed that each IDOC facility employs Sexual Assault Response Teams (SART) members at every facility and on every shift. SART members are required to attend an IDOC Staff Development and Training Victim Advocacy Class to service as a victim advocate. Further the PC indicated that the agency provides SART members to act as victim advocates to assist victims of sexual abuse through the legal and forensic process.

During this reporting period the facility confirmed that zero residents reported sexual abuse. Therefore zero residents were interviewed to determine compliance with this substandard. To confirm that zero residents reported sexual abuse as indicated in the facility's pre-audit questionnaire this Auditor also confirm the information provided by the facility with the PREA Coordinator and IDOC OII database.

115.221 (f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

115.221 (f)-1 If the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.221 (a) through (e) of the standards. The agency indicates not applicable.

Documentation of the request regarding requirements of 115.221(a) through (e) with outside investigating agency is not applicable. According to the PREA Coordinator, the agency/facility is responsible for administrative and criminal investigations.

115.221 (g): The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in community confinement facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in community confinement facilities.

Auditor is not required to audit this provision.

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

The facility will provide this information during corrective action.

Evidence relied upon:

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 Sexual Abuse Prevention (effective date 04/01/2020)
3. IDOC Sexual Assault Manual, Indiana Department of Corrections, Health

	<p>Services Division (effective date 04/01/2022)</p> <ol style="list-style-type: none"> 4. Sexual Assault Response Team (SART) Victim Advocate Training Curriculum (effective date 03/03/2016) 5. Interview with random staff (12) 6. Interview with the PREA Coordinator 7. Interview with SANE staff representatives (corrective action) 8. Examination of Indiana SANE Training Project, Indiana Medical Forensic Examination Providers 2023 <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. The facility will provide documentation of screening for SART members 2. The facility will upload/select documentation of agreement(s) with rape crisis center for services or documentation of efforts in the corrective action period. 3. SAFEs/SANEs Staff - Q: 1, 2 <p>Conclusion:</p> <ol style="list-style-type: none"> 1. The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance after a corrective action determination, the auditor's analysis and reasoning, and the auditor's conclusions.
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.222 (a): The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>115.222 (a)-1 The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct). The facility indicates yes.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B., Policies to Ensure Referrals of Allegations for Investigations, page 16, the Department shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p>

115.222 (a)-2 In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: The facility indicated one.

115.222 (a)-3 In the past 12 months, the number of allegations resulting in an administrative investigation: The facility indicates one sexual harassment allegation. This incident was unsubstantiated.

115.222 (a)-4 In the past 12 months, the number of allegations referred for criminal investigation: The facility indicated zero. By examination this Auditor confirmed that 23-SBW-0016 was unsubstantiated.

115.222 (a)-5 Referring to allegations received during the past 12 months, all administrative and/or criminal investigations were completed. By examination this Auditor confirmed that investigation 23-SBW-0016 was completed and determined as unsubstantiated.

During an interview with the Agency Head she confirmed that the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. The Further, the IDOC OII assigns an investigator to investigate all administrative and criminal allegations of sexual harassment and sexual abuse allegations. The investigator is responsible for gathering evidence in the case, interview of victim and witnesses and completing a written report with findings.

115.222 (b): The agency shall have in place a policy 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. The agency shall publish such policy on its Web site or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

115.222 (b)-1 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.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B., Policies to Ensure Referrals of Allegations for Investigations, page 16, the Department shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

115.222 (b)-2 The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The facility indicates yes.

By examination of the agency's website this Auditor confirmed that the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website.

115.222 (b)-3 The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. The facility indicates yes.

During the audit process an agency Investigator was interviewed for the purpose of this report. The investigator confirmed that IDOC has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. (See IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B., Policies to Ensure Referrals of Allegations for Investigations, page 16). IDOC investigates administrative and criminal allegations of sexual abuse and sexual harassment and the agency has the legal authority to conduct criminal investigations.

115.222 (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

IDOC investigates administrative and criminal allegations of sexual abuse and sexual harassment and the agency has the legal authority to conduct criminal investigations.

115.222 (d): Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations.

Auditor is not required to audit this provision.

115.222 (e): Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations.

Auditor is not required to audit this provision.

Evidence relied upon:

1. Preaudit questionnaire
2. IDOC 02-01-115 Policy Sexual Abuse Prevention (effective date 04/01/2020)
3. Report of Investigation 23-SBW-0016 documentation of report sexual harassment and documentation of investigations, including full investigative reports with findings.
4. Interview with Agency head
5. Interview with Investigator
6. Internet search verification that policy (IDOC 02-01-115 Policy Sexual Abuse Prevention (effective date 04/01/2020)) is on website or other means made publicly available

Corrective Action:

	<p>1. None</p> <p>Conclusion:</p> <p>1. Based on evidence relied upon, compliance sampling, analysis and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.</p>
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115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.231 (a): The agency shall train all employees who may have contact with residents on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' rights to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p> <p>115.231 (a)-1 The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The facility indicates yes.</p> <p>IDOC Policy 02-01-115 Sexual Abuse and Prevention, Section VI. Training and Education, Subsection A., Employee Training (effective date 04/01/2020) page 17, indicates shall train all employees who may have contact with residents on 1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' rights to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in</p>

confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

By examination this Auditor confirms that IDOC has a training curriculum termed, IDOC Staff Development Training Prison Rape Elimination Act, PowerPoint (PP) (effective date R06/12/2020) slides 1-32.

By examination this Auditor examined 16 signed documents as evidence of PREA training. By examination this Auditor examined 10 signed documents as evidence of search training. By examination this Auditor examined 10 IDOC acknowledgement receipt of training and brochures, Sexual Assault Prevention. By examination this Auditor examined evidence of eLearning training of a select number of staff (10 dated 07/31/2023).

115.231 (a)-2 The agency trains 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.

Sample of training records:

By examination this Auditor examined 16 signed documents as evidence of PREA training. By examination this Auditor examined 10 signed documents as evidence of search training. By examination this Auditor examined 10 IDOC acknowledgement receipt of training and brochures, Sexual Assault Prevention. By examination this Auditor examined evidence of eLearning training of a select number of staff (10 dated 07/31/2023).

115.231 (a)-4 The agency trains 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.

See 115.231 (a)-1.

115.231 (a)-5 The agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in confinement.

See 115.231 (a)-1.

115.231 (a)-6 The agency trains all employees who may have contact with residents on the common reactions of sexual abuse and sexual harassment victims.

See 115.231 (a)-1.

115.231 (a)-7 The agency trains all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse.

See 115.231 (a)-1.

115.231 (a)-9 The agency trains 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.

See 115.231 (a)-1.

115.231 (a)-10 The agency trains 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.

See 115.231 (a)-1.

During the onsite portion of this audit 12 random staff were interviewed. All random staff interviewed confirmed participation in PREA-related training during the onboarding process and at least annually. See 115.231 (a)-2 for evidence of a sample of training records requested by the Auditor.

115.231 (b): Such training shall be tailored to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

115.231 (b)-1 Training is tailored to the gender of the residents at the facility. The facility indicates yes.

IDOC Policy 02-01-115 Sexual Abuse and Prevention, Section VI. Training and Education, Subsection A., Employee Training (effective date 04/01/2020) page 17.

By examination this Auditor confirms that IDOC has a training curriculum termed, IDOC Staff Development Training Prison Rape Elimination Act, PowerPoint (PP) (effective date R06/12/2020) slides 1-32. This training is gender neutral for either adult males or females.

115.231 (b)-2 Employees who are reassigned from facilities housing the opposite gender are given additional training. The facility indicates yes.

IDOC Policy 02-01-115 Sexual Abuse and Prevention, Section VI. Training and Education, Subsection A., Employee Training (effective date 04/01/2020) page 17.

By examination this Auditor confirms that IDOC has a training curriculum termed, IDOC Staff Development Training Prison Rape Elimination Act, PowerPoint (PP) (effective date R06/12/2020) slides 1-32. This training is gender neutral for either adult males or females.

115.231 (c): All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

115.231 (c)-2 Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment.

By examination this Auditor determined that IDOC requires all staff to complete a PREA eLearning lesson at least annually. Interviews with a select group of random staff (12) confirmed participating in a annual PREA eLearning lesson which is accompanied with a short quiz.

115.231 (c)-3 The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: The facility indicates is annually.

By examination a sample of training records support compliance with this substandard.

115.231 (d): The agency shall document, through employee signature or electronic verification, that employees understand the training they have received. The facility indicates yes.

By examination of a sample of training records with employee signatures or electronic verification signifying comprehension of the training this Auditor confirmed that PREA related training is occurring at least annually.

Evidence relied upon:

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 Sexual Abuse Prevention (effective date 04/01/2020)
3. IDOC Staff Development and Training Prison Rape Elimination Act (PP) (effective revision date 06/12/2020)
4. Examination of a sample of training records (State, Food Services Medical and Contract Employees) (04/04/2024)
5. Examination of a sample of training records (State, Food Services Medical and Contract Employees) (09/20/23)
6. Examination of a sample of training records (State, Food Services Medical and Contract Employees) (01/24/2024)
7. Examination of a sample of training records (State, Food Services Medical and Contract Employees) (03/13/2024)
8. Examination of a sample of training records (State, Food Services Medical and Contract Employees) (01/24/2024b)
9. Examination of a sample of training records (State, Food Services Medical and Contract Employees) (12/18/2023)
10. Examination of a sample of training records (State, Food Services Medical

	<p style="text-align: center;">and Contract Employees) (02/21/2024)</p> <ol style="list-style-type: none"> 11. Examination of training records dated 08/01/2023 12. Interview of random staff (12) <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. None <p>Conclusion:</p> <ol style="list-style-type: none"> 1. Based on evidence relied upon, compliance sampling, analysis and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.232 (a): The agency shall ensure 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.</p> <p>115.232 (a)-1 All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B. Volunteer and Contractor Training (effective date 04/01/2020) page 18, the agency mandates 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.</p> <p>115.232 (a)-2 The number of volunteers and individual contractors who have contact with residents who have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: The facility indicates 95.</p> <p>During the onsite portion of this audit a specialized staff, medical practitioner (contractor) confirmed being trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per IDOC policy and procedure. Further the contractor indicated that the training was through eLearning</p>

and in-classrooms.

By examination of a sample of training records this Auditor determined that IDOC ensures 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. (Also see Standard 115.231 - Employee training for additional evidence of training of contractors).

115.232 (b): 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.

115.232 (b)-1 The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents.

115.232 (b)-2 All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Volunteer(s) or Contractor(s) who may have Contact with Residents - Q: 2, 3

115.232 (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

115.232 (c)-1 The agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.

Relevant documentation (e.g., signed acknowledgement of understanding by volunteers/contractors).

Evidence relied upon:

1. Pre-audit questionnaire
2. IDOC Policy 02-02-115 Sexual Abuse Prevention (effective date 04/01/2020)
3. Interview with a contractor
4. Examination of a sample of training records
5. Examination of the Workforce Engagement, 2023-2024 New Employee Training Process Agenda, Adult Facility Contract Staff (Blue Level)
6. Examination of the Workforce Engagement, 2023-2024 New Employee Training Process Agenda, Adult Facility Contract Staff (Green Level)
7. Examination of the Workforce Engagement, 2023-2024 New Employee Training Process Agenda, Adult Facility Contract Staff

Conclusion:

	<p>1. Based on evidence relied upon, compliance sampling, analysis and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.</p>
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115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.233 (a): During the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse, and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.</p> <p>115.233 (a)-1 Residents receive information at the time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The facility indicates yes.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C., Offender Education (effective date 01/01/2020) page 19, indicates that during the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.</p> <p>115.233 (a)-2 The number of residents admitted during the past 12 months who were given this information at intake was 329.</p> <p>During the onsite portion of this audit, two intake staff members were interviewed. Both intake staff individually confirm they are responsible for conducting the intake process. Intake staff #1 confirmed that all residents receive information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse. According to intake staff #1, all residents must participate in PREA education and receive a PREA brochure upon arrival or transfer. Intake staff #2 also confirmed</p>

that all residents receive information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse. According to intake staff #1 and 2, all residents must participate in PREA education and receive a PREA brochure upon arrival or transfer.

During resident interviews, all confirmed that the facility's female staff announce themselves when entering a housing unit of the opposite gender. Residents did indicate that their facility is a work camp and that they hear announcements when they are in the building or not asleep. Still, during the summer months, female staff make two announcements per living unit, one announcement for residents on the first floor and a second announcement for residents living on the upper level of the same living unit. Some three residents mentioned that while female staff members are making announcements about opposite genders during summer months, the noise from the fans can pose a challenge because of the noise levels.

Interpretative Services

During the site review, the Auditor conducted a mock:

- Test of the facility's process for securing interpretation services on-demand. Zero LEPs were assigned to this facility during the onsite portion of this audit.
- Test if services are provided work properly
- Test access did not require a PIN
- The access location was a staff office
- Assess the availability of interpretative services 24/7 to all residents

115.233 (b): The agency shall provide refresher information whenever a resident is transferred to a different facility. Yes.

115.233 (b)-1 The facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C., Offender Education (effective date 01/01/2020) page 19, indicates that during the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

According to intake staff (2), transferring residents would receive the PREA brochure and view the PREA video.

115.233 (b)-2 The number of residents transferred from a different community confinement facility during the past 12 months: 329.

115.233 (b)-3 The number of residents transferred from a different community confinement facility during the past 12 months who received refresher information:329.

115.233 (c): 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.

115.233 (c)-1 Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C., Education for Disabilities, page 20. IDOC 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 offenders who have limited reading skills.

115.233 (c)-2 Resident PREA education is available in formats accessible to all residents, including those who are deaf. The facility indicates yes.

See IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C., Education for Disabilities, page 20.

115.233 (c)-3 Resident PREA education is available in formats accessible to all residents, including those who are visually impaired.

See IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C., Education for Disabilities, page 20.

115.233 (c)-4 Resident PREA education is available in formats accessible to all residents, including those who are otherwise disabled.

See IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C., Education for Disabilities, page 20.

115.233 (c)-5 Resident PREA education is available in formats accessible to all residents, including those who are limited in their reading skills.

See IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C., Education for Disabilities, page 20.

Upon examination, the educational materials reviewed included acknowledgment sheets (10) for the Prison Rape Elimination Act (PREA) education program, signed by ten residents confirming their receipt of comprehensive education upon transferring to the facility. Additionally, random interviews with a select sample of residents confirmed that they received PREA-related education during intake. They were informed about the zero-tolerance policy regarding sexual abuse and harassment, how to report incidents or suspicions, their rights to be free from such abuse, and protection against retaliation for reporting. The information was provided through

various formats, including brochures, handbooks, a PREA video, and face-to-face sessions with a facilitator.

115.233 (d): The agency shall maintain documentation of resident participation in these education sessions.

115.22 (d)-1 The agency maintains documentation of resident participation in PREA education sessions.

The IDOC maintains documentation of resident participation in these education sessions. Upon examination, the educational materials reviewed included acknowledgment sheets (10) for the Prison Rape Elimination Act (PREA) education program, signed by ten residents confirming their receipt of comprehensive education upon transferring to the facility. Additionally, random interviews with a select sample of residents confirmed that they received PREA-related education during intake. They were informed about the zero-tolerance policy regarding sexual abuse and harassment, how to report incidents or suspicions, their rights to be free from such abuse, and protection against retaliation for reporting. The information was provided through various formats, including brochures, handbooks, a PREA video, and face-to-face sessions with a facilitator.

115.233 (e): In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

115.233 (e)-1 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.

For example, during the facility tour, the facility this Auditor observed displayed in all living units and administration (e.g., staff common areas, visitation break room) posters termed "END THE SILENCE." The posters included information on multiple ways to report sexual abuse and sexual harassment, such as telling a trusted staff person, writing the IDOC Ombudsman, filing a grievance, or having a friend or family member report the incident. Other posters displayed included contact information for emotional support. Further signage throughout the facility was:

- Easily read and accessible to persons in the facility;
- The language was clear and easy to understand.
- The signage provided information on how to contact external emotional support services and detailed the process for submitting reports to the IDOC Ombudsman Office.
- Signage was displayed in English and Spanish
- The signage text size was of normal size.
- Formatting and physical placement accommodated most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair, etc.

- The information provided by the signage was located in the common area living space and near telephones, surrounded by other facility rules.
- Sexual abuse and sexual harassment posters were unobscured, readable free of graffiti.
- Audit notices were relevant to this Auditor, with accurate contact information and accurate audit dates.

Informal conversations with staff and persons confined in the facility regarding signage throughout the facility (e.g., readability and accessibility of information, including for confined persons with disabilities; confirmed the consistency, readability, and accuracy of information; and when the signage posted for the audit or always posted.

Informal conversations with residents confirmed that this facility is a community work program with daily access to the community; telephones to report sexual abuse are readily available through electronic tables provided to all residents or through communication with family or friends.

Evidence relied upon:

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 Sexual Abuse Prevention (effective dates 04/01/2020)
3. Review of a sample of relevant education material (PREA brochure) (English)
4. Review of a sample of pertinent education material (PREA brochure) (Spanish)
5. Review of a sample of relevant educational material (handbook)
6. Review of a sample of pertinent education material (PREA posters)
7. Interview with Intake Staff (2)
8. Interview with random residents
9. Test how the facility provides the necessary PREA information to all confined persons, regardless of ability and language,
10. Test resident's access via electronic tablets

Conclusion:

1. Based on evidence relied upon, compliance sampling, analysis, and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.234 (a): In addition to the general training provided to all employees pursuant to § 115.231, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

115.234 (a)-1 Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D., Specialized Training: Investigations, (effective date 04/01/2020), page 20.

The National Institution of Corrections Investigative Curriculum, table of contents includes working with victims, interviewing techniques, PREA Investigative Standards, criteria and evidence for administrative action and prosecution, and interviewing juveniles.

IDOC Staff Development and Training, Sexual Assault Response Team (SART), SART First Responders, Evidence Protocols, and Investigations (effective date 07/01/2022).

During an interview with an IDOC PREA investigator, this Auditor confirmed that they had completed both specialized and annual training. A certificate of completion dated April 24, 2024, was reviewed, showing completion of the course "PREA Investigating Sexual Abuse in a Confinement Setting" at the National Institute of Corrections.

115.234 (b): 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.

During an interview with a PREA investigator, he confirmed that specialized training included 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.

115.234 (c): The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

115.234 (c)-1 The agency maintains documentation showing that investigators have completed the required training.

During an interview with an IDOC PREA investigator, this Auditor confirmed that they had completed both specialized and annual training. A certificate of completion dated April 24, 2024, was reviewed, showing completion of the course "PREA Investigating Sexual Abuse in a Confinement Setting" at the National Institute of

	<p>Corrections.</p> <p>By examination this Auditor confirmed that the PREA investigator assigned to this facility completed specialized training as required in this standard.</p> <p>115.234 (c)-2 The number of investigators currently employed who have completed the required training:was 1.</p> <p>115.234 (d): Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.</p> <p>Auditor is not required to audit this provision.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. IDOC Policy 02-01-115 Sexual Abuse Prevention (effective date 04/01/2020) 3. National Institute of Corrections (NIC) Investigation Curriculum 4. IDOC First Responders, Evidence Protocols, and Investigations Curriculum 5. Interview with a PREA investigator 6. Internet search: NIC Investigation Curriculum 7. Sample training material and record <p>Conclusion:</p> <ol style="list-style-type: none"> 1. Based on evidence relied upon, compliance sampling, analysis, and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.
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115.235	<p>Specialized training: Medical and mental health care</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.235 (a): The agency ensures that all full- and part-time medical and mental health care practitioners who regularly work in its facilities have been trained in (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>115.235 (a)-1 The agency has a policy for training medical and mental health</p>
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practitioners who work regularly in its facilities.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section E., Specialized training: Medical and Mental Health Care Section (effective 04/01/2020), page 21.

115.235 (a)-2 The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy was 5.

Centurion PREA Overview (effective 8/2021) pages 1-63.

115.235 (a)-3 The percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy was 100.

During the facility audit, medical and mental health staff (2) confirmed completion of specialized training as outlined in this standard.

Records of specialized training (5) confirmed completion of PREA training. Further contract medical and mental health staff indicate an agency requirement of complete annual PREA training by IDOC.

115.235 (b): If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

115.235 (b)-1 Agency medical staff at this facility conduct forensic medical exams. The facility indicates no.

Medical and Mental Health Staff interviewed during this audit indicate that IDOC/this facility does not conduct forensic examinations.

115.235 (c): The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

115.235 (c)-1 The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

Records of specialized training (5) confirmed completion of PREA training. Further contract medical and mental health staff indicate an agency requirement of complete annual PREA training by IDOC.

115.235 (d): Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.231 or contractors and volunteers under § 115.232, depending upon the practitioner's status at the agency.

Records of specialized training (5) confirmed completion of PREA training. Further contract medical and mental health staff indicate an agency requirement of complete annual PREA training by IDOC.

	<p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. IDOC Policy 02-01-115 Sexual Abuse Prevention (effective date 04/01/2020) 3. Interview with medical and mental health practitioners (2) 4. Examination of Relias Transcript training records 5. Examination of training curriculum (see 115.233 Staff Training) 6. Examination of Centurion Adult Medical Training Curriculum <p>Conclusion:</p> <p>Based on evidence relied upon, compliance sampling, analysis, and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.</p>
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115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.241 (a): All residents shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents.</p> <p>115.241 (a)-1 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>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VII., Screening for Risk of Victimization and Abusiveness, page 21.</p> <p>115.241 (b): Intake screening shall ordinarily take place within 72 hours of arrival at the facility.</p> <p>115.241 (b)-1 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>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VII., Screening for Risk of Victimization and Abusiveness, page 22.</p> <p>115.241 (b)-2 The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: was 329</p>

During an interview with staff responsible (1) for risk, screening confirmed that risk screening typically occurs upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abuse toward other residents, and the screening takes place within 72 hours of arrival was 329.

Interviews with random offenders confirm that they participated during the intake process with a risk assessment within 72 hours of arrival at the facility. Examination of a sample of (15) risk assessments.

115.241 (c): Such assessments shall be conducted using an objective screening instrument

115.241 (c)-1 Risk assessment is conducted using an objective screening instrument.

By examination this Auditor confirms IDOC employs a risk assessment which is weighted as required in this standard. Examination of the IDOC Delta Risk Assessment Manual confirms that the risk assessment employed by IDOC is an objective screening instrument.

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

Sample records examined by the Auditor (15) for residents admitted to the facility within the past 12 months confirm evidence of appropriate screening within 72 hours.

115.241 (e): The intake screening shall consider prior acts of sexual abuse, previous convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive.

By examination, this Auditor confirmed that the objective screening instrument considers:

- Prior acts of sexual abuse
- Previous convictions for violent offenses
- History of prior institutional violence or sexual abuse
- Whether the resident has a mental, physical, or developmental disability

- The age of the resident
- The physical build of the resident
- Whether the resident has previously been incarcerated
- Whether the resident's criminal history is exclusively nonviolent
- Whether the resident has prior convictions for sex offenses against an adult or child
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming
- Whether the resident has previously experienced sexual victimization
- The resident's own perception of vulnerability

This Auditor confirms that IDOC employs a risk assessment; the IDOC Delta Risk Assessment is an objective screening instrument that includes consideration of factors such as prior acts of sexual abuse, previous convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive.

115.241 (f): Within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

115.241 (f)-1 The policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section A, pages 22-23.

115.241 (f)-2 The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more, who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: was 329.

115.241 (g): A resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

115.241 (g)-1 The policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section A, pages 22-23 indicates that Twenty-one (21) days from the offender's transfer, but not to exceed thirty (30) days, staff shall reassess the offender's risk of victimization or abusiveness

considering any additional information received by the facility since the Intake assessment and complete a new Adult SVAT if needed. This review shall be documented in the Thirty (30) Day Review section on the bottom of the Adult SVAT form. The Adult SVAT shall be reviewed at each offender's annual classification review. This review shall be documented on the Adult SVAT. If there is a change in the previous scoring, a new Adult SVAT shall be completed.

Random residents interviewed during the onsite portion of this audit confirm that the facility conducts reassessment within 30 days after arrival at the facility. Examination of a sample of assessment and reassessment from the Delta system confirmed that the facility complies with this substandard.

115.241 (h): Residents may not be disciplined for refusing to answer or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section.

115.241 (h)-1 The policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section A, page 23, indicates that Offenders may not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked pursuant to paragraphs (4)(a), (4)(g), (4)(h), or (4)(i) of this section.

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

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section A, page 23, indicates that the IDOC shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders. The results of this assessment shall be considered confidential and filed in the offender's facility packet in the confidential section. Access shall be in accordance with Policy and Administrative Procedure 01-04-104, "Offender Records."

Evidence relied upon

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 Sexual Abuse Prevention (effective date 04/01/2020)

	<ol style="list-style-type: none"> 3. IDOC Policy 01-04-104 The Establishment, Maintenance and Disposition of Offender Records (effective date 03/01/2017) 4. Interview with Staff Responsible for Risk Screening 5. Interview with Random Offenders 6. Examination of Risk Screening Assessments 7. Examination of Risk Screening Reassessments <p>Conclusion</p> <ol style="list-style-type: none"> 1.
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.242 (a): The agency shall use information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>115.242 (a)-1 The agency/facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>115.242 (b): The agency shall make individualized determinations about how to ensure the safety of each resident.</p> <p>115.242 (b)-1 The agency/facility makes individualized determinations about how to ensure the safety of each resident. If "No", please explain in the comments section.</p> <p>115.242 (c): In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider 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.</p> <p>115.242 (c)-1 In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety.</p>

	<p>115.242 (c)-2 In making housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement of a transgender or intersex resident would present management or security problems.</p> <p>115.242 (d): A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.</p> <p>115.242 (e): Transgender and intersex residents shall be given the opportunity to shower separately from other residents.</p> <p>115.242 (f): The agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. PREA Coordinator 3. Transgender/Intersex/Gay/Lesbian Residents <p>Conclusion</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.251 (a): The agency shall provide multiple internal ways for residents to privately report sexual abuse and 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>115.251 (a)-1 The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about (a) sexual abuse or sexual harassment, (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>A random sample of offenders during the onsite portion of this audit all confirmed that the facility provides multiple ways for offenders to report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may</p>

have contributed to such incidents such as tell a trusted staff, use of the PREA hotline, writing the Ombudsman Office or family or friends making a report to the facility.

During the facility tour, this Auditor observed signage termed "END THE SILENCE" which explains the agency's Zero Tolerance Policy and multiple ways for residents to report, such as;

- Tell staff
- Calling #22 or #80 from the resident phones
- Write the IDOC Ombudsmans
- Filing a grievance
- Anonymous note
- Having a family or friend report sexual abuse or sexual harassment
- Email idocprea @idoc.in.gov
- Telephone 1(877) 385-5877 (TIPS Hotline)

TESTING OFFENDER REPORTING SYSTEMS

- During the site review, the Auditor tested the reporting system using the electronic tablet provided to offenders by the facility.
- During the site review, the Auditor tested telephones, the reporting system provided to offenders by the facility. All were in good working order.
- During the site review, the Auditor tested the reporting system hotline using the electronic tablet provided to offenders by the facility.

TESTING STAFF REPORTING SYSTEMS

Random staff confirmed access to reporting by:

- Calling a supervisor
- Completing an incident report
- Sending an email to idocprea @idoc.in.gov
- Telephone 1(877) 385-5877 (TIPS Hotline)

115.251 (b): The agency shall also inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VIII, Reporting, Subsection Offender Reporting, page 27.

IDOC Offender Handbook Section N., Sexual Assault Prevention and Reporting page 23.

During the audit process, this Auditor interviewed a representative from the IDOC

Ombudsman Office. The representative confirmed that the organization accepts and communicates allegations of sexual abuse or sexual harassment to the IDOC PREA Coordinator when applicable.

During the facility tour, this Auditor observed the following:

- Observe whether signage throughout the facility can be easily read/ accessed by persons in the facility,
- "End the Silence" signage language was clear and easy to understand in all living units.
- Signage specific to services and emotional support services was clear and easy to understand in all living units.
- External reporting to the IDOC Ombudsman's Office was clearly displayed on all living unit
- Signage was displayed in English and Spanish
- Signage text size, fonts, and formatting were appropriate for those of average height, and physical placement accommodated most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair, etc.
- Observe whether the information on the signage is accurate and consistent throughout the facility.
- The Auditor observed the placement of the following types of signage: How to report sexual abuse and/or sexual harassment (external and internal reporting methods)

115.251 (b)-1 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

During the audit process, this Auditor interviewed a representative from the IDOC Ombudsman Office. The representative confirmed that the organization accepts and communicates allegations of sexual abuse or sexual harassment to the IDOC PREA Coordinator when applicable.

115.251 (c): Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

115.251 (c)-1 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.

115.251 (c)-2 Staff are required to document verbal reports. Yes

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VIII, Reporting, Subsection Offender Reporting, page 27.

During interviews with random staff (12), staff confirmed verbal reports of sexual abuse and sexual harassment should be documented in a unit logbook and in an incident report.

	<p>115.251 (d): The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>115.251 (d)-1 The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Yes.</p> <p>115.251 (d)-2 Staff are informed of these procedures in the following ways:</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. Random Sample of Staff 3. Resident Interview Questionnaire <p>Conclusion</p> <ol style="list-style-type: none"> 1. Based on evidence relied upon, compliance sampling, analysis, and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.252 (a): An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.</p> <p>115.252 (a)-1 The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>IDOC Policy 00-2-301 Offender Grievance Process (effective date 09/01/2020) pages 1-15.</p> <p>IDOC Policy 02--1-115 Sexual Abuse Prevention, Section B, Exhaustion of Administrative Remedies, page 28.</p> <p>115.252 (b): (1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to</p>

defend against a lawsuit filed by a resident on the

115.252 (b)-1 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.

IDOC Policy 00-2-301 Offender Grievance Process (effective date 09/01/2020) pages 1-15.

IDOC Policy 02--1-115 Sexual Abuse Prevention, Section B, Exhaustion of Administrative Remedies, page 28.

115.252 (b)-2 Agency policy requires a resident to use an informal grievance process or otherwise to attempt to resolve with staff an alleged incident of sexual abuse. The facility indicates yes.

IDOC Policy 00-2-301 Offender Grievance Process (effective date 09/01/2020) pages 1-15.

IDOC Policy 02--1-115 Sexual Abuse Prevention, Section B, Exhaustion of Administrative Remedies, page 28.

The PAQ and facility PCM indicate that no grievances were filed in this reporting period; hence, there was no relevant documentation available for review.

115.252 (c): The agency shall ensure that: (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.

115.252 (c)-1 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.

IDOC Policy 00-2-301 Offender Grievance Process (effective date 09/01/2020) pages 1-15.

IDOC Policy 02--1-115 Sexual Abuse Prevention, Section B, Exhaustion of Administrative Remedies, page 28.

115.252 (c)-2 agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

IDOC Policy 00-2-301 Offender Grievance Process (effective date 09/01/2020) pages 1-15.

IDOC Policy 02--1-115 Sexual Abuse Prevention, Section B, Exhaustion of Administrative Remedies, page 28.

The PAQ and facility PCM indicate that no grievances were filed in this reporting

period; hence, there was no relevant documentation available for review.

115.252 (d): (1) The agency shall 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. (2) Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. (4) 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, the resident may consider the absence of a response to be a denial at that level.

115.252 (d)-1 Agency policy and procedure requires 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.

IDOC Policy 00-2-301 Offender Grievance Process (effective date 09/01/2020) pages 1-15.

IDOC Policy 02--1-115 Sexual Abuse Prevention, Section B, Exhaustion of Administrative Remedies, page 28.

115.252 (d)-2 In the past 12 months, the number of grievances filed that alleged sexual abuse was zero.

115.252 (d)-3 In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: was zero.

115.252 (d)-4 In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: was zero.

The PAQ and facility PCM indicate that no grievances were filed in this reporting period; hence, there was no relevant documentation available for review.

115.252 (d)-5 In cases where the agency requested an extension of the 90-day period to respond to a grievance and had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve. The facility indicates not applicable.

115.252 (d)-6 If YES, the number of grievances that took longer than a 70-day extension period to resolve: was zero.

115.252 (d)-7 The agency always notifies a resident in writing when the agency files for an extension, including notice of the date by which a decision will be made. was zero.

The PAQ and facility PCM indicate that no grievances were filed in this reporting period; hence, there was no relevant documentation available for review. This Auditor confirmed with the PREA Coordinator and OII that zero residents alleged sexual abuse or sexual harassment during this reporting period; therefore, a sample of grievances that alleged sexual abuse with a final decision was examined by this Auditor.

According to PAQ and the facility PCM, zero offenders reported sexual abuse during this reporting period. Zero offenders were interviewed for this substandard. (See PAQ 115.286)

115.252 (e): (1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. (2) If a third party files such a request on behalf of an 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. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

115.252 (e)-1 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. Yes.

IDOC Policy 00-2-301 Offender Grievance Process (effective date 09/01/2020) pages 1-15.

IDOC Policy 02--1-115 Sexual Abuse Prevention, Section B, Exhaustion of Administrative Remedies, page 28.

115.252 (e)-2 Agency policy and procedure requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. Yes.

IDOC Policy 00-2-301 Offender Grievance Process (effective date 09/01/2020) pages 1-15.

IDOC Policy 02--1-115 Sexual Abuse Prevention, Section B, Exhaustion of Administrative Remedies, page 28.

115.252 (e)-3 The number of 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, was zero.

The PAQ and facility PCM indicate that no grievances were filed in this reporting period; hence, there was no relevant documentation available for review.

115.252 (f): (1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency 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 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

115.252 (f)-1 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.

115.252 (f)-2 Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours.

IDOC Policy 00-2-301 Offender Grievance Process (effective date 09/01/2020) pages 1-15.

IDOC Policy 02--1-115 Sexual Abuse Prevention, Section B, Exhaustion of Administrative Remedies, page 28.

115.252 (f)-3 The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: was zero.

115.252 (f)-4 The number of those grievances in 115.252 (e)-3 that had an initial response within 48 hours: was zero.

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

115.252 (f)-6 The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: was zero.

During his interview, the PREA Coordinator confirmed during this reporting period, zero offenders reported an emergency grievance filed pursuant to this standard.

Signage:

The Auditor made the following observations during the onsite portion of this audit:

- Signage was provided in English and Spanish on all living units in common

areas

- Signage with contact information for emotional support services was available in all common areas
- All signage was free of graffiti
- Signage was consistent throughout all living units
- Signage was displayed in administrative and offender common areas
- Signage was accurate and consistent throughout the staff and offender common areas
- Signage font size and physical placement were accommodating to most persons with disabilities
- Signage regarding contact information for third-party reporting (IDOC Ombudsman) was observed in all living units.

During this reporting period this Auditor submitted a test third-party report to the IDOC Ombudsman electronically using

115.252 (g): The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

115.252 (g)-1 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.

IDOC Policy 02-04-101 Administrative Disciplinary Procedure, Code 122, (**effective date 03/01/2020**) Asserting and/or Filing a False Lien or Judgement or Complaint page 3.

115.252 (g)-2 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: was zero.

Documentation of any such disciplinary actions was not found. During this reporting period, the Auditor examined zero grievances of any kind, emergency or otherwise. Interviews with random offenders all deny filing a grievance of any kind during this reporting period.

Evidence relied upon:

1. Pre-audit questionnaire
2. IDOC Policy 00-2-301 Offender Grievance Process (effective date 09/01/2020)
3. IDOC Policy 02--1-115 Sexual Abuse Prevention (effective date 04/01/2020)
4. IDOC Policy 02-04-101 Administrative Disciplinary Procedure, Code 122, (effective date 03/01/2020)
5. Interview with the PREA Coordinator
6. Interview with random offenders

	<p>Conclusion:</p> <p>1. Based on evidence relied upon, compliance sampling, analysis, and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.</p>
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115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.253 (a): The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.</p> <p>115.253 (a)-1 The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. If "No", skip to 115.254(a)-1.</p> <p>115.253 (a)-2 The facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations.</p> <p>115.253 (a)-3 The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.</p> <p>115.253 (b): The facility shall 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.</p> <p>115.253 (b)-1 The facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored.</p> <p>115.253 (b)-2 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</p>

	<p>federal, state, or local law.</p> <p>115.253 (c): The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.</p> <p>115.253 (c)-1 The agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. If "No", skip to 115.253 (c)-3.</p> <p>115.253 (c)-2 If YES to 115.253 (c)-1, the agency or facility maintains copies of those agreements. Skip to 115.254.</p> <p>115.253 (c)-3 If NO to 115.253 (c)-1, the agency or facility has attempted to enter into MOUs or other agreements with community service providers that are able to provide such services. If "Yes", please explain why these attempts have not been successful in the comments section. If "No", skip to 115.254.</p> <p>115.253 (c)-4 If YES to 115.253 (c)-3, the agency maintains documentation of attempts to enter into such agreements.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire <p>Conclusion</p> <ol style="list-style-type: none"> 1. Based on evidence relied upon, compliance sampling, analysis, and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.254 (a): The agency 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 a resident.</p>

	<p>115.254 (a)-1 The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. If "Yes", please describe the method in the comments section.</p> <p>115.254 (a)-2 The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. If "Yes", please describe in the comments section.</p> <p>Evidence relied upon:</p> <p>1. Pre-audit questionnaire</p> <p>Conclusion:</p> <p>Based on evidence relied upon, compliance sampling, analysis, and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.</p>
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.261 (a): The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; 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>115.261 (a)-1 The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.</p> <p>115.261 (a)-2 The agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident.</p> <p>115.261 (a)-3 The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>115.261 (b): 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 agency policy,</p>

	<p>to make treatment, investigation, and other security and management decisions.</p> <p>115.261 (b)-1 Apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>115.261 (c): Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.</p> <p>115.261 (d): If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.</p> <p>115.261 (e): The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire <p>Conclusion</p> <ol style="list-style-type: none"> 1. Based on evidence relied upon, compliance sampling, analysis, and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.262 (a): When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>115.262 (a)-1 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</p>

	<p>resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>115.262 (a)-2 In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse</p> <p>115.262 (a)-3 If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action:</p> <p>115.262 (a)-4 The longest amount of time (in hours or days) elapsed before taking action--if not "immediate" (i.e., without unreasonable delay). If not immediate, please explain in the comments section.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. Agency Head 3. Director or Designee 4. Random Sample of Staff <p>Conclusion</p> <ol style="list-style-type: none"> 1. Based on evidence relied upon, compliance sampling, analysis, and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.263 (a): Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.</p> <p>115.263 (a)-1 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.</p> <p>115.263 (a)-2 During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility:</p>

	<p>115.263 (a)-3 Please describe your facility's response to these allegations:</p> <p>115.263 (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>115.263 (b)-1 Agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>115.263 (c): The agency shall document that it has provided such notification.</p> <p>115.263 (c)-1 The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p>115.263 (d): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>115.263 (d)-1The agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards.</p> <p>115.263 (d)-2 In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities:</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. Agency head 3. Director or designee <p>Conclusion</p> <ol style="list-style-type: none"> 1. Based on evidence relied upon, compliance sampling, analysis, and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.264 (a): Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and

protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

115.264 (a)-1 The agency has a first responder policy for allegations of sexual abuse. If "No", skip to 115.264(a)-6.

115.264 (a)-2 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 shall be required to separate the alleged victim and abuser.

115.264 (a)-3 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 shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.

115.264 (a)-4 The policy requires that, upon learning of an allegation that a resident was sexually abused and 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 shall be 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.

115.264 (a)-5 The policy requires that, upon learning of an allegation that a resident was sexually abused and 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 shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

15.264 (a)-6 In the past 12 months, the number of allegations that a resident was sexually abused:

115.264 (a)-7 Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser:

115.264 (a)-8 the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence:

115.264 (a)-9 Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the

number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence:

115.264 (a)-10 Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating:

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

115.264 (b)-1 Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence.

115.264 (b)-2 Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.

115.264 (b)-3 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:

115.264 (b)-4 Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence:

115.264 (b)-5 Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff:

Evidence relied upon:

1. Pre-audit questionnaire
2. Security Staff and Non-Security Staff First Responders
3. Random Sample of Staff

Conclusion

1. Based on evidence relied upon, compliance sampling, analysis, and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.265 (a): The facility shall 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 leadership.</p> <p>115.265 (a)-1 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>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. Director or Designee <p>Conclusion</p> <p>Based on evidence relied upon, compliance sampling, analysis, and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.266 (a): Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew 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.</p> <p>115.266 (a)-1 The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>115.266 (b): Nothing in this standard shall restrict the entering into or</p>

	<p>renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §115.272 and 115.276; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. Agency Head <p>Conclusion</p> <ol style="list-style-type: none"> 1. Based on evidence relied upon, compliance sampling, analysis, and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.267 (a): The agency shall establish 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, and shall designate which staff members or departments are charged with monitoring retaliation.</p> <p>115.267 (a)-1 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>115.267 (a)-2 The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. If "YES", provide staff name(s), title(s), and department(s) in the comments section.</p> <p>115.267 (b): 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>

115.267 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

115.267 (c)-1 The agency/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.

115.267 (c)-2 If YES, the length of time that the agency/facility monitors the conduct or treatment:

115.267 (c)-3 The agency/facility acts promptly to remedy any such retaliation.

115.267 (c)-4 The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

115.267 (c)-5 The number of times an incident of retaliation occurred in the past 12 months:

115.267 (d): In the case of residents, such monitoring shall also include periodic status checks.

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

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

Evidence relied upon:

1. Pre-audit questionnaire

Conclusion

1. **Based on evidence relied upon, compliance sampling, analysis, and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.**

115.271	Criminal and administrative agency investigations
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1436 501">115.271 (a): When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p data-bbox="280 537 1471 613">115.271 (a)-1 The agency/facility has a policy related to criminal and administrative agency investigations.</p> <p data-bbox="280 649 1318 770">115.271 (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234.</p> <p data-bbox="280 806 1445 1048">115.271 (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.</p> <p data-bbox="280 1084 1477 1245">115.271 (d): When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.</p> <p data-bbox="280 1281 1471 1523">115.271 (e): The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as 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.</p> <p data-bbox="280 1559 1477 1765">115.271 (f): Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.</p> <p data-bbox="280 1800 1436 1962">115.271 (g): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.</p> <p data-bbox="280 1998 1382 2074">115.271 (h): Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.</p>

	<p>115.271 (h)-1 Substantiated allegations of conduct that appear to be criminal are referred for prosecution.</p> <p>115.271 (h)-2 The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later:</p> <p>115.271 (i): The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p>115.271 (i)-1 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.</p> <p>115.271 (j): The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.</p> <p>115.271 (k): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.</p> <p>115.271 (l): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire <p>Conclusion</p> <p>Based on evidence relied upon, compliance sampling, analysis, and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.272 (a): The agency 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>115.272 (a)-1 The agency imposes a standard of a preponderance of evidence or a</p>

	<p>lower standard of proof when determining whether allegations of sexual abuse or sexual harassment can be substantiated.</p> <p>Evidence relied upon</p> <p>1. Pre-audit questionnaire</p> <p>Conclusion</p> <p>1. Based on evidence relied upon, compliance sampling, analysis, and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.</p>
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.273 (a): Following an investigation into an resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>115.273 (a)-1 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>115.273 (b)-2 The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months:</p> <p>115.273 (a)-2 The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months:</p> <p>115.273 (a)-3 Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation:</p> <p>115.273 (b): If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.</p> <p>115.273 (b)-1 If an outside entity conducts such investigations, the agency requests</p>

the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. Check N/A if the agency/facility is responsible for conducting administrative and criminal investigations and skip to 115.273(c)-1.

115.273 (b)-3 Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation:

115.273 (c): Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (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.

115.273 (c)-1 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 has determined that the allegation is unfounded) whenever: (a) the staff member is no longer posted within the resident's unit; (b) the staff member is no longer employed at the facility; (c) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.273 (c)-2 There has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months.

115.273 (c)-3 If YES, in each case the agency subsequently informed the resident whenever: (a) the staff member was no longer posted within the resident's unit; (b) the staff member was no longer employed at the facility; (c) the agency learned that the staff member was indicted on a charge related to sexual abuse within the facility; or (d) the agency learned that the staff member was convicted on a charge related to sexual abuse within the facility

115.273 (d): Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform 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. All such notifications or attempted notifications shall be documented.

115.273 (d)-1 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: (a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.273 (e): All such notifications or attempted notifications shall be documented.

115.273 (e)-1 The agency has a policy that all notifications to residents described under this standard are documented.

115.273 (e)-2 In the past 12 months, the number of notifications to residents that were provided pursuant to this standard:

115.273 (e)-3 Of those notifications made in the past 12 months, the number that were documented:

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

Evidence relied upon:

1. Pre-audit questionnaire

Conclusion

1. Based on evidence relied upon, compliance sampling, analysis, and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.276 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>115.276 (a)-1 Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>115.276 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>115.276 (b)-1 In the past 12 months, the number of staff from the facility who have</p>

violated agency sexual abuse or sexual harassment policies:

115.276 (b)-2 In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies:

115.276 (b)-1 In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies:

115.276 (c): Disciplinary sanctions for violations of agency 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.

115.276 (c)-1 The 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.

115.276 (c)-2 In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse):

115.276 (d): 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

115.276 (d)-1 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.

115.276 (d)-2 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:

Evidence relied upon:

1. Pre-audit questionnaire

Conclusion

1. Based on evidence relied upon, compliance sampling, analysis, and

reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.277 (a): Any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>115.277 (a)-1 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.</p> <p>115.277 (a)-2 Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p>115.277 (a)-3 In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>115.277 (a)-4 In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents:</p> <p>115.277 (b): The facility shall take appropriate remedial measures, and shall consider 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>115.277 (b)-1 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>Evidence relied upon</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire <p>Conclusion</p> <ol style="list-style-type: none"> 1. Based on evidence relied upon, compliance sampling, analysis, and reasoning for this relevant review period, South Bend Community Reentry

and Chain O' Lakes Complex met this standard.

115.278 Disciplinary sanctions for residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.278 (a): Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

115.278 (a)-1 Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse.

115.278 (a)-2 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.

115.278 (a)-3 In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility:
(Number only)

115.278 (a)-4 In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility:

115.278 (b): Sanctions shall be 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.

115.278 (c): The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
115.278 (d): 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 resident to participate in such interventions as a condition of access to programming or other benefits

115.278 (d): 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 resident to participate in such interventions as a condition of access to programming or other benefits.

115.278 (d)-1 The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If "NO," skip to 115.278 (e)-1.

115.278 (d)-2 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 programming or other benefits.

115.278 (e): The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.278 (e)-1 The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

115.278 (f): 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.

115.278 (f)-1 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.

115.278 (g): An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

115.278 (g)-1 The agency prohibits all sexual activity between residents.

115.278 (g)-2 the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Check N/A if the agency does not prohibit all sexual activity between residents.

Evidence relied upon:

1. Pre-audit questionnaire

Conclusion

	<p>1. Based on evidence relied upon, compliance sampling, analysis, and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.</p>
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115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.282 (a): Resident 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.</p> <p>115.282 (a)-1 Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.</p> <p>115.282 (a)-2 The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.</p> <p>115.282 (a)-3 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. (Such documentation is not required by the Standard, but may be helpful to review during the audit.)</p> <p>115.282 (b): If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>115.282 (c): Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>115.282 (c)-1 Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually</p>

	<p>transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>115.282 (d): Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>115.282 (d)-1 Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Evidence relied upon:</p> <p>1. Pre-audit questionnaire</p> <p>Conclusion</p> <p>1. Based on evidence relied upon, compliance sampling, analysis, and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.283 (a): The facility shall 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.</p> <p>115.283 (a)-1 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>115.283 (b): 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>115.283 (c): The facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p>115.283 (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p>

	<p>115.283 (d)-1 Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. Check N/A if an all-male facility.</p> <p>115.283 (e): If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p>115.283 (e)-1 If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Check N/A if an all-male facility.</p> <p>115.283 (f): Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.</p> <p>115.283 (f)-1 Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p>115.283 (g): Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>115.283 (h): The facility shall 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.</p> <p>115.283 (h)-1 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.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire <p>Conclusion:</p> <ol style="list-style-type: none"> 1. Based on evidence relied upon, compliance sampling, analysis, and reasoning for this relevant review period, South Bend Community Reentry and Chain O' Lakes Complex met this standard.
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.286 (a): The facility 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.

115.286 (a)-1 The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. Yes

115.286 (a)-2 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: zero.

115.286 (b): Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

115.286 (b)-1 The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. was yes

115.286 (b)-2 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: was zero.

115.286 (c): The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

115.286 (c)-1 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. yes

115.286 (d): The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Coordinator.

	<p>115.286 (d)-1 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 Coordinator. Yes</p> <p>115.286 (e): The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.</p> <p>115.286 (e)-1 The facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>Evidence relied upon:</p> <p>1. Pre-audit questionnaire</p> <p>Conclusion:</p> <p>1. The narrative includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.287 (a): The agency 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.</p> <p>115.287 (a)-1 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.</p> <p>115.287 (b): The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p>115.287 (b)-1 The agency aggregates the incident-based sexual abuse data at least annually.</p> <p>115.287 (c): 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 Violence conducted by the Department of Justice.</p>

	<p>115.287 (c)-1 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>115.287 (d): The agency 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>115.287 (e): The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.</p> <p>115.287 (e)-1 The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.</p> <p>115.287 (e)-2 The data from private facilities complies with SSV reporting regarding content. Yes</p> <p>115.287 (f): Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30</p> <p>115.287 (f)-1 The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.</p> <p>Evidence relied upon:</p> <p>1. Pre-audit questionnaire</p> <p>Conclusion:</p> <p>1.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.288 (a): The agency shall review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p>

115.288 (a)-1 The agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) 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.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C., Data Review for Corrective Action, pages 46-17. Indicates that IDOC shall review data collected and aggregated pursuant to 115.87/387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.

By examination the facility annual PREA report was dated 1/29/2024. The report includes:

- A summary of incidents by category,
- Corrective actions,
- SIR data comparison,
- Steps taken to meet PREA standards in 2023
- Continued Needs for PREA Compliance
- Recommended Changes for the Sexual Abuse Prevention Policy (SAP)
- Audit findings

By examination this Auditor examined the IDOC 2023 Sexual Abuse Prevention Program Annual Report completed by the agency PREA Coordinator dated 02/26/2024 and approved by the IDOC Commissioner on 3/08/2024. In summary in 2023, the IDOC improved video monitoring technology in several facilities. Six facilities participated in a PREA audit in 2023.

During this reporting period the Auditor interviewed the IDOC Commissioner. During her interview the Commissioner indicated that the agency uses information from the Sexual Abuse Prevention Program Annual Report (incident--based sexual abuse data) to improve and strengthen the sexual safety of all offenders. Further by improving policies and practices of problematic challenges, we enhance the application of PREA across the State of Indiana.

During this reporting period this Auditor interviewed the agency PREA Coordinator. The PREA Coordinator confirmed the submission of the IDOC 2023 Sexual Abuse Prevention Program Annual Report dated 02/26/2024 and approved by the IDOC Commissioner on 3/08/2024. By examination this Auditor determined that the IDOC 2023 Sexual Abuse Prevention Program includes corrective actions were applicable.

115.288 (b): 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 agency's progress in addressing sexual abuse.

115.288 (b)-1 The annual report includes a comparison of the current year's data

and corrective actions with those from prior years. Yes.

By examination this Auditor determined that the IDOC annual report includes a comparison of the current year's data and corrective actions with those from prior years.

115.288 (b)-2 The annual report provides an assessment of the agency's progress in addressing sexual abuse. Yes

By examination this Auditor determined that the IDOC annual report includes an assessment of the agency's progress in addressing sexual abuse.

115.288 (c): The agency's report shall be approved by the agency head and made readily available to the public through its Web site or, if it does not have one, through other means.

115.288 (c)-1 The agency makes its annual report readily available to the public at least annually through its website. Yes.

By examination this Auditor confirmed that IDOC provides a link to the website where annual reports are made available.

115.288 (c)-2 If NO, the agency makes it available through other means. (not applicable)

115.288 (c)-3 The annual reports are approved by the agency head. Yes.

By examination this Auditor examined the IDOC 2023 Sexual Abuse Prevention Program Annual Report completed by the agency PREA Coordinator dated 02/26/2024 and approved by the IDOC Commissioner on 3/08/2024. In summary in 2023, the IDOC improved video monitoring technology in several facilities. Six facilities participated in a PREA audit in 2023.

By examination this Auditor examined the IDOC 2023 Sexual Abuse Prevention Program Annual Report completed by the agency PREA Coordinator dated 02/26/2024 and approved by the IDOC Commissioner on 3/08/2024.

115.288 (d): The agency 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.

115.288 (d)-1 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. Yes.

During his interview the PREA Coordinator confirmed that IDOC may under some circumstances redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but the agency would indicate the nature of the material redacted.

	<p>Evidence replied upon:</p> <ol style="list-style-type: none"> 1. Pre Audit Questionnaire 2. IDOC Policy 02-01-115 Sexual Abuse Prevention (effective date 04/01/2020) 3. IDOC South Bend/Chain-O-Lake Sexual Abuse Prevention Annual Report 2023 4. IDOC Sexual Abuse Prevention PREA Report 2023 5. Interview with the IDOC Commissioner 6. Interview with the PREA Coordinator <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. None <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions.</p>
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115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.289 (a): The agency shall ensure that data collected pursuant to § 115.287 are securely retained.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D., Data Storage, publication, and destruction, page 47.</p> <p>During an interview with the PREA Coordinator he confirmed that data is collected and securely stored in an electronic platform. Access to sensitive information related to offenders is password protected. Further paper files containing offender information is maintained behind locked doors and secured in locking file cabinets.</p> <p>During the facility tour this Auditor observed file rooms containing offender sensitive information held in rooms with locked doors and further secured with locking file cabinets.</p> <p>115.289 (b): The agency 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 its Web site or, if it does not have one, through other means.</p>

115.289 (b)-1 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. Yes.

115.289 (b)-2 If NO, the agency makes it available through other means. Not applicable.

115.289 (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

115.289 (c)-1 Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Yes.

115.289 (c)-2 The agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. Yes.

See PAQ 115.288 for more information and a sample of publicly available sexual abuse data to check that personal identifiers have been removed.

By examination on the IDOC website this Auditor confirmed that annual reports are contained on the website. Reports from years 2015, 2022 and 2023 were examined. The reports comply with PREA standards.

Evidence relied upon:

1. Pre-audit questionnaire
2. IDOC Policy Sexual Abuse Prevention (effective date 04/01/2020)
3. Interview with the PREA Coordinator
4. Examination of the IDOC website for aggregated data
5. Examination of a sample of publicly available sexual abuse data to check for the removal of personal identifiers
6. Sample of historical sexual abuse data 2015
7. Sample of historical sexual abuse data 2022
8. Sample annual sexual abuse data 2023

Corrective Action:

1. None

Conclusion:

1. The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions.

115.401	Frequency and scope of audits
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 344 1481 501">115.401 (a): During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</p> <p data-bbox="280 539 1461 651">By examination this Auditor confirmed that during an internet search and review of agency records the IDOC website contains final reports for all facilities audited during previous cycles as required in this standard.</p> <p data-bbox="280 696 1469 891">115.401 (b): During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.115.401 (h): The auditor shall have access to, and shall observe, all areas of the audited facilities.</p> <p data-bbox="280 936 1437 1003">Review agency records, website, etc. to ensure that one-third of each facility type has been audited.</p> <p data-bbox="280 1048 1458 1122">115.401 (h): The auditor shall have access to, and shall observe, all areas of the audited facilities.</p> <p data-bbox="280 1167 1442 1234">The Auditor confirms access to, and the ability to observe, all areas of the audited facility.</p> <p data-bbox="280 1279 1442 1352">115.401 (i): The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p data-bbox="280 1397 1369 1464">The Auditor confirms she was permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p data-bbox="280 1509 1461 1576">115.401 (m): The auditor shall be permitted to conduct private interviews with residents.</p> <p data-bbox="280 1621 1337 1688">The Auditor confirms she was permitted to conduct private interviews with residents.</p> <p data-bbox="280 1733 1469 1845">115.401 (n): Residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p data-bbox="280 1890 1477 2085">This Auditor confirms she did not receive confidential information or correspondence from offenders assigned to this facility. The Auditor observed posted signage informing offenders of the audit in all living units and common space utilized by offenders and staff. The signage information was accurate and posted in English and Spanish.</p>

	<p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. Facility tour and observations ensure that information about the PREA audit (e.g., Notice of Audit) is posted in all housing units. Ask residents about the notice and how long it has been posted. 3. Examined agency records to confirm which IDOC facilities have been audited. 4. Examine agency records, website, etc. to ensure that one-third of each facility type has been audited. 5. Conduct interviews of offenders in private <p>Conclusion:</p> <ol style="list-style-type: none"> 1. The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 (f): The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public.</p> <p>This Auditor examined a list of all of the agency’s facility and agency audit reports completed 90 days prior to the audit within the appropriate review period, and web links to each of these reports or any other evidence that these reports have been provided publicly if the agency does not have a website.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. Internet search of IDOC to confirm all agency audit reports completed 90 days prior to the audit within the appropriate review period, and web links to each of these reports <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions.</p>

Appendix: Provision Findings		
115.211 (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
115.211 (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 community confinement facilities?	yes
115.212 (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
115.212 (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.)	yes
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies 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?	yes
	Does the facility have procedures that enable residents to shower,	yes

	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?	
	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?	yes
115.215 (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 the 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
115.215 (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
115.216 (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
115.216 (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
115.216 (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 §115.264, or the investigation of the resident's allegations?	yes
115.217 (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 two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the 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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the 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 questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (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, 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
115.217 (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
115.217 (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
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	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
115.217 (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
115.217 (h)	Hiring and promotion decisions	
	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
115.218 (a)	Upgrades to facilities and technology	
	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
115.218 (b)	Upgrades to facilities and technology	
	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	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (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
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA 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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (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?	no
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (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
115.221 (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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (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? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

115.222 (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
115.222 (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
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	na
115.231 (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	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	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?	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
115.231 (b)	Employee training	
	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
115.231 (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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (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
115.232 (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
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (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
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	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
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	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
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (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 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
115.235 (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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (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
115.235 (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 §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	na

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	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
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	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
115.242 (d)	Use of screening information	
	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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (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: 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
115.251 (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
115.251 (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
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (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
115.252 (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 a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (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
115.252 (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 is 70 days per 115.252(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
115.252 (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 files such a request on behalf	yes

	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.)	
	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
115.252 (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
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	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.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	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
115.253 (c)	Resident access to outside confidential support services	
	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
115.254 (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
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	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

115.262 (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
115.263 (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
115.263 (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
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (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
115.264 (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,	yes

	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?	
	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
115.264 (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
115.265 (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
115.266 (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
115.267 (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
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (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:4. 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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (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
115.271 (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/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (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 as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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
115.271 (d)	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
115.271 (e)	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
115.271 (f)	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
115.271 (g)	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
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	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
115.271 (l)	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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (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
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (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	yes

	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.)	
115.273 (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
115.273 (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	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (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
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (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
115.276 (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
115.277 (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
115.277 (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
115.278 (a)	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, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are 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
115.278 (c)	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
115.278 (d)	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 require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	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
115.278 (f)	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
115.278 (g)	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
115.282 (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
115.282 (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 security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (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
115.283 (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
115.283 (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
115.283 (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
115.283 (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. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (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
115.283 (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
115.283 (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
115.286 (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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (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

115.286 (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 §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (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
115.287 (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
115.287 (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
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 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 § 115.287 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 § 115.287 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

115.288 (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
115.288 (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
115.288 (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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 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 residents?	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	yes

	same manner as if they were communicating with legal counsel?	
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