

PREA Facility Audit Report: Final

Name of Facility: Logansport Juvenile Correctional Facility

Facility Type: Juvenile

Date Interim Report Submitted: 06/30/2025

Date Final Report Submitted: 07/08/2025

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: 07/08/2025

AUDITOR INFORMATION	
Auditor name:	Love, Sonya
Email:	sonya.love57@outlook.com
Start Date of On-Site Audit:	06/05/2025
End Date of On-Site Audit:	06/06/2025

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

Primary Contact

Name:	Mike Minthorn
Email Address:	mminthorn@idoc.in.gov
Telephone Number:	5747537571

Superintendent/Director/Administrator	
Name:	Mike Minthorn
Email Address:	mminthorn@idoc.in.gov
Telephone Number:	5747537571

Facility PREA Compliance Manager	
Name:	Ulises Sosa Garcia
Email Address:	usosagarcia@idoc.in.gov
Telephone Number:	574-702-1085
Name:	Natalie Marshall
Email Address:	nmarshall@idoc.in.gov
Telephone Number:	574-753-7571 Ext 201

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

Facility Characteristics	
Designed facility capacity:	198
Current population of facility:	129
Average daily population for the past 12 months:	142

Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	12-20
Facility security levels/resident custody levels:	1-3
Number of staff currently employed at the facility who may have contact with residents:	186
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	27
Number of volunteers who have contact with residents, currently authorized to enter the facility:	46

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, Indianapolis, Indiana - 46204
Mailing Address:	
Telephone number:	3172325711

Agency Chief Executive Officer Information:

Name:	Lloyd Arnold
Email Address:	LArnold@idoc.IN.gov
Telephone Number:	317-233-5541

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:

42

Number of standards not met:

1

- 115.313 - Supervision and monitoring

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-06-05
2. End date of the onsite portion of the audit:	2025-06-06

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	198
15. Average daily population for the past 12 months:	142
16. Number of inmate/resident/detainee housing units:	7
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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	141
19. 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
20. 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
21. 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
22. 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
23. 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
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

25. 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:	0
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. 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:	1
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. 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:	186
31. 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:	46

32. 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:	27
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	19
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input type="checkbox"/> Housing assignment </div> <div> <input type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<ul style="list-style-type: none"> • Resident roster • Interview with the PREA Coordinator • Interview with the PCM • Informal interviews

37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
38. 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):	The random population of youth was oversampled due to the low targeted population.
Targeted Inmate/Resident/Detainee Interviews	
39. 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>	
40. 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
40. 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>40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies to determine if this population exists in the audited facility included:</p> <ul style="list-style-type: none"> • Facility tour, observations, and site review • Informal conversations with youth • Discussion with the PREA Coordinator • Discussions with the PREA Compliance Manager • Discussions with a medical practitioner • Discussions with a mental health practitioner
<p>41. 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>41. 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>41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies to determine if this population exists in the audited facility included:</p> <ul style="list-style-type: none"> • Facility tour, observations, and site review • Informal conversations with youth • Discussion with the PREA Coordinator • Discussions with the PREA Compliance Manager • Discussions with a medical practitioner • Discussions with a mental health practitioner
<p>42. 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>42. 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>42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies to determine if this population exists in the audited facility included:</p> <ul style="list-style-type: none"> • Facility tour, observations, and site review • Informal conversations with youth • Discussion with the PREA Coordinator • Discussions with the PREA Compliance Manager • Discussions with a medical practitioner • Discussions with a mental health practitioner

43. 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:	0
43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="817 371 1469 533"> <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. </div> <div data-bbox="817 580 1469 658"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
43. 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>Corroboration strategies to determine if this population exists in the audited facility included:</p> <ul style="list-style-type: none"> • Facility tour, observations, and site review • Informal conversations with youth • Discussion with the PREA Coordinator • Discussions with the PREA Compliance Manager • Discussions with a medical practitioner • Discussions with a mental health practitioner
44. 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:	0
44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="817 1693 1469 1854"> <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. </div> <div data-bbox="817 1901 1469 1980"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

<p>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies to determine if this population exists in the audited facility included:</p> <ul style="list-style-type: none"> • Facility tour, observations, and site review • Informal conversations with youth • Discussion with the PREA Coordinator • Discussions with the PREA Compliance Manager • Discussions with a medical practitioner • Discussions with a mental health practitioner
<p>45. 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>45. 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>45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies to determine if this population exists in the audited facility included:</p> <ul style="list-style-type: none"> • Facility tour, observations, and site review • Informal conversations with youth • Discussion with the PREA Coordinator • Discussions with the PREA Compliance Manager • Discussions with a medical practitioner • Discussions with a mental health practitioner

46. 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:	0
46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="818 416 1469 577"> <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. </div> <div data-bbox="818 622 1469 703"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
46. 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>Corroboration strategies to determine if this population exists in the audited facility included:</p> <ul style="list-style-type: none"> • Facility tour, observations, and site review • Informal conversations with youth • Discussion with the PREA Coordinator • Discussions with the PREA Compliance Manager • Discussions with a medical practitioner • Discussions with a mental health practitioner
47. 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:	0
47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="818 1700 1469 1861"> <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. </div> <div data-bbox="818 1906 1469 1986"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

<p>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies to determine if this population exists in the audited facility included:</p> <ul style="list-style-type: none"> • Informal conversations with youth • Discussion with the PREA Coordinator • Discussions with the PREA Compliance Manager • Discussion with the investigator
<p>48. 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>1</p>
<p>49. 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>49. 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>

49. 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>Corroboration strategies to determine if this population exists in the audited facility included:</p> <ul style="list-style-type: none"> • Facility tour, observations, and site review • Informal conversations with youth • Discussion with the PREA Coordinator • Discussions with the PREA Compliance Manager • Discussions with a medical practitioner • Discussions with a mental health practitioner
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	<p>No text provided.</p>
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	<p>12</p>
52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

54. 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.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	12
56. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. 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)

60. 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
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. 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 type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

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.

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

☒ Yes

☐ No

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

65. 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

66. 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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
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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.

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

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

72. 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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

74. 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

75. 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.

76. 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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

0

78. Explain why you were unable to review any sexual abuse investigation files:

Logansport reported zero sexual abuse incidents during this reporting period. This information was confirmed by the PREA investigator, PCM and PREA Coordinator.

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

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
86. Explain why you were unable to review any sexual harassment investigation files:	Logansport reported zero sexual harassment incidents during this reporting period. This information was confirmed by the PREA investigator, PCM, and PREA Coordinator.
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	Logansport reported zero sexual abuse incidents during this reporting period. This information was confirmed by the PREA investigator, PCM and PREA Coordinator.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. 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.

☐ Yes

☒ No

Non-certified Support Staff

96. 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

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

1

AUDITING ARRANGEMENTS AND COMPENSATION

97. 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
Auditor Overall Determination Definitions
<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)
Auditor Discussion Instructions
<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>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.311 (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>115.311 (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>The Auditor confirmed by examination that the agency has a written report 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, IDOC Policy 02-01-115</p> <p>An examination of Indiana Department of Corrections (IDOC) Policy 02-01-115 (Sexual Abuse Prevention), effective 08/15/2024, pages 1-48, reveals that this policy mandates IDOC maintain a zero-tolerance stance on inmate sexual abuse and sexual harassment. All employees, inmates, contractors, volunteers, vendors, and</p>

visitors are subject to this zero-tolerance policy. Violations of the policy may result in administrative and criminal sanctions. Each facility must establish procedures for preventing and intervening in cases of inmate sexual abuse and sexual harassment. The written policy details the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, along with the agency's implementation plan.

PREA. 115.11 (b): The 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.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), effective 08/15/2024, pages 1-48, Section III, Definitions, Subsection C, Executive Director of PREA, page 2, and Section IV, Prevention Planning, Subsection A, Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator, page 6, states that the Commissioner of the Indiana Department of Correction will appoint a senior-level individual or their designee to serve as the agency PREA Coordinator for the Indiana Department of Correction, in accordance with the IDOC organizational chart. During his interview, the PREA Coordinator/Director confirmed to the Auditor that he has adequate time and authority to develop, implement, and oversee the agency's efforts to comply with PREA standards. The IDOC agency PREA Coordinator reports to the Director of the Office of Investigations and Intelligence (OI). The Investigations and Intelligence Director reports to the Executive Director of Field Operations. The Executive Director of Field Operations reports to the Deputy Commissioner of Operations, who reports to the IDOC Commissioner. The PREA Coordinator is five levels removed from the agency commissioner.

During an interview with the agency head, he confirmed his full support for the agency's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. The IDOC Commissioner was well aware of the PREA Coordinator's efforts to develop, implement, and oversee the agency's compliance with its facilities' PREA standards.

115.11 (c): Where an agency operates more than one facility, each facility shall designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. **IDOC Policy 02-01-115 (Sexual Abuse Prevention), effective August 15, 2024,** supports this standard. After conducting audits in multiple IDOC facilities, each facility has a designated PREA Compliance Manager, as required in this standard. Additionally, PREA audits posted on the agency website provide a list of PREA Compliance Managers for each facility.

The Logansport organizational chart confirms that the PREA Compliance Manager is the facility's I and I Investigator who reports directly to the Warden regarding all PREA-related matters. Previous PREA audits also support standard 115.11 (c). All facilities audited in the most recent cycle provided contact information and interviews with a PREA Compliance Manager by the Auditor. Furthermore, during an interview, the PREA Coordinator confirmed that each IDOC facility had identified a

	<p>PREA Compliance Manager. The role and responsibilities of the PREA Compliance Manager were outlined during the facility audit by the PREA Compliance Manager. The PREA Compliance Manager confirmed having sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. <u>However, the organizational chart does not include a position identified as PCM and directs the reader to the person to whom the PCM reports.</u></p> <p>Evidence relied upon:</p> <ol style="list-style-type: none">1. Pre-Audit Questionnaire2. Organizational Chart (facility)3. Organizational Chart (agency) (internet search)4. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 08/15/2024)5. Interview with the PREA Coordinator/Director of PREA6. Interview with the PREA Compliance Manager7. IDOC Commissioner, agency head <p>Correction Action:</p> <p>115.311 (c)-3 Logansport will include the position of the PREA Compliance Manager in the facility's organizational structure.</p> <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 PREA requirements for the relevant period</p>
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115.312	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.12: Contracting with other entities for the confinement of inmates</p> <p>115.12 (a): A public agency that contracts for the confinement of its inmates 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. The Indiana Department of Corrections (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, states that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, must reflect the entity's</p>

obligation to adopt and comply with the PREA standards. Furthermore, IDOC contracts with Lake County, Exhibit A Statement of Work, PREA Section, page 18, explicitly require 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, and Volunteers of America contract, Exhibit B, Scope of Work, page 12, which includes each entity's obligation to adopt and comply with the PREA standards. 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 was 4, as confirmed by the PREA Coordinator.

IDOC Policy 02-01-115 (Sexual Abuse Prevention) Section B. Contracting with Other Entities for the Confinement of Incarcerated Individuals (effective 08/15/ 2024) page 8. indicated when IDOC contracts for the confinement of its incarcerated individuals/ inmates with private agencies to other entities it shall include in any new contract or contract renewal the entity's an obligation to adopt and comply with PREA Standards.

115.12 (b): Any new contract or renewal shall include agency contract monitoring to ensure contractor compliance with the PREA standards. Indiana Department of Corrections (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 mandate the entity's obligation to adopt and comply with the PREA standards in any new contract or renewal. Furthermore, 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 require vendors with confinement contracts for its inmates to adopt and comply with the PREA standards, as confirmed by the Contract Administrator. The agency contract administrator verified that the agency is responsible for monitoring the contract, specifically the PREA Coordinator, to ensure compliance with all PREA standards. The Auditor also interviewed the PREA Coordinator, who affirmed that monitoring the application of this standard was his responsibility.

Evidence relied upon:

1. Pre-Audit Questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) Section B. Contracting with Other Entities for the Confinement of Incarcerated Individuals (effective 08/15/ 2024) page 8.
3. Contract sample: Lake County Government Contract, Exhibit A, Requirements for a Work-Release Center.

	<p>4. Contract sample: Volunteers of America of Indiana Contract, Exhibit B – Scope of Work, PREA Section</p> <p>6. Interview with the agency Contract Administrator</p> <p>7. Interview with the PREA Coordinator/Director of PREA</p> <p>Conclusion:</p> <p>Based on the evidence used in making the compliance determination for this standard, the Auditor’s analysis, reasoning, and conclusions indicate that this standard is compliant. This standard meets all material requirements for the relevant period.</p>
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115.313	Supervision and monitoring
	<p>Auditor Overall Determination: Does Not Meet Standard</p>
	<p>Auditor Discussion</p> <p>115.313 (a): The agency shall ensure that each facility it operates develops, implements, and documents a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies. (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); (6) The composition of the resident population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.</p> <p>115.313 (a)-1 The agency shall ensure that each facility it operates develops, implements, and documents a staffing plan that provides adequate staffing levels and, where applicable, video monitoring to protect residents against sexual abuse.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention) Section C. Supervision and Monitoring (effective 08/15/ 2024), pages 8-9, indicates that IDOC, the agency, shall operate, develop, and make its best effort to regularly comply with a staffing plan that provides for adequate staffing and, where applicable, monitoring to protect incarcerated individuals against sexual abuse.</p> <p>This Auditor examined the following documents provided by the facility;</p>

- Written staffing plan
- Vacancy rate document for this reporting period
- Bracket rosters
- Daily Information Pass-on Log

115.313 (a)-2 Since August 20, 2012, or the last PREA audit, whichever is later, the average daily number of residents was 137.

115.313 (a)-3 Since August 20, 2012, or the last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated was 192.

During the audit, the Auditor interviewed the facility's Superintendent. The Superintendent confirmed that Logansport has a written staffing plan, and the plan considers if staffing levels, the need for video monitoring, and also considers:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any findings of inadequacy from federal investigative agencies;
- Any findings of inadequacy from internal or external oversight bodies;
- All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
- The composition of the resident population;
- The number and placement of supervisory staff;
- Institution programs occurring on a particular shift;
- Any applicable state or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors.

Further, the Superintendent checks for compliance with the staffing plan through the shift reports and communication with custody supervisors.

During an interview with the PREA Compliance Manager (PCM), this Auditor confirmed that Logansport has a written staffing plan, and the plan considers if staffing levels, the need for video monitoring, and also considers:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any findings of inadequacy from federal investigative agencies;
- Any findings of inadequacy from internal or external oversight bodies;
- All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
- The composition of the resident population;
- The number and placement of supervisory staff;
- Institution programs occurring on a particular shift;
- Any applicable state or local laws, regulations, or standards;

j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors.

The Logansport Facility Site Review included:

- Observation of the number of staff, contractors, and volunteers present (including security and non-security staff) and staffing patterns during every shift, including: In the housing units.
- A tour of isolated areas like administrative/disciplinary segregation and protective custody
- A tour of programming, work, education, and other areas
- Areas where sexual abuse is known to be more likely to occur, according to the staffing plan.
- Observation of staffing levels in the housing unit during waking hours and sleeping hours (staffing ratios refer to the minimum number of staff to residents to ensure the sexual safety of juveniles during waking and non-waking hours, as prescribed in §115.331(c)).
- Observation of staffing ratios outside the housing unit(s) during waking and sleeping hours.
- Observe the staff's line of sight and assess whether there are blind spots.
- Observe areas where persons confined in the facility are not allowed to determine whether movement in and out of that space is monitored (e.g., by cameras or other forms of surveillance), to ensure that confined persons never enter those areas.
- Observe the level of supervision and frequency of cell checks in housing areas where confined persons are double-celled, in dormitories, or in holding pens with more than one person (if applicable).
- Observe indirect supervision practices, including camera placement.
- In addition to observing camera placement, inquiring about and observing the control room, including staffing rotation (i.e., camera monitored and by whom).

Problematic, Logansport could not establish and maintain minimum staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours, including in educational, programming, and other facility areas outside the housing units.

115.313 (b): The agency shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances.

115.313 (b)-1 The facility documents and justifies all deviations from the staffing plan each time it is not complied with, according to the Superintendent during his interview.

During an interview with the Superintendent, he indicated that the staff vacancy rate and shortage are examples of circumstances that have prevented the facility from meeting the requirements of the staffing plan and PREA Standard. Problematic,

Logansport omitted evidence of compliance with this substandard in the form of select documentation of deviations from staffing plans and written justifications for all such deviations.

115.313 (b)-2 If documented, the six most common reasons for deviating from the staffing plan in the past 12 months indicate staff shortage.

115.313 (c): Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios outlined in this paragraph shall have until October 1, 2017, to achieve compliance.

115.313 (c) -1 The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. Yes.

115.313 (c) - 2 The facility maintains a minimum of 1:8 staff ratios during resident waking hours. No.

Based on a select sample of staffing reports, the facility tour, and documents provided by the facility, Logansport, has not maintained a 1:8 ratio of residents during waking hours. This requires corrective action.

115.313 (c) - 3 The facility maintains a minimum of 1:16 staff ratios during resident sleeping hours. Yes.

Based on a select sample of staffing reports, the facility tour, and documents provided by the facility, Logansport maintains a 1:16 ratio of residents during waking hours.

115.313 (c) - 4 In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours, as indicated, was zero by the facility.

115.313 (c) - 5 In the past 12 months, the facility has deviated from the staffing ratio of 1:16 during resident sleeping hours zero times.

Based on a select sample of staffing reports, the facility tour, and documents provided by the facility, Logansport maintains a 1:16 ratio of residents during sleeping hours.

115.313 (d): Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA Coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established under paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video

monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

115.313 (d)-1 At least once every year, the agency or facility, in collaboration with the agency's PREA Coordinator reviews the staffing plan to see whether adjustments are needed to (a) the staffing plan, (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

During this reporting period, Logansport Superintendent confirmed that he consults with the PREA Coordinator at least annually regarding any assessments of, or adjustments to, the staffing plan for this facility. The IDOC PREA Coordinator confirmed that Logansport consults with the PREA Coordinator at least annually regarding any assessments of, or adjustments to, the facility's staffing plan. Furthermore, the annual review dated January 31, 2025, Facility Staffing Plan Review to the PREA Coordinator, confirms communication with the PC regarding staffing for 2025. Logansport added a total of 8 cameras in outdoor recreation areas and staff training.

115.313 (e): Each secure facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policies and practices shall be implemented for both night and day shifts. Each secure facility shall have a policy prohibiting staff from alerting other staff members that supervisory rounds are occurring, unless such an announcement is related to the facility's legitimate operational functions.

115.313 (e)-1 The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Yes.

115.313 (e)-2 The facility documents unannounced rounds. Yes.

115.313 (e)-3 The unannounced rounds cover all shifts over time. Yes.

115.313 (e)-4 The facility prohibits staff from alerting other staff of the conduct of such rounds. Yes.

Evidence relied upon:

1. PAQ
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) Section C. Supervision and Monitoring (effective 08/15/ 2024), pages 8-9
3. A select sample of staffing reports
4. The facility tour
5. Interview with the PREA Compliance Manager (PCM)

	<ol style="list-style-type: none"> 6. Interview with the PREA Coordinator 7. Interview with Intermediate or Higher-Level Facility Staff 8. Interview with the Superintendent/Warden 9. Internet search - additional annual reviews <p>Corrective Action:</p> <p>Based on a sample of staffing reports, the facility tour, and documents from the facility, Logansport has not kept a 1:8 resident-to-staff ratio during waking hours. Corrective action is needed.</p> <p>Conclusion:</p> <p>Logansport did not meet this standard. The narrative above 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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115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.315 (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>115.315 (a)-1 The facility conducts cross-gender strip or cross-gender visual body cavity searches of residents. Logansport indicates no.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention) Section E. Limits to Cross-Gender Viewing and Searches (effective 08/15/2024), pages 10- 11 indicates that staff shall not conduct cross-gender strip searches or cross-gender visual searches except under exigent circumstances or when performed by a medical practitioner.</p> <p>115.315 (a)-2 In the past 12 months, there have been zero cross-gender strip or cross-gender visual body cavity searches of residents. Logansport confirmed this during the on-site portion of this audit.</p> <p>Facility Site Review:</p>

- This Auditor observed areas used to conduct strip searches, visual body cavity searches, and pat-down searches during the facility tour.
- Opposite-gender supervisors position themselves at a sufficient distance out of view of opposite-gender youth during a search.
- Observed video monitoring technology in all living units
- Reporting information posted on all units and in common areas
- Emotional support contact information is posted on all units
- Indiana Ombudsman Office contact information - posted on all living units

During the audit process, the Auditor interviewed the intake staff (1). The intake staff denied that opposite-gender staff cannot watch the strip search or visual body cavity search of male youth (absent exigent circumstances). Same-sex custody staff are called in to search the youth when warranted. Logs of cross-gender strip searches and cross-gender visual body cavity searches in the past 12 months did not exist.

115.315 (b): The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

115.315 (b)-1 The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.

IDOC Policy 02-01-115 (Sexual Abuse Prevention) Section E. Limits to Cross-Gender Viewing and Searches (effective 08/15/2024), pages 10- 11 indicates that staff shall not conduct cross-gender strip searches or cross-gender visual searches except under exigent circumstances or when performed by a medical practitioner.

IDOC Division of Workforce Engagement DYS Security Skills Refresher Curriculum, slide 6, Opposite Gender Youth Pat Search (effective 4/03/2025), page 4 discusses and outlines what steps should be taken in exigent circumstances, including incident documentation.

IDOC Division of Workforce Engagement DYS Security Skills Refresher Curriculum, slide 7, Gender Identification, (effective 4/03/2025), pages 4-5, indicates that staff shall not search or physically examine a transgender or intersex youth to determine their genital status.

IDOC Staff Development and Training, Pat, Frisk, and Modified Frisk Searches of Adult Female Offenders and Juveniles, pages 1-33.

The Auditor interviewed a random sample of 12 custody staff members. All of those interviewed denied that staff search or physically examine a transgender or intersex youth to determine their genital status. They all understood that a youth's gender identity could be established through other means, including by a medical professional. Additionally, all staff confirmed that any exigent search incident must be documented and a supervisor notified before conducting this search.

115.315 (c): The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

IDOC Policy 02-01-115 (Sexual Abuse Prevention) Section E. Limits to Cross-Gender Viewing and Searches (effective 08/15/2024), pages 10- 11 indicates that staff shall not conduct cross-gender strip searches or cross-gender visual searches except under exigent circumstances or when performed by a medical practitioner.

The Auditor interviewed a random sample of 12 custody staff members. All of those interviewed denied that staff search or physically examine a transgender or intersex youth to determine their genital status. They all understood that a youth's gender identity could be established through other means, including by a medical professional. Additionally, all staff confirmed that any exigent search incident must be documented and a supervisor notified before conducting this search.

Random and targeted residents (20) were interviewed, all denied being searched by opposite-gender staff while detained at Logansport.

115.315 (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 a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required 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 (effective 08/15/2024), pages 10- 11 indicates that staff shall not conduct cross-gender strip searches or cross-gender visual searches except under exigent circumstances or when performed by a medical practitioner.

115.315 (d)-2 Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit/areas where residents are likely to be showering, performing bodily functions, or changing clothing. Logansport indicates yes during the onsite portion of this audit.

Random and targeted residents (20) were interviewed, and some (2) denied hearing staff announce their presence when entering their housing units. All denied ever being naked in full view of female staff except during count time. Residents interviewed indicated that zero female staff members have ever performed a pat-down search on male residents while detained at Logansport.

PREA Audit Site Review

During the site review, the Auditor:

- Observed all facility areas, including all housing units, education, medical, and recreation.
- Observed cameras throughout the facility and inside control rooms

- Observed who was monitoring the cameras
- The Auditor (female) auditing a male facility did not hear announcements about the opposite gender during the facility tour. However, other females were in the area.

115.315 (e): The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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.

IDOC Policy 02-01-115 (Sexual Abuse Prevention) Section E. Limits to Cross-Gender Viewing and Searches (effective 08/15/2024), pages 10- 11 indicates that staff shall not conduct cross-gender strip searches or cross-gender visual searches except under exigent circumstances or when performed by a medical practitioner.

115.315 (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. Yes. Logansport confirmed that 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.

The Auditor interviewed a random sample of 12 custody staff members. All of those interviewed denied that staff search or physically examine a transgender or intersex youth to determine their genital status. They all understood that a youth's gender identity could be established through other means, including by a medical professional. Additionally, all staff confirmed that any exigent search incident must be documented and a supervisor notified before conducting this search.

During the onsite portion of this audit, the facility identified zero intersex residents. During the same audit, this Auditor verified with a medical and mental practitioner that zero transgender/intersex residents were assigned to the facility.

115.315 (f): The agency shall train security staff in how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

115.315 (f)-1 The percentage of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents professionally and respectfully, consistent with security needs, was confirmed by Logansport as 100%.

IDOC Policy 02-01-115 (Sexual Abuse Prevention) Section E. Limits to Cross-Gender Viewing and Searches (effective 08/15/2024), pages 10- 11 indicates that staff shall not conduct cross-gender strip searches or cross-gender visual searches except under exigent circumstances or when performed by a medical practitioner.

IDOC Division of Workforce Engagement DYS Security Skills Refresher Curriculum, slide 6, Opposite Gender Youth Pat Search (effective 4/03/2025), page 4 discusses and outlines what steps should be taken in exigent circumstances, including incident documentation.

IDOC Division of Workforce Engagement DYS Security Skills Refresher Curriculum, slide 7, Gender Identification, (effective 4/03/2025), pages 4-5, indicates that staff shall not search or physically examine a transgender or intersex youth to determine their genital status.

IDOC Staff Development and Training, Pat, Frisk, and Modified Frisk Searches of Adult Female Offenders and Juveniles, pages 1-33.

A random sample of 12 staff members were interviewed during this audit. All confirmed they completed DOC Staff Development and Training, Pat, Frisk, and Modified Frisk Searches of Adult Female Offenders and Juveniles, the IDOC Division of Workforce Engagement DYS Security Skills Refresher Curriculum, and IDOC Staff Development and Training in Pat, Frisk, and Modified Frisk Searches of Adult Female Offenders and Juveniles within the past two years. Most staff interviewed also confirmed completing specialized search training in the past 12 months. A sample of training logs was omitted from examination before completing the interim report. This substandard requires additional evidence to determine compliance.

Evidence relied upon:

1. PAQ
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) Section E. Limits to Cross-Gender Viewing and Searches (effective 08/15/2024), pages 10- 11 indicates that staff shall not conduct cross-gender strip searches or cross-gender visual searches except under exigent circumstances or when performed by a medical practitioner.
3. IDOC Division of Workforce Engagement DYS Security Skills Refresher Curriculum, slide 6, Opposite Gender Youth Pat Search (effective 4/03/2025), page 4 discusses and outlines what steps should be taken in exigent circumstances, including incident documentation.
4. IDOC Division of Workforce Engagement DYS Security Skills Refresher Curriculum, slide 7, Gender Identification, (effective 4/03/2025), pages 4-5, indicates that staff shall not search or physically examine a transgender or intersex youth to determine their genital status.
5. IDOC Staff Development and Training, Pat, Frisk, and Modified Frisk Searches of Adult Female Offenders and Juveniles, pages 1-33.
6. Interviews with random and targeted residents (20)
7. Interview with random staff (12)

Corrective Action:

1. Logansport will provide the Auditor with a select sample of training logs for

	<p>examination to determine full compliance with this standard.</p> <p>Conclusion:</p> <p>1. Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and corrective action</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.316 (a): The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration like a service, program, or activity, or undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.</p> <p>115.316 (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 02-01-115 (Sexual Abuse Prevention) Section F. Incarcerated Individuals with Disabilities and Incarcerated Individuals Who are Limited English Proficient (effective 08/15/2024), pages 12-13 indicates that the agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p>

IDOC Division of Workforce Engagement, slides 1-43, Preservice academy, Working with Incarcerated Individuals Having Special Needs (effective 7/01/2023). The lesson plan was designed to aid staff in effectively supervising incarcerated individuals with special needs.

IDOC Communication Board is written material for effective communication with residents with disabilities. It is a pictorial communication board that aids staff in communicating with residents with special needs and limited vocabulary.

This Auditor confirmed that IDOC has a contract with an online interpretive service to provide translation services for residents with limited language challenges who have disabilities.

Zero residents were identified as LEP during the onsite portion of this audit.

During this audit, the Auditor confirmed with the IDOC Commissioner the agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

PREA Audit Site Review

During the site review, the Auditor:

- Test the facility's process for securing interpretation services on demand.
- The Auditor tested the online service to assess whether the phones for accessing the language line work correctly.
- Determine that a resident was not required to self-identify (e.g., enter pin, provide name/ID number) to access interpretation services.
- Assessed the availability of interpretation services (e.g., ability to access immediate interpretation services).
- Assess the accessibility of interpretation services (i.e., whether they are available to all persons confined in the facility who need an interpreter, including persons confined in restricted housing).
- Observe the location of interpretation services provided in a location (e.g., an administrative office) that provides some privacy.

115.316 (b): The agency shall take reasonable steps to ensure meaningful access to all aspects of its efforts to prevent, detect, and respond to sexual abuse and sexual harassment for residents who are limited English proficient. This includes steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

115.316 (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.

IDOC Division of Workforce Engagement, slides 1-43, Preservice academy, Working with Incarcerated Individuals Having Special Needs (effective 7/01/2023). The lesson plan was designed to aid staff in effectively supervising incarcerated individuals with special needs.

IDOC Communication Board is written material for effective communication with residents with disabilities. It is a pictorial communication board that aids staff in communicating with residents with special needs and limited vocabulary.

IDOC PREA informational brochure (Spanish).

This Auditor confirmed that IDOC has a contract with an online interpretive service (Propio LS LLC) (QPA 50146) to provide translation services for residents with limited language challenges who have disabilities.

115.316 (c): The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

115.316 (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 §115.364, or the investigation of the resident's allegations. Logansport indicates yes.

IDOC Division of Workforce Engagement, slides 1-43, Preservice academy, Working with Incarcerated Individuals Having Special Needs (effective 7/01/2023). The lesson plan was designed to aid staff in effectively supervising incarcerated individuals with special needs.

115.316 (c)-2 Logansport indicates yes. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

115.316 (c)-3 Over the past 12 months, Logansport reports the frequency of using resident interpreters, readers, or other types of resident assistants. It was not the case that a long delay in obtaining another interpreter could jeopardize the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations was zero.

The Auditor interviewed zero residents with LEP. Random staff (12) interviewed during the onsite portion of this audit denied ever allowing the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. This Auditor found zero evidence of documentation of circumstances when resident interpreters, readers, or other resident assistants were used.

	<p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) Section F. Incarcerated Individuals with Disabilities and Incarcerated Individuals Who are Limited English Proficient (effective 08/15/2024), pages 12-13. 3. IDOC Division of Workforce Engagement, slides 1-43, Preservice academy, Working with Incarcerated Individuals Having Special Needs (effective 7/01/2023). The lesson plan was designed to aid staff in effectively supervising incarcerated individuals with special needs. 4. IDOC Communication Board is written material for effective communication with residents with disabilities. It is a pictorial communication board that aids staff in communicating with residents with special needs and limited vocabulary. 5. Interview with random staff (12) 6. IDOC contract for interpretive services, Propio LS, LLC 7. IDOC PREA Brochure (Spanish) <p>Conclusion:</p> <p>The narrative above 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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115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.317 (a): The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, 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.</p> <p>115.317 (a)-1 Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:</p> <ul style="list-style-type: none"> • 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); • 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

- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

IDOC Policy 02-01-115 (Sexual Abuse Prevention) Section G. Hiring and Promotion Decisions (effective 08/15/2024), pages 13-15.

IDOC Policy 04-03-102 Human Resources (effective 11/01/2020), pages 1-17.

IDOC Mandatory Pre-Service PREA Questions (revised 2/17), page 1.

IDOC Request for Information, Prison Rape Elimination Act (PREA) Investigations (revised 8/25/17), page 1.

Files of individuals hired, promoted, or employed (12) in the past 12 months were reviewed to determine whether proper criminal record background checks had been conducted. Additionally, questions regarding past conduct were asked and answered, and examined for compliance with this standard.

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

115.317 (b)-1 IDOC confirmed that the agency policy requires considering any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents or to enlist the services of any contractor.

IDOC Policy 02-01-115 (Sexual Abuse Prevention) Section G. Hiring and Promotion Decisions (effective 08/15/2024), pages 13-15.

IDOC Policy 04-03-102 Human Resources (effective 11/01/2020), pages 1-17.

The Superintendent/Warden confirmed in a memo dated 04/28/2025 that mandatory PREA questions are asked of all staff at least once a year. IDOC Policy 02-01-115 and IDOC Policy 04-03-102 confirm that the agency has several policies requiring consideration of any incidents of sexual harassment when determining whether to hire or promote anyone who may have contact with residents or to enlist the services of any contractor.

During the audit, an administrative human resource staff member (Assistant Business Partner) from Logansport was interviewed. She confirmed that the facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor who may have contact with residents.

115.317 (c): Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) Consistent with Federal, State, and local law, make its best efforts to

contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

115.317 (c)-1 Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

IDOC Policy 02-01-115 (Sexual Abuse Prevention) Section G. Hiring and Promotion Decisions (effective 08/15/2024), pages 13-15.

IDOC Policy 04-03-102 Human Resources (effective 11/01/2020), pages 1-17.

115.317 (c)-2 In the past 12 months, the number of people hired who may interact with residents requiring criminal background checks for Logansport was 78. The files of individuals hired, promoted, or employed (12) in the last year were reviewed to ensure that appropriate criminal background checks had been carried out. Furthermore, questions about past conduct were asked, answered, and assessed for compliance with this standard.

During the audit, an Administrative Human Resource Staff (Assistant Business Partner) from Logansport was interviewed. She confirmed the facility performs criminal record background checks or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents, including contractors and volunteers who may have contact with residents, who are being considered for promotions. Furthermore, she confirmed that before hiring new employees or contractors who may have contact with residents, the facility consults the child abuse registries maintained by the State or locality where a potential employee/contractor would work.

Files of individuals hired, promoted, or employed (12) in the past 12 months were reviewed to determine whether proper criminal record background checks had been conducted. Questions about past conduct were also asked, answered, and checked for compliance with this standard.

115.317 (d): The agency shall also perform a criminal background records check and consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents.

115.317 (d)-1 IDOC confirmed that the agency policy requires that a criminal background records check be completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.

IDOC Policy 02-01-115 (Sexual Abuse Prevention) Section G. Hiring and Promotion

Decisions (effective 08/15/2024), pages 13-15.

IDOC Policy 04-03-102 Human Resources (effective 11/01/2020), pages 1-17.

115.317 (d)-2 In the past 12 months, there were 4 contracts for services in which criminal background checks were conducted on all staff included in the contract who might have contact with residents.

115.317 (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 residents or have in place a system for otherwise capturing such information for current employees.

115.317 (e)-1 Agency policy requires that current employees and contractors who may have contact with residents undergo criminal background records checks at least every five years or that a system be in place for otherwise capturing such information for current employees.

DOC Policy 02-01-115 (Sexual Abuse Prevention) Section G. Hiring and Promotion Decisions (effective 08/15/2024), pages 13-15.

IDOC Policy 04-03-102 Human Resources (effective 11/01/2020), pages 1-17.

An Administrative Human Resource Staff (Assistant Business Partner) was interviewed during this audit. The staff member confirmed that IDOC has a system presently in place to conduct criminal record background checks of current employees and contractors who may have contact with residents. Furthermore, she indicated that criminal background checks are completed on staff and contractors every four years. Still, background checks are conducted at least once every 5 years in compliance with this standard. Files of individuals hired, promoted, or employed (12) in the past 12 months were reviewed to determine whether proper criminal record background checks had been conducted. A sample of documentation of IDAC background records checks of current employees and contractors at five-year intervals was examined, where applicable.

115.317 (f): The agency shall also 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 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.

An Administrative Human Resource Staff (Assistant Business Partner) was interviewed during this audit. The staff member confirmed that the facility asks all applicants and employees who may have contact with residents about previous misconduct described in section (a)* in written applications for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees and imposes upon employees a continuing affirmative duty to

disclose any such previous misconduct. Furthermore, when a former employee applies for work at another institution, upon request from that institution, does the facility provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law.

IDOC Policy 02-01-115 (Sexual Abuse Prevention) Section G. Hiring and Promotion Decisions (effective 08/15/2024), pages 13-15.

IDOC Policy 04-03-102 Human Resources (effective 11/01/2020), pages 1-17.

IDOC Mandatory Pre-Service PREA Questions (revised 2/17), page 1.

IDOC Request for Information, Prison Rape Elimination Act (PREA) Investigations (revised 8/25/17), page 1.

115.317 (g): Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

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

IDOC Discipline Policy Statement (effective 8/1/2012, pages 1-4.

115.317 (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 Request for Information, Prison Rape Elimination Act (PREA) Investigations (revised 8/25/17), page 1.

Evidence relied upon:

1. PAQ
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) Section G. Hiring and Promotion Decisions (effective 08/15/2024), pages 13-15.
3. IDOC Policy 04-03-102 Human Resources (effective 11/01/2020), pages 1-17.
4. IDOC Mandatory Pre-Service PREA Questions (revised 2/17), page 1.
5. IDOC Request for Information, Prison Rape Elimination Act (PREA) Investigations (revised 8/25/17), page 1.
6. Interview with an Administrative Human Resource Staff (Assistant Business Partner)
7. Memorandum from the Warden dated 04/28/2025 states that mandatory PREA questions are asked of all staff at least once a year.
8. A sample of documentation of IDAC background records checks of current employees and contractors at five-year intervals(12).

Conclusion:

	The narrative above 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.
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.318 (a): When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification on its ability to protect residents from sexual abuse.</p> <p>Logansport is currently building a 40-foot pole barn for the residents' recreation and physical activities.</p> <p>During an interview with the agency head, he explained how the agency utilizes upgraded video technology to enhance oversight of residents in custody and protect the sexual safety of both residents and staff.</p> <p>115.318 (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.</p> <p>115.318 (b)-1 IDOC 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.</p> <p>The Superintendent/Warden indicated during his interview that the facility considers the impact of expansion or modification on its ability to protect residents from sexual abuse. This consideration occurs during the planning of an addition or expansion, the building phase, after the expansion, and upon project completion, as part of the agency's commitment to the safety of residents and staff.</p> <p>During an interview with the agency head, he explained how the agency utilizes upgraded video technology, camera relocation to improve sightlines, and camera additions in identified blind spots to enhance oversight of residents in custody and protect the sexual safety of residents and staff.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. Facility tour 3. Interview with the agency head

	<p>4. Interview with the Superintendent/Warden</p> <p>Conclusion:</p> <p>1. The narrative above 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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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.321 (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.</p> <p>115.321 (a)-1 IDOC confirms that the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>IDOC Policy 01-02-115 Sexual Abuse Prevention, Section V., Responsive Planning, Subsection A. Evidence Protocol and Forensic Medical Examination (effective 08/15/2025) pages 15-17.</p> <p>115.321 (a)-2 The agency/facility is responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). Yes. According to the facility investigator, IDOC conducts its criminal sexual abuse investigations.</p> <p>115.321 (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. It is not applicable.</p> <p>115.321 (a)-4 IDOC confirmed that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.</p> <p>IDOC has a standardized evidence protocol that guides first responders. This protocol outlines their roles and responsibilities in preserving evidence and relaying initial incident details to facility investigators. A review of the IDOC Sexual Assault Manual, Indiana Department of Corrections Health Services Division, for evidence confirms that there is sufficient technical detail to assist responders in obtaining</p>

usable physical evidence.

The IDOC Staff Development and Training, Sexual Assault Response Team (SART) First Responders, Evidence Protocol and Investigations (effective date 03/03/2016) is based on:

- The U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," and;
- IDOC Policy 01-02-115 Sexual Abuse Prevention, Section V., Responsive Planning, Subsection Evidence Protocol and Forensic Medical Examination (effective 08/15/2024).
- IDOC Policy 00-01-103 Investigations and Intelligence
- IDOC Sexual Assault Manual, Indiana Department of Correction Health Services Division (effective 04/01/2022).
- IDOC Staff Development and Training, Sexual Assault Response Training (PP) (effective 03/03/2016).

During interviews with random staff (12), when asked if they knew and understood the agency's protocol for obtaining usable physical evidence if a youth alleges sexual abuse, all responded in one of the following ways;

- safeguard the victim, protect the victim, or move the victim to a safe place for the safety of the victim
- Separate from the alleged perpetrator
- Call a supervisor, report the incident
- Activate SART
- Protect the crime scene, secure the scene, and collect evidence
- Call Medical
- Notify Internal Affairs
- No showers, brushing of teeth, or changing clothes

115.321 (b): The protocol shall be developmentally appropriate for youth 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.

115.321 (b)-1 IDOC confirmed that the agency/facility uses the developmentally appropriate protocol for youth.

- IDOC Sexual Assault Manual, Indiana Department of Correction Health Services Division (effective 04/01/2022).
- IDOC Staff Development and Training, Sexual Assault Response Training (PP) (effective 03/03/2016).

115.321 (b)-2 IDOC confirmed that 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. If "No", indicate the source used to develop the protocol in the comments section.

- IDOC Sexual Assault Manual, Indiana Department of Correction Health Services Division (effective 04/01/2022).
- IDOC Staff Development and Training, Sexual Assault Response Training (PP) (effective 03/03/2016).

Review uniform evidence protocol for evidence that it is developmentally appropriate for youth, confirmed by the Auditor that, where applicable, and, as appropriate, adapted from or otherwise based on the DOJ's publication.

115.321 (c): The agency shall offer all residents who experienced sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by sexual assault forensic examiners (SAFEs) or sexual assault nurse examiners (SANEs) 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.

115.321 (c)-1 Logansport confirmed that the facility offers all residents who experience sexual abuse access to forensic medical examinations.

115.321 (c)-2 Logansport denies that the facility offers all residents who experience sexual abuse access to forensic medical examinations onsite. According to the PREA Compliance Manager, SANE/SAFE access is offered in the community. Furthermore, in a memo dated 4/28/2025, the Superintendent/Warden indicates that zero SANE services were conducted in the past 12 months.

115.321 (c)-3 The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility. According to the PREA Compliance Manager, SANE/SAFE access is provided in the community. Furthermore, in a memo dated 4/28/2025, the Superintendent/Warden indicates that zero SANE services were conducted in the past 12-month period.

115.321 (c)-4 Forensic medical examinations are offered without financial cost to the victim.

IDOC Policy 01-02-115 Sexual Abuse Prevention, Section V., Responsive Planning, Subsection Evidence Protocol and Forensic Medical Examination (effective 08/15/2024), pages 16-17.

115.321 (c)-5 Logansport confirmed that, where possible, examinations are conducted by sexual assault forensic examiners (SAFEs) or sexual assault nurse examiners (SANEs).

115.321 (c)-6 Logansport confirmed that when SANEs or SAFEs are unavailable, a qualified medical practitioner performs forensic medical examinations.

115.321 (c)-7 Logansport confirmed that the facility documents efforts to provide SANEs or SAFEs.

115.321 (c)-8 Logansport confirmed that zero forensic medical exams were conducted during the past 12 months. Furthermore, in a memo dated 4/28/2025, the Superintendent/Warden indicates that zero SANE services were conducted in the past 12-month period.

115.321 (c)-9 The number of exams performed by SANEs/SAFEs in the past 12 months was zero. Logansport confirmed that no forensic medical exams were conducted during this period. Furthermore, in a memo dated 4/28/2025, the Superintendent/Warden indicates that no SANE services were provided in the past 12 months.

115.321 (c)-10 The number of exams a qualified medical practitioner performed during the past 12 months was zero. Logansport confirmed that no forensic medical exams were conducted during this period. Furthermore, in a memo dated 4/28/2025, the Superintendent/Warden indicates that no SANE services were provided in the past 12 months.

115.321 (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. In that case, the agency shall make it available to provide these services to 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. 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.

115.321 (d)-1 Logansport confirmed that the facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means.

115.321 (d)-2 Logansport confirmed that these efforts are documented.

According to the PCM, IDOC/Logansport provides all victims of sexual abuse access to a facility SART member throughout the investigative and hospital process. See IDOC Staff Development and Training, Sexual Assault Response Training (PP) (effective 03/03/2016). During this review period, zero residents reported sexual abuse at Logansport.

115.321 (d)-3 Logansport confirmed 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.

See 115.321 (d)-2 and IDOC Staff Development and Training Victim Advocacy (PP)

(revised 8/15/19) slides 1- 16. The PP slide presentation includes learning objectives such as:

- Understand the legislative basis for providing advocacy services to incarcerated victims.
- Discuss communication strategies that foster a productive relationship with the victim.
- Understand the stages of crisis response.
- Explore the three phases of “Psychological First Aid”.
- Describe the services provided by victim advocates.

During an interview with the PREA Compliance Manager, the PREA Compliance Manager detailed examples of ways the agency makes available a victim advocate for victims of sexual abuse such as the designation of a qualified state SART trained victim advocate who transport with a victim of sexual abuse and provide emotional support during a forensic examination, interviews if requested and court proceeding.

Zero residents of sexual abuse were interviewed. During this reporting period, zero residents reported sexual abuse.

115.321 (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 provide emotional support, crisis intervention, information, and referrals.

115.321 (e)-1 If the victim requests, a victim advocate, qualified agency staff member, or a qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals.

According to a Logansport Superintendent/Warden memorandum, no residents requested a victim advocate during this review period. Additionally, during an interview with the PCM, the PCM confirmed that if a victim requested a victim advocate, the agency would provide one from a list of qualified SART members.

115.321 (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.

115.321 (f)-1 If the agency is not responsible for investigating administrative or criminal 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 §115.321 (a) through (e) of the standards. This substandard is not applicable.

	<p>115.321 (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 juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.</p> <p>Auditor is not required to audit this provision.</p> <p>115.321 (h): For 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.</p> <p>The PCM confirmed that all SART members are screened for appropriateness, and documentation of training received is maintained, including education concerning sexual assault and forensic examination issues. See IDOC Staff Development and Training, Sexual Assault Response Training (PP) (effective 03/03/2016).</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. IDOC Policy 01-02-115 Sexual Abuse Prevention, Section V., Responsive Planning, Subsection A. Evidence Protocol and Forensic Medical Examination (effective 08/15/2025) pages 15-17. 3. IDOC Staff Development and Training, Sexual Assault Response Training (PP) (effective 03/03/2016). 4. IDOC Sexual Assault Manual, Indiana Department of Corrections Health Services Division 5. IDOC Staff Development and Training, Sexual Assault Response Team (SART) First Responders, Evidence Protocol and Investigations (effective date 03/03/2016) 6. Interview with random staff (12) 7. Interview with the PCM 8. Memorandum from the Superintendent/Warden <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 or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.322 (a): The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

115.322 (a)-1 The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

IDOC Policy 01-02-115 Sexual Abuse Prevention, Section B. Policies to Ensure Referrals of Allegations for Investigations (effective 8/15/24) page 17.

115.322 (a)-2 In the past 12 months, Logansport reported zero allegations of sexual abuse and sexual harassment that were received.

115.322 (a)-3 In the past 12 months, Logansport reported zero allegations resulting in an administrative investigation.

115.322 (a)-4 In the past 12 months, Logansport reported zero as the number of allegations referred for criminal investigation.

115.322 (a)-5 Logansport confirmed that all administrative and/or criminal investigations regarding allegations received during the past 12 months were completed. Noteworthy. The facility reported zero allegations of sexual abuse or sexual harassment during the review period.

This Auditor interviewed the IDOC agency head and the IDOC Commissioner during this reporting period. The head confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Furthermore, all criminal investigations are conducted by CPOs and trained Internal Investigators (I&I), and where applicable, the agency involves the local prosecutor's office.

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

115.322 (b): The agency has a policy to ensure that allegations of sexual abuse and/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 will publish this policy on its website or make it available through other means if it does not already exist. The agency will document all such referrals.

115.322 (b)-1 The agency confirmed that it has a policy that requires allegations of sexual abuse or sexual harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its investigations, unless the allegation does not involve potentially criminal behavior.

IDOC Policy 01-02-115 Sexual Abuse Prevention, Section V. Responsive Planning,

Subsection A. Evidence Protocol and Forensic Medical Examinations (effective 8/15/24) page 15-16.

IDOC Policy and Administrative Procedure 00-01-103, Investigations and Intelligence.

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

This Auditor confirmed by examination that IDOC has published on the agency website the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation.

115.322 (b)-3 IDOC confirmed that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

During the audit of Logansport, the Auditor interviewed Investigative Staff. The staff confirmed that agency policy requires that 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.

115.322 (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.

See 115.322 (b)-2.

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

Auditor is not required to audit this provision.

115.322 (e): Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile 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. PAQ
2. IDOC Policy 01-02-115 Sexual Abuse Prevention, Section V. Responsive Planning, Subsection A. Evidence Protocol and Forensic Medical Examinations (effective 8/15/24) page 15-16.IDOC Policy and Administrative Procedure 00-01-103, Investigations and Intelligence.

	<ol style="list-style-type: none"> 3. Internet search 4. Interview with an investigator 5. Interview with the Agency Head, IDOC Commissioner <p>Conclusion:</p> <p>The narrative above 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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115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.331 (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' right 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 juvenile facilities;(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;(7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;(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;(11) Relevant laws regarding the applicable age of consent.</p> <p>115.331 (a)-1 IDOC confirmed that the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VI. Training and Education, Subsection A. Employee Training (effective 8/15/24) pages 17-18.</p> <p>IDOC Staff Development and Training Prison Rape Elimination Act (PP) slides 1-32 (revised 6/12/20).</p> <p>115.331 (a)-2 The agency trains all employees who may have contact with residents on fulfilling their responsibilities under agency sexual abuse and sexual harassment</p>

prevention, detection, reporting, and response policies and procedures.

- IDOC PREA CBT Transcript -lesson plan

115.331 (a)-3 The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. See 115.331 (a)-2.

115.331 (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 115.331 (a)-2.

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

See 115.331 (a)-2.

115.331 (a)-6

The agency trains all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment.

See 115.331 (a)-2.

115.331 (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 and how to distinguish between consensual sexual contact and sexual abuse between residents.

See 115.331 (a)-2.

115.331 (a)-8 The agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents.

See 115.331 (a)-2.

115.331 (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 115.331 (a)-2.

115.331 (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 115.331 (a)-2.

115.331 (a)-11 The agency trains all employees who may have contact with residents on relevant laws regarding the applicable age of consent.

	<p>The Auditor interviewed random staff (12) who may have contact with residents about relevant laws regarding the applicable age of consent. All were confirmed to have been trained in 2024/2025. The auditor examined a select sample of staff training (12).</p> <p>Evidence Relied Upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VI. Training and Education, Subsection A. Employee Training (effective 8/15/24) pages 17-18. 3. IDOC Staff Development and Training Prison Rape Elimination Act (PP) slides 1-32 (revised 6/12/20). 4. IDOC PREA CBT Transcript-lesson plan 5. Interview with random staff (12) 6. Examination of training records (12) <p>Conclusion:</p> <p>The narrative above 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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115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.332 (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>115.332 (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. Volunteers and Contractor Training (effective 8/15/24), page 19.</p> <p>IDOC Staff Development and Training Prison Rape Elimination Act (PP) slides 1-32 (revised 6/12/20).</p> <p>IDOC Sexual Abuse Prevention and Reporting Staff Information Brochure.</p> <p>115.332 (a)-2 The number of volunteers and contractors who have contact with residents and have been trained in the agency's policies and procedures regarding</p>

sexual abuse and sexual harassment prevention, detection, and response was 46.

The Auditor interviewed facility contractors (medical and mental health practitioners) who interact with residents. Each practitioner confirmed receiving training from IDOC annually and additional PREA training mandated by the vendor. A sample of training records of volunteers and contractors who may interact with residents was examined.

115.332 (b): Logansport confirmed that 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.

115.332 (b)-1 Logansport confirmed that the level and type of training provided to volunteers and contractors are based on the services they provide and the level of contact they have with residents.

See 115.332 (a)-1

115.332 (b)-2 Logansport confirmed that 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.

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

115.332 (c)-1 The agency maintains documentation confirming that the volunteers and contractors understand the training they have received.

By examination, this Auditor confirmed that IDOC/Logansport confirmed that 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 on how to report such incidents.

Evidence Relied Upon:

1. PAQ
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section B. Volunteers and Contractor Training (effective 8/15/24), page 19.
3. IDOC Staff Development and Training Prison Rape Elimination Act (PP) slides 1-32 (revised 6/12/20).
4. IDOC Sexual Abuse Prevention and Reporting Staff Information Brochure.
5. Interview with contractors (2)
6. Examination of training records (2)

Conclusion:

	The narrative above 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.
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.333 (a): During the intake process, residents shall receive information explaining, in an age-appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section C. Incarcerated Individual Education (effective 8/15/24), pages 19-21 details PREA information that explains in an age-appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>IDOC Sexual Abuse Prevention and Reporting, Offender Student Information Brochure (revised 9/2019) concerns the Prison Rape Elimination Act includes information such as:</p> <ul style="list-style-type: none"> • IDOC Zero Tolerance Policy • Treatment and Counseling Information • Tips for Prevention • How to Report Sexual Abuse/Harassment <p>115.333 (a)-2 Logansport confirmed that the number of residents admitted in the past 12 months who were given this information at intake was 380.</p> <p>115.333 (a)-3 Logansport confirmed that the information provided to the resident during intake is provided in an age-appropriate fashion.</p> <p>During the audit, the Auditor interviewed Intake Staff from Logansport. The Intake Staff confirmed that all residents are provided information about the agency's zero--tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment.</p> <p>The Auditor interviewed a sample of random and targeted residents (20). Residents were asked, when you first came here, did you get information about the facility's rules against sexual abuse and harassment. All responded in the affirmative.</p> <p>PREA Audit Site Review</p>

- The Intake Staff detailed a mock intake with a resident for the Auditor.
- The Auditor confirmed who is responsible for conducting the intake process.
- Confirmed that staff are prepared to read to residents.
- Staff have access to an on-demand language line to assist LEP residents
- The Auditor tested the critical function of all living units.
 - telephones
 - tablets used to communicate with family, the Ombudsmen's Office, and staff in management
 - Observed medical and mental health rounds
 - Observed PREA reporting information on all living units
 - Observed that PREA reporting information was in good repair, clear, concise, accurate, and age-appropriate
 - Observed information regarding the current Auditor contact information was posted on all living units and in common areas for staff
 - Observed that information regarding emotional support was posted on all living units
 - Observed that all residents are put on notice that calls could be recorded
 - Observed the braille brochure for residents
 - PREA posters (English/Spanish)

Omitted were a sample of select intake records of residents (20) entering the facility in the last 12 months.

115.333 (b): Within 10 days of intake, the agency shall provide comprehensive, age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

115.333 (b)-1 According to Logansport, the number of those residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake was 380.

During the audit, the Auditor interviewed Intake Staff from Logansport. The Intake Staff confirmed that all residents are provided information about the agency's zero--tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment within 24 hours, but always within 72 hours. Logansport delivers education to residents in the following manner:

- Verbally
- PREA video
- PREA brochure
- Individual face-to-face encounter

The Auditor interviewed a sample of random and targeted residents (20). Residents were asked, when you first came here, did you get information about the facility's rules against sexual abuse and harassment. All responded in the affirmative.

115.333 (c): Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility.

115.333 (c)-1 Logansport indicates this substandard is not applicable.

115.333 (c)-2 Logansport indicates this substandard is not applicable.

115.333 (c)-3 Logansport indicates this substandard is not applicable.

115.333 (c)-4 IDOC confirmed that the agency policy requires that residents who are transferred from one facility to another be educated regarding 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 to the extent that the policies and procedures of the new facility differ from those of the previous facility.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section C. Incarcerated Individual Education (effective 8/15/24), pages 19-21 details PREA information that explains in an age-appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse or sexual harassment.

IDOC Sexual Abuse Prevention and Reporting, Offender Student Information Brochure (revised 9/2019) concerns the Prison Rape Elimination Act includes information such as:

IDOC Zero Tolerance Policy
Treatment and Counseling Information
Tips for Prevention
How to Report Sexual Abuse/Harassment

115.333 (d): IDOC confirmed that 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, and residents with limited reading skills.

115.333 (d)-1 Logansport confirmed resident PREA education is available in formats accessible to all residents, including those with limited English proficiency. See 115.333 (c)-4, 115.333 (a)-3, PREA Site Review and IDOC, Division of Youth Services, Youth Handbook (revised 1/16/25) (English/Spanish) pages 7-8.

115.333 (d)-2 Logansport confirmed that resident PREA education is available in formats accessible to all residents, including the deaf. See 115.333 (c)-4 and

115.333 (a)-3, PREA Site Review and IDOC, Division of Youth Services, Youth Handbook (revised 1/16/25) (English/Spanish), pages 7-8.

115.333 (d)-3 Logansport confirmed that resident PREA education is available in formats accessible to all residents, including those who are visually impaired. See 115.333 (c)-4 and 115.333 (a)-3, PREA Site Review and IDOC, Division of Youth Services, Youth Handbook (revised 1/16/25) (English/Spanish), pages 7-8.

115.333 (d)-4 Logansport confirmed that resident PREA education is available in formats accessible to all residents, including those who are otherwise disabled. See 115.333 (c)-4 and 115.333 (a)-3, PREA Site Review and IDOC, Division of Youth Services, Youth Handbook (revised 1/16/25) (English/Spanish), pages 7-8.

115.333 (d)-5 Logansport confirmed that resident PREA education is available in formats accessible to all residents, including those who have limited reading skills. See 115.333 (c)-4 and 115.333 (a)-3, PREA Site Review and IDOC, Division of Youth Services, Youth Handbook (revised 1/16/25) (English/Spanish), pages 7-8.

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

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

Logansport omitted a select sample of residents' education, which was identified for review to determine compliance with this substandard.

115.333 (f): Besides 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.

115.333 (f)-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. See 115.333 (c)-4 and 115.333 (a)-3, PREA Site Review and IDOC, Division of Youth Services, Youth Handbook (revised 1/16/25) (English/Spanish), pages 7-8.

Evidence Relied Upon:

1. PAQ
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section C. Incarcerated Individual Education (effective 8/15/24), pages 19-21
3. PREA Site Review
4. IDOC, Division of Youth Services, Youth Handbook (revised 1/16/25) (English/Spanish), pages 7-8.
5. IDOC Sexual Abuse Prevention and Reporting, Offender Student Information Brochure (revised 9/2019).

Corrective Action:

	<ol style="list-style-type: none"> 1. Omitted was a sample of select intake records of residents (20) entering the facility in the last 12 months. 2. Logansport omitted a select sample of residents' education (20), which was identified for review to determine compliance with this substandard. <p>Conclusion:</p> <p>The narrative above 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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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.334 (a): In addition to the general training provided to all employees pursuant to § 115.331, 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.</p> <p>115.334 (a)-1 IDOC confirmed that the PREA policy requires that investigators be trained in conducting sexual abuse investigations in confinement settings.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section D. Specialized Training: Investigations (effective 8/15/24), page 21.</p> <p>National Institute of Corrections, Investigation Curriculum, Chapter 2 PREA Investigation.</p> <p>This Auditor interviewed the PREA investigator for Logansport. The investigator confirmed that he has completed all required training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. The training included topics such as:</p> <ul style="list-style-type: none"> • Techniques for interviewing juvenile sexual abuse victims. • Proper use of Miranda and Garrity warnings • Sexual abuse evidence collection in confinement settings • The criteria and evidence required to substantiate a case for administrative or prosecution referral. <p>By examination of training records, this Auditor confirmed that the PREA investigator meets the training requirements of this standard.</p> <p>115.334 (b): Specialized training shall include techniques for interviewing juvenile</p>

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.

This Auditor interviewed the PREA investigator for Logansport. The investigator confirmed that he has completed all required training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. The training included topics such as:

Techniques for interviewing juvenile sexual abuse victims.

Proper use of Miranda and Garrity warnings

Sexual abuse evidence collection in confinement settings

The criteria and evidence required to substantiate a case for administrative or prosecution referral.

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

115.334 (c)-1 IDOC confirmed that the agency maintains documentation showing that investigators have completed the required training.

By examining training records, this Auditor confirmed that the PREA investigator meets the training requirements of this standard. According to the Superintendent's memo dated 4/28/25, Logansport has one investigator, who has completed the required training.

115.334 (c)-2 The number of current investigators who have completed the required training is one.

115.334 (d): Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.

The auditor is not required to audit this provision.

Evidence Relied Upon:

1. PAQ
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section D. Specialized Training: Investigations (effective 8/15/24), page 21.
3. Interview with a PREA investigator
4. Examination of training evidence for this standard
5. Memo from the Superintendent regarding the designated investigator

Conclusion:

The narrative above 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.

115.335	Specialized training: Medical and mental health care
	<p data-bbox="280 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 342 1474 622">115.335 (a): The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly 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 juvenile 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 data-bbox="280 667 1378 741">115.335 (a)-1 IDOC confirmed that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities.</p> <p data-bbox="280 779 1437 853">IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section D. Specialized Training: Investigations (effective 8/15/25), page 21.</p> <p data-bbox="280 891 1331 925">Centurion, PREA Overview for Juveniles (effective 2/2022) (PP) slides 1-65.</p> <p data-bbox="280 963 1445 1081">115.335 (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 is 13.</p> <p data-bbox="280 1120 1481 1238">115.335 (a)-3 All medical and mental health care practitioners who work regularly at this facility have received the training required by agency policy, as confirmed by the facility.</p> <p data-bbox="280 1276 1474 1473">This Auditor interviewed a medical practitioner during the audit process. The medical practitioner confirmed that they had received specialized training regarding sexual abuse and sexual harassment from IDOC and the vendor, Centurion. Furthermore, the same medical practitioner confirmed that the training included topics such as:</p> <ul data-bbox="280 1512 1445 1753" style="list-style-type: none"> • How to detect and assess signs of sexual abuse and sexual harassment; • How to preserve physical evidence of sexual abuse; • How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and • How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p data-bbox="280 1792 1378 1955">This Auditor interviewed a mental health practitioner during the audit. The practitioner confirmed they received specialized training on sexual abuse and harassment from IDOC and the vendor, Centurion. Additionally, the same practitioner affirmed that the training covered topics such as:</p> <ul data-bbox="280 1993 1326 2067" style="list-style-type: none"> • How to detect and assess signs of sexual abuse and sexual harassment; • How to preserve physical evidence of sexual abuse;

- How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Training records and personnel records to verify that regular practitioners have been trained

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

115.335 (b)-1 The Logansport medical and mental health practitioners confirmed that the IDOC medical staff at this facility does not conduct forensic medical exams.

115.335 (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.

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

Training and personnel records are omitted to verify that regular practitioners have been trained.

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

Training logs of medical and mental health care practitioners to ensure they received the training for employees AND contractors/volunteers (depending on their status) in the referenced standards

Evidence Relied Upon:

1. PAQ
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section D. Specialized Training: Investigations (effective 8/15/25), page 21.
3. Centurion, PREA Overview for Juveniles (effective 2/2022) (PP) slides 1-65.
4. Interview with a medical practitioner (contractor)
5. Interview with a mental health practitioner (contractor)

Corrective action:

1. Training logs of medical and mental health care practitioners to ensure they received the training for employees AND contractors/volunteers (depending on their status) in the referenced standards.
2. Training and personnel records are omitted to verify that regular practitioners have been trained.

	<p>Conclusion:</p> <p>The narrative above 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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115.341	Obtaining information from residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.341 (a): Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.</p> <p>115.341 (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 VIII. Screening for Risk of Sexual Victimization and Abusiveness, Subsection A. Screening for Risk of Sexual Victimization and Abusiveness (effective 8/15/24), pages 22-25.</p> <p>The Auditor examined 20 Screening for Risk of Sexual Victimization and Abusiveness.</p> <p>115.341 (a)-2 IDOC confirmed the policy IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VIII. Screening for Risk of Sexual Victimization and Abusiveness, Subsection A. 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>115.341 (a)-3 The number of residents who entered the facility (either through intake or transfer) within the past 12 months, stayed for 72 hours or more, and were screened for the risk of sexual victimization or sexually abusing other residents within 72 hours of their entry was 380.</p> <p>115.341 (a)-4 The policy IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VIII. Screening for Risk of Sexual Victimization and Abusiveness, Subsection A. requires that the resident's risk level be reassessed periodically throughout their confinement.</p> <p>During this audit, the Auditor confirmed with the staff responsible for risk screening that all residents, upon admission or transfer to Logansport, or upon transfer from another facility, are screened within 72 hours for the risk of sexual abuse victimization or sexual abusiveness toward other residents. Information obtained from residents is voluntary, from court records, or through medical or mental health</p>

conversations during intake. Within 30 days of arrival, all residents are reassessed by the Logansport staff.

This Auditor interviewed a sample of 20 residents, including both random and targeted individuals. Fourteen residents confirmed they remembered during the intake process being asked questions like whether they had ever been sexually abused, if they identified as gay, bisexual, or transgender, whether they had any disabilities, and if they thought they might be in danger of sexual abuse here.

- Four of the six remaining residents denied remembering whether they were asked questions such as whether they had ever been sexually abused, if they identified as gay, bisexual, or transgender, whether they had any disabilities, and if they thought they might be in danger of sexual abuse here.

- Two of the six residents denied remembering specific parts of the questions regarding disabilities or gender identity.

PREA Audit Site Review

During the PREA risk screening mock demo, the Auditor:

- Confirmed who is responsible for risk screening
- Confirmed that the risk screening process occurs in a setting that ensures as much privacy as possible.
- Confirmed that screening staff use an instrument (Delta) to collect information during the risk screening.
- Confirmed that screening staff affirmatively ask persons confined in the facility about their sexual orientation and gender identity by directly inquiring if they identify as LGBTI.
- Confirmed that screening staff use additional sources of information, outlined in the Standards, to complete the initial risk screening assessment.
- Examined the risk screening instrument (20). Records for residents admitted to the facility within the past 12 months for evidence of appropriate screening within 72 hours.

115.341 (b): Such assessments shall be conducted using an objective screening instrument.

115.341 (b)-1 Logansport confirmed that risk assessments are conducted using an objective screening instrument.

Examined and confirmed that risk screening instruments (20) were conducted using an objective instrument termed Delta Risk Assessment. Records for residents' assessments were performed using an objective screening instrument.

115.341 (c): At a minimum, the agency shall attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive

development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

During this audit, the Auditor confirmed with the staff responsible for risk screening confirmed that all the Delta Risk Assessment includes at a minimum, the agency shall attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from particular other residents.

115.341 (d): This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

During this audit, the Auditor confirmed with staff responsible for risk screening that risk screening information is ascertained voluntarily during the intake process, through court records and medical records, mental health screenings, special incident reports, reviewing court records, case files, facility behavioral records, and other relevant documentation.

115.341 (e): The agency shall implement appropriate controls on disseminating responses to questions asked pursuant to this standard to ensure that staff or other residents do not exploit sensitive information to the resident's detriment.

During this audit, the Auditor interviewed the PCM and PREA Coordinator individually. The PC and PCM each confirmed that IDOC specified who can access a resident's risk assessment within the facility to protect sensitive information from exploitation. Access to sensitive resident personal information is restricted by role, responsibility, and a need to know.

Evidence Relied Upon:

1. PAQ
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VIII. Screening for Risk of Sexual Victimization and Abusiveness, Subsection A. Screening for Risk of Sexual Victimization and Abusiveness (effective 8/15/24), pages 22-25.
3. The Auditor examined 20 Screening for Risk of Sexual Victimization and

	<p>Abusiveness.</p> <ol style="list-style-type: none"> 4. Interviewed a sample of 20 residents, including both random and targeted individuals. 5. PREA Audit Site Review 6. Interview with the PREA Coordinator 7. Interview with the PREA Compliance Manager 8. Interview with the staff responsible for risk screening 9. Interview with intake staff <p>Conclusion:</p> <p>The narrative above 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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115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.342 (a): The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.</p> <p>115.342 (a)-1 IDOC confirmed that the agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section C. Use of Screening Information (effective 8/15/25), pages 25-27.</p> <p>IDOC Policy 01-04-104 The Establishment, Maintenance, and Disposition of Offender Records (effective 3/1/17) pages 1-26.</p> <p>During the audit, the Auditor interviewed the PREA Compliance Manager. The PCM detailed how IDOC/Logansport uses information from risk screening during intake (per 115.341) to keep residents safe and free from sexual abuse, such as housing and program considerations.</p> <p>A staff member responsible for risk screening was interviewed during the audit. The Auditor asked how the agency or facility uses information from the risk screening during intake to keep residents safe from sexual abuse and harassment. The staff confirmed that information collected during intake is used to protect residents from</p>

being victimized or becoming abusive. The Auditor reviewed documentation of 20 risk-based housing decisions.

115.342 (b): Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily medical or mental health care clinician visits. Residents shall also have access to other programs and work opportunities to the extent possible.

115.342 (b)-1 Logansport confirmed that the facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.

According to a memorandum dated 4/28/25, the Superintendent confirmed that no residents at risk of sexual victimization were placed in isolation to protect a resident's safety for PREA-related reasons in the past 12 months.

115.342 (b)-2 The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. Zero.

115.342 (b)-3 The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months.

115.342 (b)-4 The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months. Zero.

115.342 (b)-5 The average period residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months. Not applicable.

Zero residents in isolation (for risk of sexual victimization or who allege to have suffered sexual abuse) were identified during the audit. Staff who supervise residents in isolation confirmed that residents in isolation receive daily visits from medical and mental health practitioners, and placement in involuntary isolation is only used until alternative means of separation from the likely abuser can be found. Furthermore, during involuntary isolation, a resident would have access to programs, some privileges, education, but not work. The resident's circumstances are reviewed every 30 days to determine if continued placement in involuntary isolation is necessary.

During this audit, a medical and mental health practitioner was interviewed individually. Each confirmed that any resident placed in isolation receives visits

from medical or mental health care practitioner at least daily.

115.342 (c): Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely based on such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

115.342 (c)-1 Logansport confirmed that the facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status.

According to a memorandum from the Superintendent dated 4/28/25, Logansport has had no transgender or intersex residents in the past 12 months.

115.342 (c)-2 Logansport confirmed that the facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section D. Placement of Youth in Housing, Bed, Program, Education, and Work Assignments (Applies to DYS Only) (effective 8/15/25), page 26.

Examination of Delta documentation of housing assignments of residents identified to be lesbian, gay, bisexual, transgender, or intersex for compliance with the standard.

115.342 (d): 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.

115.342 (d)-1 IDOC confirmed that 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.

IDOC Policy 03-02-112 Transgender and Intersex Youth (effective 5/1/19) pages 1-6.

115.342 (d)-2 IDOC confirmed that 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.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section C. Use of Screening Information (effective 8/15/25), pages 25-27.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section D. Placement of Youth in

Housing, Bed, Program, Education, and Work Assignments (Applies to DYS Only) (effective 8/15/25), page 26.

Zero Transgender/Intersex residents were interviewed. According to a memorandum dated 4/28/25, the Superintendent confirmed that no residents at risk of sexual victimization were placed in isolation to protect a resident's safety for PREA-related reasons in the past 12 months.

PREA Compliance Manager denied that Logansport has a special housing unit for residents identified as LGBTI.

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

PREA Compliance Manager confirmed that upon assignment to Logansport placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

115.342 (f): A transgender or intersex resident's views concerning his or her safety shall be given serious consideration.

The PREA Compliance Manager confirmed that a transgender or intersex resident's views concerning his or her safety would be given serious consideration. Staff responsible for risk screening also confirmed this.

115.342 (g): Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

The PREA Compliance Manager confirmed that a transgender or intersex resident would be allowed to shower separately from other residents.

115.342 (h): If a resident is isolated under paragraph (b) of this section, the facility shall clearly document: (1) the basis for the facility's concern for the resident's safety; and (2) the reason why no alternative means of separation can be arranged.

115.342 (h)-1 Logansport indicates that zero residents at risk of sexual victimization were held in isolation in the past 12 months.

115.342 (i): Logansport confirmed that, where applicable, every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

115.342 (i)-1 Logansport confirmed that, where applicable, if a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

According to the Superintendent, zero residents were placed in isolation (for risk of

	<p>sexual victimization/who allege to have suffered sexual abuse) during the past 12 months.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section C. Use of Screening Information (effective 8/15/25), pages 25-27. 3. IDOC Policy 01-04-104 The Establishment, Maintenance, and Disposition of Offender Records (effective 3/1/17) pages 1-26. 4. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section D. Placement of Youth in Housing, Bed, Program, Education, and Work Assignments (Applies to DYS Only) (effective 8/15/25), page 26. 5. IDOC Policy 03-02-112 Transgender and Intersex Youth (effective 5/1/19) pages 1-6. 6. Interviewed the staff member responsible for risk screening 7. Interviewed a medical practitioner 8. Interviewed a mental health practitioner 9. Examination of Delta documentation of housing assignments of residents identified to be lesbian, gay, bisexual, transgender, or intersex for compliance with the standard. 10. A memorandum dated 4/28/25, the Superintendent confirmed that no residents at risk of sexual victimization were placed in isolation to protect a resident's safety for PREA-related reasons in the past 12 months. 11. The Auditor reviewed documentation of 20 risk-based housing decisions. <p>Conclusion:</p> <p>The narrative above 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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115.351	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.351 (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>115.351 (a)-1 The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:</p> <ul style="list-style-type: none"> • 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.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VIII. Reporting, Subsection A, Incarcerated Individual Reporting (effective 8/15/24), pages 29-30.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VI. Training and Education, Subsection A. Employee Training (effective 8/15/24) pages 17-18.

IDOC Sexual Abuse Prevention and Reporting, Staff Information Brochure

IDOC PREA CBT Transcript -lesson plan

115.341 (a)-2 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.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VIII. Reporting, Section A. Incarcerated Individuals Reporting (effective 4/15/24) pages 28-29.

The Auditor interviewed a select number of random staff (12) during the onsite portion of this audit. Randomly sampled detailed multiple ways a resident may report allegations of sexual abuse or harassment, such as:

1. Telling a trusted staff person
2. Internal hotline
3. Ombudsman Office
4. Family, friend, or advocate
5. Filing a grievance

The Auditor interviewed a sample of random and targeted residents (20). All residents interviewed provided the Auditor with multiple ways to make a PREA report such as:

1. #80
2. Tell family
3. Tell the courts or a lawyer
4. Tell a trusted staff person
5. File a grievance

PREA Audit Site Review

During the site review, the Auditor observed:

1. PREA-related signage in all living units and common areas in English and Spanish.

2. The Information was age-appropriate
3. The information was accurate
4. The information posted included multiple ways for a resident to report
5. PREA audit notices were accurate
6. Placement was accessible to most persons
7. Assess the security of written communication.
8. Mail in these boxes is only accessible by a designated agency or facility official(s).
9. Observed locked grievance boxes
10. Accessibility to writing instruments

RECORD STORAGE

During the site review, the auditor:

- Observe the physical storage area of any information/documentation collected and maintained in hard copy under the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) to determine if the area is secured (e.g., key card, lock, and key).
- Observe electronic safeguards of any information/documentation collected and maintained electronically under the PREA Standards (e.g., risk screening information) to determine how access to the information is secured (e.g., password protected, accessible only in certain areas, role-based security).

115.351 (b): The agency shall also provide 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 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. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

15.351 (b)-1 The IDOC confirmed that the agency offers at least one way for residents to report abuse or harassment to a public or private entity not affiliated with the agency. IDOC uses the Ombudsman's Office. A resident can select the "GTL Request" option and then choose Ombudsman. This option is for submitting a report if the resident is threatened with or has experienced sexual abuse or harassment by another incarcerated individual, staff, volunteer, or contractor, and does not feel comfortable reporting it to staff at this facility. The report will be sent to the Indiana Ombudsman. The Indiana Ombudsman will then forward your report to the IDOC PREA Coordinator and the facility PREA Compliance Manager.

During the facility tour, the Auditor submitted a GTL request to the Ombudsman Office to test accessibility. Within hours, the Ombudsman's Office emailed the IDOC PREA Coordinator to confirm the test.

115.351 (b)-2 IDOC indicates this substandard is not applicable.

During this audit, the Auditor interviewed the PCM. He confirmed that Logansport provides residents with at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. The PCM indicated that all residents have access to the Ombudsman's Office through GTL, and the procedure enables the receipt and immediate transmission of resident reports of sexual abuse and sexual harassment of agency officials, which allows the resident to remain anonymous upon request.

This Auditor interviewed a select sample of random and targeted residents. Each resident was asked if they were allowed to make a report without having to give their name. All affirmed the ability to submit a PREA report anonymously. Further, residents confirmed having someone who does not work at this facility that you could report to about sexual abuse or sexual harassment, such as:

- Mother
- Grandmother
- Father
- Family
- Friend
- Parents

PREA Audit Site Review

- Observe any posted or printed signage throughout the facility (e.g., posters, pamphlets, brochures, electronic signage).
- Observe that PREA signage includes audit notices.
- Observed signage on how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information.
- Observed signage was readable for most residents
- Observed signage in English/Spanish
- Observed signage was accurate throughout the facility (eg, living units and common areas)

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

115.351 (c)-1 The IDOC has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VIII. Reporting, Subsection A, Incarcerated Individual Reporting (effective 8/15/24), pages 29-30.

115.351 (c)-2 Logansport confirmed that staff are required to document verbal reports.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VIII. Reporting,

Subsection A, Incarcerated Individual Reporting (effective 8/15/24), pages 29-30.

Interviews with a select sample of random staff (12) confirmed that staff must document verbal reports.

Interviews with random and targeted residents during the audit all confirmed that they can make reports of sexual abuse or sexual harassment, either in person or in writing.

115.351 (d): The facility shall provide residents with access to the tools necessary to make a written report.

115.351 (d)-1 Logansport confirmed that the facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. See 115.341 (a)-2.

During this audit, the Auditor asked the PCM what tools the facility provides residents with to help them make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The PCM indicated that residents can access pencils, tablets, grievance forms, and the kiosk. Zero residents reported sexual abuse during this review period.

115.351 (e): The agency shall provide a method for staff to report sexual abuse and sexual harassment of residents privately.

115.351 (e)-1 IDOC confirms that the agency has established procedures for staff to report sexual abuse and sexual harassment of residents privately.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VIII. Reporting, Subsection A, Incarcerated Individual Reporting (effective 8/15/24), pages 29-30.

PREA Audit Site Review

- Observe any posted or printed signage throughout the facility (e.g., posters, pamphlets, brochures, electronic signage).
- Observe that PREA signage includes audit notices.
- Observed signage on how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information.
- Observed signage was readable for most residents
- Observed signage in English/Spanish
- Observed signage was accurate throughout the facility (eg, living units and common areas)
- Examined the staff PREA brochure
- Tested Hotline

	<p>115.351 (e)-2 Staff are informed of these procedures in the following ways:</p> <ul style="list-style-type: none"> • Face-to-face • Hotline • Incident report • Telephone <p>All staff sampled during this audit (12) confirmed they must report on demand to their direct colleagues or immediate supervisor.</p> <p>Evidence Relied Upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VIII. Reporting, Subsection A, Incarcerated Individual Reporting (effective 8/15/24), pages 29-30. 3. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VI. Training and Education, Subsection A. Employee Training (effective 8/15/24) pages 17-18. 4. Tested internal and external reporting methods. <ol style="list-style-type: none"> 1. Grievance box 2. Tablets 3. Ombudsman Office 4. Tablets 5. PREA site review 6. Interview with a sample of random and targeted residents (20) 7. Interview with a sample of random staff (12) 8. IDOC PREA CBT Transcript -lesson plan 9. IDOC Staff Development and Training Prison Rape Elimination Act (PP) slides 1-32 (revised 6/12/20). 10. IDOC Sexual Abuse Prevention and Reporting, Staff Information Brochure <p>Conclusion:</p> <p>The narrative above 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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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.352 (a): An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

115.352 (a)-1 The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section B. Exhaustion of Administrative Remedies (effective 8/15/24), pages 29-31.

IDOC Policy 03-02-105 Youth Grievance Process (effective 4/1/15) pages 1-14.

115.352 (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 on 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 attempt otherwise to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a resident's lawsuit on the grounds that the applicable statute of limitations has expired.

115.352 (b)-1 IDOC confirmed that the 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 02-01-115 (Sexual Abuse Prevention), Section B. Exhaustion of Administrative Remedies (effective 8/15/24), pages 29-31.

IDOC Policy 03-02-105 Youth Grievance Process (effective 4/1/15) pages 1-14.

115.352 (b)-2 IDOC denies that the 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.

115.352 (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.

115.352 (c)-1 IDOC confirmed that the agency's policy and procedure allows 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 02-01-115 (Sexual Abuse Prevention), Section B. Exhaustion of Administrative Remedies (effective 8/15/24), pages 29-31.

IDOC Policy 03-02-105 Youth Grievance Process (effective 4/1/15) pages 1-14.

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

115.352 (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 shall 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.

115.352 (d)-1 IDOC confirmed that the agency's policy and procedures require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of filing the grievance.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section B. Exhaustion of Administrative Remedies (effective 8/15/24), pages 29-31.

IDOC Policy 03-02-105 Youth Grievance Process (effective 4/1/15) pages 1-14.

115.352 (d)-2 IDOC confirmed that in the past 12 months, the number of grievances that were filed that alleged sexual abuse was zero.

115.352 (d)-3 IDOC confirmed that in the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed was zero.

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

115.352 (d)-5 IDOC indicates that, in cases where the agency requested an extension of the 90 days to respond to a grievance, and that had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve.

115.352 (d)-6 IDOC indicates that zero grievances took longer than a 70-day extension period to resolve.

115.352 (d)-7 IDOC confirmed that the agency always notifies the resident in writing when the agency files for an extension, including notice of the date a decision will be made.

No residents reported sexual assault during this reporting period. Additionally, no sample grievances alleging sexual abuse and their final decisions were reviewed.

115.352 (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, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the

alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to pursue any subsequent steps in the administrative remedy process personally. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

115.352 (e)-1 IDOC has a policy and procedure that 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.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section B. Exhaustion of Administrative Remedies (effective 8/15/24), pages 29-31.

IDOC Policy 03-02-105 Youth Grievance Process (effective 4/1/15) pages 1-14.

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

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section B. Exhaustion of Administrative Remedies (effective 8/15/24), pages 29-31.

IDOC Policy 03-02-105 Youth Grievance Process (effective 4/1/15) pages 1-14.

115.352 (e)-3 Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section B. Exhaustion of Administrative Remedies (effective 8/15/24), pages 29-31.

IDOC Policy 03-02-105 Youth Grievance Process (effective 4/1/15) pages 1-14.

115.352 (e)-4 IDOC confirmed that 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.

PREA Audit Site Review

During the site review, the Auditor observed:

- PREA-related signage in all living units and common areas in English and Spanish.
- The Information was age-appropriate
- The information was accurate

- The information posted included multiple ways for a resident to report
- PREA audit notices were accurate
- Placement was accessible to most persons
- Assess the security of written communication.
- Mail in these boxes is only accessible by a designated agency or facility official(s).
- Observed locked grievance boxes
- Accessibility to writing instruments
- Third-Party Reporting
 - Posted in living units
 - Posted in common areas
 - Tested

115.352 (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 five calendar days. The initial response and final agency decision shall document the agency's determination of whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

115.352 (f)-1 IDOC confirmed that 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.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section B. Exhaustion of Administrative Remedies (effective 8/15/24), pages 29-31.

IDOC Policy 03-02-105 Youth Grievance Process (effective 4/1/15) pages 1-14.

115.352 (f)-2 IDOC confirmed that the agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section B. Exhaustion of Administrative Remedies (effective 8/15/24), pages 29-31.

IDOC Policy 03-02-105 Youth Grievance Process (effective 4/1/15) pages 1-14.

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

115.352 (f)-4 Logansport confirmed no grievances in 115.352(f)-3 received an initial response within 48 hours.

115.352 (f)-5 Logansport confirmed that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.

115.352 (f)-6 Logansport confirmed that 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.

The Auditor examined no documentation of emergency grievances filed under this standard.

115.352 (g): IDOC confirmed that 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.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section B. Exhaustion of Administrative Remedies (effective 8/15/24), pages 29-31.

IDOC Policy 03-02-105 Youth Grievance Process (effective 4/1/15) pages 1-14.

115.352 (g)-1 IDOC confirmed that 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.

115.352 (g)-2 Logansport confirmed that in the past 12 months, there have been zero resident grievances alleging sexual abuse that led to disciplinary action by the agency against the resident for filing the grievance in bad faith.

The Auditor reviewed no documentation of any such disciplinary actions. See 115.352 (f)-3.

Evidence Relied Upon:

1. PAQ
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section B. Exhaustion of Administrative Remedies (effective 8/15/24), pages 29-31.
3. IDOC Policy 03-02-105 Youth Grievance Process (effective 4/1/15) pages 1-14.
4. PREA Audit Site Review

Conclusion:

The narrative above 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.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.353 (a): The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, as confidentially as possible.</p> <p>115.353 (a)-1 Logansport confirmed that the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section C, Incarcerated Individuals Access to Outside Confidential Support Services (effective 8/15/24), pages 31-32.</p> <p>115.353 (a)-2 Logansport confirms that it provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) 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>115.353 (a)-2 Logansport confirms that the facility provides residents with access to such services by providing (by providing, posting, or otherwise making accessible) 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>During the facility tour and site review, this Auditor observed signage for the Indiana Coalition Against Domestic Violence (Victim Advocate). The signage provides residents with information about the organization's victim advocacy services and details how residents can communicate with the organization, such as:</p> <ul style="list-style-type: none"> • Calling #66 from any living unit • Writing, IDOC Victim Advocate, 1915 W. 18th Street, Indianapolis, IN. 46202. <p>115.353 (a)-3 Logansport confirmed that the facility provides residents (by providing, posting, or otherwise making accessible) with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes.</p>

115.353 (a)-4 The facility provides residents with access to such services by enabling reasonable, confidential communication between residents and these organizations.

The victim advocacy signage observed on all living units and in common areas provides residents with information about the organization's victim advocacy services and details how residents can communicate with the organization, such as:

Calling #66 from any living unit

Writing, IDOC Victim Advocate, 1915 W. 18th Street, Indianapolis, IN. 46202.

This Auditor interviewed a select sample of random and targeted residents (20) during the onsite portions of this audit. Fourteen residents indicated they were unaware of services available outside of the facility for dealing with sexual abuse, if they required assistance. Of the six remaining residents sampled:

- One responded, I am not 100% sure
- Five confirmed an awareness regarding services available outside of the facility for dealing with sexual abuse, if they required assistance. None were able to provide specific information regarding available services.

PREA Audit Site Review

During the site review, the Auditor:

- Observed posted or printed signage throughout the facility (e.g., posters, pamphlets, brochures, written signage).
- Observed signage included current audit notices
- Observed signage informing residents how to report sexual abuse and sexual harassment
- Observed signage informing residents how to access outside victim emotional support services and other relevant PREA information.
- Confirmed that the signage was clear, readable for most residents, and accurate
- Observed signage posted on all living units and in common areas
- Tested access to emotional services, working from all living units

115.353 (b): The facility shall inform residents, before 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 under mandatory reporting laws.

115.353 (b)-1 Logansport confirmed that the facility informs residents of the extent to which such communications will be monitored before giving them access to outside support services.

During the facility tour and site review, the Auditor tested telephones in all living units. All telephone calls start with a notice to the caller that they might be recorded.

115.353 (b)-2 Logansport confirmed, the facility informs residents, before giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

During the facility tour and site review, the Auditor tested telephones in all living units. All telephone calls start with a notice to the caller that they might be recorded.

This Auditor interviewed a randomly selected sample of 20 residents, both targeted and random, during the on-site paronsiteis audit. Residents were asked if they knew whether their conversations with service providers would be shared or listened to by someone else. All residents were aware of the recorded message played before calling from any living unit telephone, which states that all calls may be recorded. No residents who reported sexual abuse were interviewed. During this reporting period, Logansport reported that zero residents reported sexual abuse.

115.353 (c): The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that can provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of contracts or documentation showing attempts to enter into such agreements.

115.353 (c)-1 IDOC confirms that the agency or facility maintains a memorandum of understanding or other agreements with community service providers that can provide residents with emotional support services related to sexual abuse.

115.353 (d): Logansport confirmed that the facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or guardians.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section C, Incarcerated Individuals Access to Outside Confidential Support Services (effective 8/15/24), pages 31-32.

115.353 (d)-2 Logansport provides residents with reasonable access to parents or legal guardians.

This Auditor interviewed a randomly selected sample of 20 residents, both targeted and random, during the on-site paronsiteis audit. Residents were asked if they had reasonable access to parents or legal guardians. All residents interviewed confirmed they have reasonable access to parents or legal guardians.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section C, Incarcerated Individuals Access to Outside Confidential Support Services (effective 8/15/24), pages 31-32.

During this audit, the Auditor interviewed the Superintendent/Warden. He explained how the facility provides residents with reasonable and confidential access to their

	<p>attorneys or other legal representation through their mental health practitioner or correctional case worker from their offices for privacy. During this reporting period, Logansport reported that zero residents reported sexual abuse.</p> <p>Evidence Relied Upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section C, Incarcerated Individuals Access to Outside Confidential Support Services (effective 8/15/24), pages 31-32. 3. Site Review and Facility Tour 4. Interview with (20) random and targeted residents 5. Interview the Superintendent 6. ICADV posted information <p>Conclusion:</p> <p>The narrative above 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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115.354	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>15.354 (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>115.354 (a)-1 IDOC confirmed that the agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. Implicit in standard 115.54 is the requirement that the public can reasonably access the information on how to make a report of sexual abuse or sexual harassment on behalf of an inmate.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section D. Third-party reporting (effective 8/15/24), page 32.</p> <p>By examination of the agency's website and a facility site review and tour, this Auditor confirmed that family, friends, and other concerned citizens can electronically send by email concerns or allegations of sexual abuse or sexual harassment to IDOCPREA@idoc.gov or telephone the IDOC hotline at (877) 385-5877.</p> <p>115.354 (a)-2 IDOC the agency or facility publicly distributes information on how to</p>

report resident sexual abuse or sexual harassment on behalf of residents.

By examination of the agency's website and a facility site review and tour, this Auditor confirmed that family, friends, and other concerned citizens can electronically send by email concerns or allegations of sexual abuse or sexual harassment to IDOCPREA@idoc.gov or telephone the IDOC hotline at (877) 385-5877.

IDOC Sexual Prevention Reporting, Visitor Information Brochure concerning the Prison Rape Elimination Act.

PREA Audit Site Review

During the site review, the Auditor:

- Observed posted or printed signage throughout the facility (e.g., posters, pamphlets, brochures, written signage).
- Observed signage included current audit notices
- Observed signage informing residents how to report sexual abuse and sexual harassment
- Observed signage informing residents how to access outside victim emotional support services and other relevant PREA information.
- Confirmed that the signage was clear, readable for most residents, and accurate
- Observed signage posted on all living units and in common areas
- Tested access to emotional services, working from all living units
- Third-party reporting methods
 - testing all living units

Evidence Relied Upon:

1. PAQ
2. PREA Audit Site Review
3. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section D. Third-party reporting (effective 8/15/24), page 32.
4. IDOC Sexual Prevention Reporting, Visitor Information Brochure concerning the Prison Rape Elimination Act.
5. Internet search - IDOC

Conclusion:

The narrative above provides a detailed discussion of all the evidence used to determine compliance or non-compliance, including the Auditor's analysis, reasoning, and conclusions.

	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.361 (a): The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>115.361 (a)-2 The agency requires all staff to report any retaliation against residents or staff who report such an incident immediately and according to agency policy.</p> <p>IDOC 02-01-115 Sexual Abuse Prevention, Section IX, Official Response Following an Incarcerated Individual Report, Subsection A. Staff and IDOC reporting duties (effective 08/15/24), pages 32-34.</p> <p>115.361 (a)-3 IDOC confirms that the agency requires all staff to report immediately, and according to agency policy, any staff neglect or violation of responsibilities may have contributed to an incident or retaliation.</p> <p>IDOC 02-01-115 Sexual Abuse Prevention, Section IX, Official Response Following an Incarcerated Individual Report, Subsection A. Staff and IDOC reporting duties (effective 08/15/24), pages 32-34.</p> <p>During the onsite portion of this audit, the Auditor interviewed a select sample of random staff (12). All confirmed that the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>115.361 (b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p>115.361 (b)-1 The agency requires all staff to comply with any applicable mandatory child abuse reporting laws. See 115.361 (a)-3.</p> <p>IDOC 02-01-115 Sexual Abuse Prevention, Section IX, Official Response Following an Incarcerated Individual Report, Subsection A. Staff and IDOC reporting duties (effective 08/15/24), pages 32-34.</p> <p>During the onsite portion of this audit, the Auditor interviewed a select sample of random staff (12). All confirmed that the agency requires all staff to comply with any applicable mandatory child abuse reporting laws. All staff interviewed completed the PREA training in 2024 or 2025 by this standard.</p> <p>115.361 (c): Apart from reporting to designated supervisors or officials and</p>
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designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

115.361 (c)-1 Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

IDOC 02-01-115 Sexual Abuse Prevention, Section IX, Official Response Following an Incarcerated Individual Report, Subsection A. Staff and IDOC reporting duties (effective 08/15/24), pages 32-34.

During the onsite portion of this audit, the Auditor interviewed a random sample of 12 staff members. All confirmed that the agency requires every staff member to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who report such incidents; and any staff neglect or violations of responsibilities that may have contributed to an incident or retaliation. The staff interviewed indicated they would report to the shift supervisor unless they were the source of the allegation.

115.361 (d): (1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

In individual interviews, a medical and mental health practitioner discloses the limitations of confidentiality and their duty to report when services are initiated for a resident. Each confirms that these disclosures are made at the start of services and also during the health intake process. Furthermore, each practitioner interviewed confirmed an agency policy requirement to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. The mental health practitioner indicated, "Most of the time, the sexual abuse is a past history of abuse." Each practitioner confirmed that they would report all allegations

115.361 (e): (1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. (2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. (3) If a juvenile court retains jurisdiction over the alleged

	<p>victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.</p> <p>The Superintendent has recently transferred to Logansport. He indicates that within the past 12 months, no circumstances occurred in which isolation was used to protect a resident who was alleged to have suffered sexual abuse. According to the PCM, within the past 12 months, zero allegations of sexual abuse were reported. Furthermore, a resident would only be isolated from others as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. Using isolation until an alternative means of keeping all residents safe can be arranged.</p> <p>115.361 (f): 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>See 115.361 (e): (1).</p> <p>Evidence Relied Upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. IDOC 02-01-115 Sexual Abuse Prevention, Section IX, Official Response Following an Incarcerated Individual Report, Subsection A. Staff and IDOC reporting duties (effective 08/15/24), pages 32-34. 3. Interview with the Superintendent 4. Interview with the PCM 5. Interview with a medical practitioner 6. Interview with a mental health practitioner <p>Conclusion:</p> <p>The narrative above 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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115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.362 (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>115.362 (a)-1 IDOC confirmed that when the agency or facility learns that a resident</p>

	<p>is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident.</p> <p>IDOC 02-01-115 Sexual Abuse Prevention, Section B. Indiana Department of Correction Protection Duties (effective 8/15/24) page 34.</p> <p>115.362 (a)-2 IDOC/Logansport confirmed that in the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse was zero.</p> <p>115.362 (a)-3 IDOC/Logansport confirmed that if the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) passed before taking action is not applicable. See 115.362(a)-2.</p> <p>115.362 (a)-4 IDOC/Logansport indicates this substandard is not applicable. See 115.362(a)-2.</p> <p>The Auditor interviewed the Agency Head. He confirmed that all staff must protect a resident when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse. All action must be immediate to protect the resident.</p> <p>The Auditor interviewed the Superintendent during this audit. The Superintendent indicated that when he learns that a resident is subject to a substantial risk of imminent sexual abuse, immediate protective action would include safeguarding the sexual safety of the resident and launching an investigation.</p> <p>During this audit, the Auditor interviewed a random sample of 12 staff members. All confirmed that safeguarding the resident's safety would be immediate, and they would notify the shift supervisor.</p> <p>Evidence Relied Upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. IDOC 02-01-115 Sexual Abuse Prevention, Section B. Indiana Department of Correction Protection Duties (effective 8/15/24) page 34 3. Interviewed with the Agency Head 4. Interview with the Superintendent 5. Interview with random staff (12) <p>Conclusion:</p> <p>The narrative above 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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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.363 (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 and shall also notify the appropriate investigative agency.

115.363 (a)-1 IDOC confirmed that 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 the appropriate office of the agency or facility where sexual abuse is alleged to have occurred.

IDOC 02-01-115 Sexual Abuse Prevention, Section C, Reporting to other confinement facilities (effective 8/15/24) page 34.

115.363 (a)-2 IDOC confirmed that the agency's policy also requires that the facility head notify the appropriate investigative agency.

IDOC 02-01-115 Sexual Abuse Prevention, Section C, Reporting to other confinement facilities (effective 8/15/24) page 34.

115.363 (a)-3 Logansport confirmed that in the past 12 months, the facility received zero allegations of resident abuse while confined at another facility.

115.363 (a)-4 This substandard is not applicable. See 115.363 (a)-3.

115.363 (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

115.363 (b)-1 IDOC confirmed that agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.

IDOC 02-01-115 Sexual Abuse Prevention, Section C, Reporting to other confinement facilities (effective 8/15/24) page 34.

115.363 (c): The agency shall document that it has provided such notification.

115.363 (c)-1 IDOC confirmed that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. See 115.363 (a)-3.

115.363 (d): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

115.363 (d)-1 IDOC confirmed that the agency or facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. See 115.363 (a)-3.

115.363 (d)-2 IDOC indicates that in the past 12 months, the number of allegations

	<p>of sexual abuse that the facility received from other facilities was zero.</p> <p>During an interview with the Agency Head he indicated that if another agency or a facility within your agency refers allegations of sexual abuse or sexual harassment that occurred within one of the IDOC facilities, the designated point of contact is the PREA Coordinator, the facility Superintendent identified as the source of the allegation and IDOC Internal Investigations.</p> <p>According to the Superintendent, when the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in Logansport, it begins an investigation conducted by the PREA investigator.</p> <p>Evidence Relied Upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. IDOC 02-01-115 Sexual Abuse Prevention, Section C, Reporting to other confinement facilities (effective 8/15/24) page 34. 3. Interview with the Agency Head 4. Interview with the Superintendent <p>Conclusion:</p> <p>The narrative above 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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115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.364 (a): Upon learning of an allegation that a resident was sexually abused, the first 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.</p> <p>115.364 (a)-1 IDOC confirmed that the agency has a first responder policy for</p>

allegations of sexual abuse.

IDOC 02-01-115 Sexual Abuse Prevention, Section D. Staff First Responder Duties (effective 8/15/24) page 34-35.

115.364 (a)-2 IDOC confirmed that the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser.

IDOC 02-01-115 Sexual Abuse Prevention, Section D. Staff First Responder Duties (effective 8/15/24) page 34-35.

115.364 (a)-3 IDOC confirmed that the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.

IDOC 02-01-115 Sexual Abuse Prevention, Section D. Staff First Responder Duties (effective 8/15/24) page 34-35.

115.364 (a)-4 IDOC confirmed that the policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating

IDOC 02-01-115 Sexual Abuse Prevention, Section D. Staff First Responder Duties (effective 8/15/24) page 34-35.

115.364 (a)-5 IDOC confirmed that the policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

115.364 (a)-6 IDOC indicates that in the past 12 months, the number of allegations that a resident was sexually abused was zero.

115.364 (a)-8 IDOC indicates that in 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 was zero.

115.364 (a)-9 IDOC indicates that, out of the allegations in the past 12 months where staff were notified in a timeframe allowing for the collection of physical evidence, the number of times the first security staff member to respond preserved and protected a crime scene until appropriate steps could be taken to collect evidence was zero.

115.364 (a)-10 IDOC indicates that in the past 12 months, for allegations where staff were notified within a time frame that still allowed for the collection of physical evidence, the number of times the first security staff member to respond requested that the alleged victim not take any actions that could destroy physical evidence—such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating—was zero.

115.364 (a)-11 IDOC reports that in the past 12 months, in cases where staff were notified in a timely manner allowing for the collection of physical evidence, the number of instances when the first responding security staff member ensured that the alleged abuser did not take actions that could destroy physical evidence—such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating—was zero.

During this audit, the Auditor interviewed a Security Staff First Responder. The staff responder described the actions she would take as a first responder, such as:

- Separate the victim and the alleged abuser
- Notify the shift supervisor
- Protect physical evidence

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

115.364 (b)-1 IDOC confirmed having a policy that 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.

IDOC 02-01-115 Sexual Abuse Prevention, Section D. Staff First Responder Duties (effective 8/15/24) page 34-35.

During this audit, the Auditor interviewed a Non-security Staff First Responder. The staff responder described the actions that would be taken as a first responder, such as:

- Separate the victim and the alleged abuser
- Notify the shift supervisor
- Protect physical evidence

115.364 (b)-2 IDOC has a policy requiring that the first staff responder who is not a security staff member notify security staff.

IDOC 02-01-115 Sexual Abuse Prevention, Section D. Staff First Responder Duties (effective 8/15/24) page 34-35.

115.364 (b)-3 IDOC indicates that of the allegations that a resident was sexually

	<p>abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero.</p> <p>115.364 (b)-4 IDOC indicates that of those allegations a non-security staff member responded to, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence was zero.</p> <p>115.364 (b)-5 IDOC indicates that of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff was zero.</p> <p>See 115.364 (b)-1 and 115.364 (a)-11.</p> <p>Evidence Relied Upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. IDOC 02-01-115 Sexual Abuse Prevention, Section D. Staff First Responder Duties (effective 8/15/24) page 34-35. 3. Interview with a first responder (security) 4. Interview with a first responder (non-security) <p>Conclusion:</p> <p>The narrative above 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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115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.365 (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>115.365 (a)-1 Logansport 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>IDOC 02-01-115 Sexual Abuse Prevention, Section E. Coordinated Response (effective 08/15/24), pages 35-37.</p> <p>IDOC LJCF-25-01 Logansport Facility Directive Sexual Assault Response Team (SART)</p>

	<p>pages 1-8.</p> <p>During an interview with the Superintendent/Warden, he confirmed that in response to an incident of sexual abuse, the facility's plan would activate SART and follow the facility directive, which coordinates actions 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. PAQ 2. IDOC 02-01-115 Sexual Abuse Prevention, Section E. Coordinated Response (effective 08/15/24), pages 35-37. 3. IDOC LJCF-25-01 Logansport Facility Directive Sexual Assault Response Team (SART) pages 1-8. <p>Conclusion:</p> <p>The narrative above 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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115.366	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.366 (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 residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>115.366 (a)-1 IDOC, 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. This substandard is not applicable. IDOC does not participate in collective bargaining.</p> <p>IDOC 02-01-115 Sexual Abuse Prevention, Section F. Preservation of the Ability to Protect Incarcerated Individuals from Contact with Abusers (effective 8/15/24), page</p>

	<p>38.</p> <p>During an interview with the Agency Head, he confirmed that IDOC does not participate in collective bargaining.</p> <p>Evidence Relied Upon.</p> <p>1. PAQ</p> <p>2. IDOC 02-01-115 Sexual Abuse Prevention, Section F. Preservation of the Ability to Protect Incarcerated Individuals from Contact with Abusers (effective 8/15/24), page 38.</p> <p>Conclusion:</p> <p>The narrative above 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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115.367	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.367 (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>115.367 (a)-1 The IDOC 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>IDOC 02-01-115 Sexual Abuse Prevention, Section G., Protection Against Retaliation (effective 08/15/24), pages 38-39.</p> <p>115.367 (a)-2 The IDOC/Logansport designates staff member(s) or charges department(s) with monitoring for possible retaliation.</p> <p>IDOC 02-01-115 Sexual Abuse Prevention, Section G., Protection Against Retaliation (effective 08/15/24), pages 38-39.</p> <p>115.367 (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>

When asked how the agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations, the Agency Head responded;

- We investigate all allegations of sexual abuse and sexual harassment
- Separate the victim and the perpetrator pending the outcome of an investigation
- Separation could include transfer to another facility
- IDOC conducts retaliation monitoring for allegations of sexual abuse and takes action if necessary
- When an investigation is substantiated, the perpetrators could be criminally charged

The Superintendent/Warden described the different measures Logansport takes to protect youth and staff from retaliation from allegations of sexual abuse or sexual harassment

such as;

- Retaliation monitoring should be performed for at least 90 days, and longer if warranted.
- During the monitoring period, staff conduct face-to-face contact with the victim
- Staff also monitor other systems and programs, including negative scheduling changes

The Designated Staff Member Charged with Monitoring explained that in this role, they would be responsible for the following;

- 90-day retaliation monitoring of the victim
- Face-to-face contact with the victim during the 90-day monitoring period, at least every 30 days
- Extending the 90-day monitoring period if needed
- Review of records for negative changes
- Review of reclassification decisions for evidence of negative changes
- Review of programs for evidence of negative changes
- Review of disciplinary history for evidence of negative changes.

During the facility tour, which included residents in segregation, zero youth were found in segregation for the risk of sexual victimization/who alleged they suffered sexual

abuse.

115.367 (c): For at least 90 days after a report of sexual abuse, the agency shall monitor the behavior or treatment of residents or staff who reported the abuse and of residents who were reported to have suffered it to see if there are any signs of possible retaliation by residents or staff. The agency must act quickly to address

any such retaliation. Monitoring should include reviewing resident disciplinary reports, housing or program changes, negative performance reviews, or reassignments. If the initial monitoring shows a continued need, the agency shall continue these efforts beyond 90 days.

115.367 (c)-1 IDOC/Logansport confirmed that the 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 any changes may suggest possible retaliation by residents or staff.

115.367 (c)-2 IDOC/Logansport confirmed that the agency/facility monitors the conduct or treatment for at least 90 days.

115.367 (c)-3 IDOC/Logansport confirmed that the agency/facility acts promptly to remedy any such retaliation.

IDOC 02-01-115 Sexual Abuse Prevention, Section G., Protection Against Retaliation, Subsection 3 (effective 8/15/24), pages 38-39.

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

IDOC 02-01-115 Sexual Abuse Prevention, Section G., Protection Against Retaliation (effective 8/15/24) page 38-39.

115.367 (c)-5 The number of times an incident of retaliation occurred in the past 12 months was zero.

The Facility Superintendent/Warden described during the audit different measures Logansport takes to protect youth and staff from retaliation, such as;

- Retaliation monitoring should be performed for at least 90 days, longer if warranted
- During the monitoring period, staff conduct face-to-face contact with the victim
- Staff also monitor other systems and programs, including negative scheduling changes

The Designated Staff Member Charged with Monitoring, in this role, would be responsible for the following;

- 90-day retaliation monitoring of the victim
- Face-to-face contact with the victim during the 90-day monitoring period, at least every 30 days
- Extending the 90-day monitoring period if needed.
- Review of records for negative changes
- Review of reclassification decisions for evidence of negative changes
- Review of programs for evidence of negative changes

	<ul style="list-style-type: none"> • Review of disciplinary history for evidence of negative changes. <p>115.367 (d): IDOC/Logansport confirmed that such monitoring shall also include periodic status checks for residents.</p> <p>See 115.367 (c)-5</p> <p>115.367 (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.</p> <p>During an interview with the Agency Head, it was confirmed that when you learn that a resident is subject to a substantial risk of imminent sexual abuse, immediate protective action would be taken by the facility.</p> <p>115.367 (f): An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p>Auditor is not required to audit this provision.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. IDOC 02-01-115 Sexual Abuse Prevention, Section G., Protection Against Retaliation (effective 8/15/24) 3. Interview with the Agency Head 4. Interview with the Warden 5. Interview with the Designated Staff Member Charged with Monitoring Retaliation (1) <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination and the need for a corrective action, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.368 (a): Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.

115.368 (a)-1 The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.

IDOC 02-01-115 Sexual Abuse Prevention, Section H. Post-Allegation Protective Custody (effective 8/15/24) page 39.

115.368 (a)-2 The facility policy requires that residents who are placed in isolation because they are alleged to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise.

IDOC 02-01-115 Sexual Abuse Prevention, Section H. Post-Allegation Protective Custody (effective 8/15/24) page 39.

115.368 (a)-3 The number of residents who are alleged to have suffered sexual abuse and were placed in isolation in the past 12 months is zero.

115.368 (a)-4 The number of residents who are alleged to have suffered sexual abuse, who were placed in isolation, and who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months was zero.

115.368 (a)-5 The average period residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months was zero.

115.368 (a)-6 From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:

- A statement of the basis for the facility's concern for the residents' safety, and
- The reason alternative means of separation cannot be arranged was zero.

115.368 (a)-7 Logansport confirmed that if a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. See 115.368 (a)-6.

During this audit, the Superintendent confirmed to the Auditor that no instances in the past 12 months involved using isolation to protect a resident accused of sexual abuse. He stated that residents are only isolated as a last resort when less restrictive options are insufficient to ensure safety, and only until an alternative safety measure can be implemented. The isolation period would be less than 24 hours.

Staff who Supervise Residents in Isolation were interviewed. The staff member confirmed that a resident placement in isolation is to protect a resident accused of sexual abuse or after alleging to have suffered sexual abuse, would have access to:

	<ul style="list-style-type: none"> • Programs; • Privileges; • Education/Special Education, but not • Work opportunities. <p>Medical and Mental Health Practitioners interviewed individually, each confirming that residents in isolation are visited at least daily.</p> <p>Evidence Relied Upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. IDOC 02-01-115 Sexual Abuse Prevention, Section H. Post-Allegation Protective Custody (effective 8/15/24) page 39. 3. Interview with the Superintendent 4. Interview with Staff who Supervise Residents in Isolation 5. Interview with Medical and Mental Health Practitioners <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the need for any corrective action, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.371 (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>115.371 (a)-1 IDOC/Logansport confirmed having a policy related to criminal and administrative agency investigations.</p> <p>IDOC 02-01-115 Sexual Abuse Prevention, Section X. Investigations, Subsection A. Criminal and Administrative Indiana Department of Correction Investigation (effective 8/15/24), page 39-40.</p> <p>IDOC 00-01-103 Investigations and Intelligence (effective 6/1/20), pages 1-40.</p> <p>During an interview with the PREA investigator, he confirmed receiving specialized training specific to conducting sexual abuse and sexual harassment investigations in correctional settings. He confirmed that his training included topics such as techniques for interviewing juvenile sexual abuse victims.</p>

- Proper use of Miranda and Garrity warnings.
- Sexual abuse evidence collection in confinement settings.

- DNA
- Clothing
- Witness statements
- Video footage

- What criteria and evidence are required to substantiate a case for administrative or prosecution referral.

Furthermore, the same investigator explained that the investigation would begin immediately upon notification of a PREA incident. The first step would be to safeguard the victim and then collect evidence. Allegations of sexual abuse or sexual harassment are accepted anonymously, from a third party or an internal source.

115.371 (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims according to § 115.334.

By examining training records, this Auditor confirmed that this investigator met the criteria outlined in this standard by completing his coursework with the National Institute of Corrections (NIC). Also see 115.371 (a)-1.

115.371 (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.

See 115.371 (a)-1.

115.371 (d): IDOC confirmed that the agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

115.371 (d)-1 IDOC confirmed that the agency does not terminate an investigation solely because the source of the allegation recants the allegation.

IDOC 02-01-115 Sexual Abuse Prevention, Section X. Investigations, Subsection A. Criminal and Administrative Indiana Department of Correction Investigation (effective 8/15/24), page 39-40.

IDOC 00-01-103 Investigations and Intelligence (effective 6/1/20), pages 1-40.

According to the PREA investigator, the investigation does not terminate if the source of the allegation recants his/her allegations.

115.371 (e): IDOC confirmed that when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after

consulting with prosecutors to determine whether they may be an obstacle to subsequent criminal prosecution. IDOC has trained state-appointed certified Correctional Police Officers (CPOs) to assist, if necessary, in an investigation.

115.371 (f): The credibility of an alleged victim, suspect, or witness shall be assessed individually 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.

During an interview with the PREA investigator, he indicated that the preponderance of the evidence is the basis for judging the credibility of an alleged victim, suspect, or witness, and victims are never subjected to a polygraph examination or truth-telling device as a condition for proceeding with an investigation. No residents reported sexual abuse during this reporting period, according to PC and PCM.

115.371 (g): 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.

During an interview with the PREA investigator, he stated that in his role as the investigator for Logansport, he confirms that all administrative and criminal reports are documented in written form. As the investigator for Logansport, he participates in all administrative and criminal incident reviews conducted by the incident review PREA committee to determine whether staff actions or failures to act contributed to sexual abuse. The committee reviews all facts from the written investigation, including staff statements, video footage of the incident, DNA evidence, and other documented materials, to identify factors that contributed to the act of sexual abuse. All substantiated allegations of conduct that appear to be criminal are referred to the local prosecutor's office for prosecution.

RECORD STORAGE

During the site review, the Auditor :

- Observe the physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) to determine if the area is secured (e.g., lock and key, password protection).
- Observe electronic safeguards established to access Delta information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., risk screening information) to determine
- Observed how access to the information is secured (e.g., password protected, role-based security).

115.371 (h): 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.

See 115.371 (g).

115.371 (i): Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

115.371 (i)-1 IDOC confirmed that all substantiated allegations of conduct that appear to be criminal are referred for prosecution.

115.371 (i)-2 IDOC/Logansport confirmed that 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, was zero.

See 115.371 (g). During this reporting period, zero investigative cases were referred to the local prosecutor's office for prosecution.

115.371 (j): The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless a juvenile resident and applicable law committed the abuse requires a shorter period of retention.

115.371 (j)-1 IDOC confirmed that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

IDOC 02-01-115 Sexual Abuse Prevention, Section X. Investigations, Subsection A. Criminal and Administrative Indiana Department of Correction Investigation (effective 8/15/24), page 39-40.

IDOC 00-01-103 Investigations and Intelligence (effective 6/1/20), pages 1-40.

115.371 (k): IDOC confirmed that the departure of the alleged abuser or victim from the facility or agency's employment or control does not provide a basis for terminating an investigation.

The PREA investigator confirmed during his interview with the Auditor that 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.

115.371 (l): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

Auditor is not required to audit this provision.

115.371 (m): 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>The Superintendent/Warden indicated that if an outside agency investigates allegations of sexual abuse, the facility would remain informed through the PREA Coordinator and the PREA Compliance Manager/investigator.</p> <p>The PREA Coordinator and the PREA Compliance Manager/investigator confirmed that if an outside agency investigates allegations of sexual abuse, the facility will be kept informed through the PREA Coordinator and the PREA Compliance Manager/investigator.</p> <p>According to the investigator interviewed during this audit, the agency investigates criminal allegations of sexual abuse and, when appropriate, makes referrals to the prosecutor's office.</p> <p>Evidence Relied Upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. IDOC 02-01-115 Sexual Abuse Prevention, Section X. Investigations, Subsection A. Criminal and Administrative Indiana Department of Correction Investigation (effective 8/15/24), page 39-40 3. IDOC 00-01-103 Investigations and Intelligence (effective 6/1/20), pages 1-40. 4. Interview with the Superintendent/Warden 5. PREA Coordinator 6. PREA Compliance Manager 7. Investigative Staff <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the need for any corrective action, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.372 (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>115.372 (a)-1 The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.</p>

	<p>IDOC 02-01-115 Sexual Abuse Prevention, Section B. Evidentiary Standard for Administrative Investigations (effective 8/15/24), page 40.</p> <p>According to investigative staff interviewed during this audit, the standard of evidence required to substantiate allegations of sexual abuse or sexual harassment is a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The Auditor examined documents from the previous reporting period to confirm that administrative findings were obtained and that the proper standard of proof was applied.</p> <p>Evidence Relied Upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. IDOC 02-01-115 Sexual Abuse Prevention, Section B. Evidentiary Standard for Administrative Investigations (effective 8/15/24), page 40. 3. Interview with an investigator <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the need for any corrective action, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.373 (a): Following an investigation into a 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>115.373 (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>IDOC 02-01-115 Sexual Abuse Prevention, Section C. Reporting to Incarcerated Individuals (effective 8/15/224), page 40.</p> <p>115.373 (a)-2 Logansport confirmed that the number of criminal and/or administrative investigations of alleged resident sexual abuse completed by the</p>

agency/facility in the past 12 months was zero.

115.373 (a)-3 Of the alleged sexual abuse investigations completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the investigation results.

The Superintendent/Warden confirmed that 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 was zero. The facility reported zero incidents of sexual abuse during this reporting period.

Investigative Staff confirmed that 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 was zero. The facility reported zero incidents of sexual abuse during this reporting period.

115.373 (b): If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the resident. Logansport indicates that this standard is not applicable. ODOC conducts criminal investigations of sexual abuse.

115.373 (b)-2 Logansport indicates zero as the number of investigations of alleged resident sexual abuse in the facility that an outside agency completed in the past 12 months.

115.373 (b)-3 Logansport indicates zero as the number of 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.

115.373 (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.

115.373 (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:

- The staff member is no longer posted within the resident's unit;
- The staff member is no longer employed at the facility;
- The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

IDOC 02-01-115 Sexual Abuse Prevention, Section C. Reporting to Incarcerated Individuals (effective 8/15/224), page 40.

115.373 (c)-2 Logansport indicated during this audit that there has been zero 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.

115.373 (c)-3 This is not applicable, see 115.373 (b)-3 and 115.373 (a)-2. Zero residents reported sexual abuse during this review period.

115.373 (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.

115.373 (d)-1 Zero residents reported sexual abuse during this review period. Logansport confirmed during this audit that, following a resident's allegation that another resident has sexually abused him or her in an agency facility, the agency subsequently informs the alleged victim whenever:

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

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

115.373 (e)-1 IDOC confirms that the agency has a policy that all notifications to residents described under this standard are documented.

IDOC 02-01-115 Sexual Abuse Prevention, Section C. Reporting to Incarcerated Individuals (effective 8/15/224), page 40.

115.373 (e)-2 Logansport confirmed that in the past 12 months, the number of notifications to residents provided under this standard was zero. See 115.373 (b)-3 and 115.373 (a)-2. Zero residents reported sexual abuse during this review period.

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

Auditor is not required to audit this provision.

Evidence Relied Upon:

1. PAQ
2. IDOC 02-01-115 Sexual Abuse Prevention, Section C. Reporting to Incarcerated Individuals (effective 8/15/224), page 40.

	<p>3. Interview with the Superintendent</p> <p>4. Interview with Investigative Staff</p> <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the need for any corrective action, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.376 (a): Staff who violate agency sexual abuse or sexual harassment policies shall be subject to disciplinary sanctions, up to and including termination.</p> <p>115.376 (a)-1 The Superintendent/Warden confirmed that staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary sanctions, including termination.</p> <p>IDOC 02-01-115 Sexual Abuse Prevention, Section XI. Discipline, Subsection A. Disciplinary Sanctions for Staff (effective 8/15/24), page 41.</p> <p>IDOC 04-03-103 Information and Standards of Conduct for Departmental Staff (effective 4/1/ 24) pages 1-37.</p> <p>115.376 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>115.376 (b)-1 Logansport confirmed during this audit that in the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies was zero.</p> <p>115.376 (b)-2 In the past 12 months, Logansport confirmed during this audit period that the number of facility staff who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was zero.</p> <p>115.376 (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.</p>

115.376 (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.

IDOC 02-01-115 Sexual Abuse Prevention, SectionXI. Discipline, Subsection A. Disciplinary Sanctions for Staff (effective 8/15/24), page 41.

IDOC 04-03-103 Information and Standards of Conduct for Departmental Staff (effective 4/1/ 24) pages 1-37.

115.376 (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) was zero.

IDOC 02-01-115 Sexual Abuse Prevention, SectionXI. Discipline, Subsection A. Disciplinary Sanctions for Staff (effective 8/15/24), page 41. Records of disciplinary sanctions taken against staff for violations of the agency's sexual abuse or sexual harassment policies in the past 12 months were zero.

IDOC 04-03-103 Information and Standards of Conduct for Departmental Staff (effective 4/1/ 24) pages 1-37.

115.376 (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.

115.376 (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.

IDOC 02-01-115 Sexual Abuse Prevention, SectionXI. Discipline, Subsection A. Disciplinary Sanctions for Staff (effective 8/15/24), page 41.

IDOC 04-03-103 Information and Standards of Conduct for Departmental Staff (effective 4/1/ 24) pages 1-37.

115.376 (d)-2 In the past 12 months, zero staff members from Logansport 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. PAQ
2. IDOC 02-01-115 Sexual Abuse Prevention, SectionXI. Discipline, Subsection

	<p>A. Disciplinary Sanctions for Staff (effective 8/15/24), page 41.</p> <p>3. IDOC 04-03-103 Information and Standards of Conduct for Departmental Staff (effective 4/1/ 24) pages 1-37.</p> <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the need for any corrective action, the Auditor’s analysis and reasoning, and the Auditor’s conclusions.</p>
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115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.377 (a): Any contractor or volunteer who engages in sexual abuse shall be 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>115.377 (a)-1 IDOC confirmed that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was not criminal, and to relevant licensing bodies.</p> <p>IDOC 02-01-115 Sexual Abuse Prevention, Section B. Corrective Action for Contractors and Volunteers (effective 8/15/24), page 42.</p> <p>115.377 (a)-2 IDOC confirmed that the agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p>IDOC 02-01-115 Sexual Abuse Prevention, Section B. Corrective Action for Contractors and Volunteers (effective 8/15/24), page 42.</p> <p>115.377 (a)-3 Logansport confirmed that 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, which was zero.</p> <p>115.377 (a)-4 Logansport confirmed that in the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents was zero.</p> <p>This Auditor reviewed zero documentation of referrals to law enforcement and/or relevant licensing bodies.</p> <p>115.377 (b): Logansport confirmed that the facility shall take appropriate remedial</p>

	<p>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>This Auditor reviewed zero documentation of remedial measures, considering 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. See 115.377 (a)-4.</p> <p>The Superintendent/Warden, during his interview, described remedial measures the facility could implement if there were any violations of the agency's sexual abuse or sexual harassment policies by a contractor or volunteer, such as gate closure.</p> <p>Evidence Relied Upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. IDOC 02-01-115 Sexual Abuse Prevention, Section B. Corrective Action for Contractors and Volunteers (effective 8/15/24), page 42. 3. Interview with the Superintendent/Warden <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the need for any corrective action, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.378 (a): A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>115.378 (a)-1 Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.</p> <p>IDOC 02-01-115 Sexual Abuse Prevention, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 8/15/24), pages 42-43.</p> <p>115.378 (a)-2 Logansport confirmed that a resident would be subject to disciplinary sanctions only under a formal disciplinary process following a criminal finding of</p>

guilt for resident-on-resident sexual abuse.

IDOC 02-01-115 Sexual Abuse Prevention, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 8/15/24), pages 42-43.

115.378 (a)-3 During this audit, Logansport confirmed that in the past 12 months, there have been zero administrative findings of resident-on-resident sexual abuse at the facility.

115.378 (a)-4 During this audit, Logansport confirmed that there have been zero criminal findings of guilt for resident-on-resident sexual abuse at the facility in the past 12 months.

115.378 (b): Any disciplinary 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. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily medical or mental health care clinician visits. Residents shall also have access to other programs and work opportunities to the extent possible.

115.378 (b)-1 Logansport Superintendent confirmed that in the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services.

IDOC 02-01-115 Sexual Abuse Prevention, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 8/15/24), pages 42-43.

115.378 (b)-2 Logansport Superintendent confirmed that in the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician.

IDOC 02-01-115 Sexual Abuse Prevention, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 8/15/24), pages 42-43.

115.378 (b)-3 Logansport Superintendent confirmed that in the event in the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.

IDOC 02-01-115 Sexual Abuse Prevention, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 8/15/24), pages 42-43.

115.378 (b)-4 Logansport Superintendent confirmed that in the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-

resident sexual abuse was zero.

115.378 (b)-5 Logansport Superintendent confirmed that in the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services was zero.

115.378 (b)-6 Logansport Superintendent confirmed that in the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities was zero.

The Auditor did not review investigative reports and documentation of sanctions imposed. The number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities was zero. The number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse was zero.

115.378 (c): Logansport Superintendent confirmed that 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.

115.378 (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 offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

115.378 (d)-1 The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

During this audit, the Auditor interviewed a mental health practitioner who confirmed that Logansport offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

115.378 (d)-2 If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives.

During this audit, the Auditor interviewed a mental health practitioner who confirmed that Logansport offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate

in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives.

115.378 (d)-3 Access to general programming or education is not conditional on participation in such interventions.

During this audit, the Auditor interviewed a mental health practitioner who confirmed that access to general programming or education is not conditional on participation in such interventions.

115.378 (e): IDOC confirmed that 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.

The Auditor did not review or select a sample of records of disciplinary actions against residents for sexual conduct with staff. 115.378 (a)-4 During this audit, Logansport confirmed that there have been zero criminal findings of guilt for resident-on-resident sexual abuse at the facility in the past 12 months.

115.378 (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.

115.378 (f)-1 IDOC confirmed that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

IDOC 02-01-115 Sexual Abuse Prevention, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 8/15/24), pages 42-43.

115.378 (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.

115.378 (g)-1 IDOC confirmed during this audit that the agency prohibits all sexual activity between residents.

IDOC 02-01-115 Sexual Abuse Prevention, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 8/15/24), pages 42-43.

15.378 (g)-2 IDOC confirmed during this Audit that 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.

IDOC 02-01-115 Sexual Abuse Prevention, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 8/15/24), pages 42-43.

	<p>Evidence Relied Upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. IDOC 02-01-115 Sexual Abuse Prevention, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 8/15/24), pages 42-43. 3. Interview with the Superintendent/Warden 4. Interview with a mental health practitioner <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the need for any corrective action, the Auditor’s analysis and reasoning, and the Auditor’s conclusions.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.381 (a): If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>115.381 (a)-1 Logansport confirmed that all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner.</p> <p>IDOC 02-01-115 Sexual Abuse Prevention, Section XII. Medical and Mental Health Care, Subsection A. Medical and Behavioral Health Screening/History of Sexual Abuse (effective 8/15/24), page 44.</p> <p>IDOC 4.03 Y Mental Health Services Plan(effective 4/1/22) pages 1-12.</p> <p>115.381 (a)-2 Logansport confirmed that the follow-up meeting was offered within 14 days of the intake screening.</p> <p>115.381 (a)-3 Logansport confirmed that in the past 12 months, 100 percent of residents who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner.</p> <p>115.381 (a)-4 Logansport confirmed that medical and mental health staff maintain secondary materials (e.g., forms and logs) documenting compliance with the above-required services.</p>

The Auditor interviewed one resident who disclosed sexual victimization at risk screening, which occurred in the community. The resident confirmed that he disclosed his victimization and was referred to a mental health practitioner within the same week.

Staff Responsible for Risk Screening were interviewed during this audit. The staff member confirmed that if a screening indicates that a resident has experienced prior sexual victimization,

A follow-up meeting with a medical and/or mental health practitioner will be offered and documented in Delta.

115.381 (b): If the screening under § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

115.381 (b)-1 Logansport confirmed during this audit that all residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

IDOC 02-01-115 Sexual Abuse Prevention, Section XII. Medical and Mental Health Care, Subsection A. Medical and Behavioral Health Screening/History of Sexual Abuse (effective 8/15/24), page 44.

IDOC 4.03 Y Mental Health Services Plan(effective 4/1/22) pages 1-12.

115.381 (b)-2 Logansport confirmed during this audit that the follow-up meeting was offered within 14 days of the intake screening.

115.381 (b)-3 Logansport confirmed that in the past 12 months, 100% of residents who previously committed sexual abuse, as indicated during screening, were offered a follow-up meeting with a mental health practitioner. If a screening indicates that a resident previously perpetrated sexual abuse, the facility offers a follow-up meeting with a mental health practitioner within 14 days.

115.381 (b)-4 Logansport confirmed that mental health staff maintain secondary materials (e.g., forms and logs) documenting compliance with the above-required services.

115.381 (c): Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

115.381 (c)-1 During an interview with a medical practitioner, the practitioner confirmed that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Further, during an interview with a mental health practitioner, the practitioner confirmed that information related to sexual victimization or abuse that

occurred in an institutional setting is strictly limited to medical and mental health practitioners.

Examining access to sensitive mental health and medical information, this Auditor confirmed that access to Delta is limited and based on role-based responsibilities and a need to know.

115.381 (c)-2 Logansport indicates yes.

PREA Audit Site Review

During the site review, the Auditor:

- Observe the physical storage area of any information/documentation collected and maintained in hard copy under the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) to determine if the area is secured (e.g., lock and key and electronic access)
- .Observe electronic safeguards of any information/documentation collected and maintained electronically under the PREA Standards (e.g., risk screening information) to determine how access to the information is secured (e.g., password protected, role-based security).

115.381 (d): Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

115.381 (d)-1 Logansport confirmed that medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

IDOC 02-01-115 Sexual Abuse Prevention, Section XII. Medical and Mental Health Care, Subsection A. Medical and Behavioral Health Screening/History of Sexual Abuse (effective 8/15/24), page 44.

IDOC 4.03 Y Mental Health Services Plan(effective 4/1/22) pages 1-12.

Medical and Mental Health practitioners were interviewed separately during this audit process. Each practitioner confirmed that informed consent from residents is required before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

Evidence Relied Upon:

1. PAQ
2. IDOC 02-01-115 Sexual Abuse Prevention, Section XII. Medical and Mental Health Care, Subsection A. Medical and Behavioral Health Screening/History of Sexual Abuse (effective 8/15/24), page 44.
3. IDOC 4.03 Y Mental Health Services Plan(effective 4/1/22) pages 1-12.

	<ol style="list-style-type: none"> 4. Interview with a medical practitioner 5. Interview with a mental health practitioner 6. Interview with a resident who reported sexual victimization during intake <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the need for any corrective action, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.382 (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>115.382 (a)-1 Logansport confirmed that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.</p> <p>115.382 (a)-2 Logansport confirmed that medical and mental health practitioners determine the nature and scope of such services according to their professional judgment.</p> <p>115.382 (a)-3 Logansport confirmed that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>Zero residents reported sexual abuse during this reporting period.</p> <p>During an interview with a medical practitioner, the practitioner confirmed that resident victims of sexual abuse receive immediate, timely, and unimpeded access to emergency medical treatment and that the nature and scope of these services are determined according to your professional judgment.</p> <p>During an interview with a mental health practitioner, the practitioner confirmed that resident victims of sexual abuse receive immediate, timely, and unimpeded</p>

access to emergency crisis intervention services and that the nature and scope of these services are determined according to your professional judgment.

115.382 (b): If no qualified medical or mental health practitioners are on duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and immediately notify the appropriate medical and mental health practitioners.

During this audit, the Auditor interviewed a Security Staff and a Non-Security Staff First Responder. In individual interviews, what actions would be taken as a first responder to an allegation of sexual abuse, such as:

- a. Safeguarding the alleged victim and separating the victim from the alleged abuser;
- b. Protecting the crime scene
- c. Requesting that the alleged victim not take any actions that could destroy physical evidence (such as washing, brushing teeth, changing clothes, urinating, defecating, eating),
- d. Ensuring that the alleged abuser does not take any of the above actions that could destroy physical evidence,
- e. Immediately notify the shift supervisor and document the incident.

The Auditor did not review documentation showing prompt notification of the appropriate medical and mental health practitioners. Zero residents reported sexual abuse during this reporting period.

115.382 (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.

115.382 (c)-1 Logansport confirmed that resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, under professionally accepted standards of care, where medically appropriate.

Zero residents reported sexual abuse during this reporting period.

During an interview with a medical practitioner, the practitioner confirmed that victims of sexual abuse offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

115.382 (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 from the incident.

During an interview with a medical practitioner, the practitioner confirmed that victims of sexual abuse offered timely information about access to emergency

	<p>contraception and sexually transmitted infection prophylaxis without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>IDOC 02-01-115 Sexual Abuse Prevention, Section XII. Medical and Mental Health Care, Subsection A. Medical and Behavioral Health Screening/History of Sexual Abuse (effective 8/15/24), page 44.</p> <p>IDOC 4.03 Y Mental Health Services Plan (effective 4/1/22) pages 1-12.</p> <p>Evidence Relied Upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. IDOC 02-01-115 Sexual Abuse Prevention, Section XII. Medical and Mental Health Care, Subsection A. Medical and Behavioral Health Screening/History of Sexual Abuse (effective 8/15/24), page 44. 3. IDOC 4.03 Y Mental Health Services Plan (effective 4/1/22) pages 1-12. 4. Interview with a medical practitioner (1) 5. Interview with a mental health practitioner (1) 6. Interview with the Superintendent/Warden 7. Interview with a first responder (2) <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the need for any corrective action, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.383 (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>115.383 (a)-1 Logansport confirmed during this audit that the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>IDOC 02-01-115 Sexual Abuse Prevention, Section C. Ongoing Medical and Behavioral Health Care for Sexual Abuse Victims and Abusers (effective 8/15/24), page 45.</p>

115.383 (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.

During this audit, the Auditor interviewed a medical and mental Health practitioner separately. Both practitioners confirmed that, 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. Logansport reported zero allegations of sexual abuse.

Medical records or secondary documentation that demonstrate victims receive follow-up services, appropriate treatment plans, and, when necessary, referrals for continued care following their transfer to or placement in other facilities or their release from custody.

115.383 (c): The facility shall provide such victims with medical and mental health services consistent with the community level of care.

During this audit, the Auditor interviewed a medical and mental Health practitioner separately. Both practitioners confirmed that victims receive medical and mental health services consistent with the community level of care.

This Auditor examined zero medical records or secondary documentation that demonstrate victims receive medical and mental health services consistent with the community level of care. During this reporting period, Logansport reported zero allegations of sexual abuse.

115.383 (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

115.383 (d)-1 Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. Not applicable. This is a male facility.

115.383 (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.

115.383 (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. Not applicable.

115.383 (f): Logansport confirmed that resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

115.383 (f)-1 Logansport confirmed that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

This Auditor examined zero medical records or secondary documentation that demonstrate victims receive medical and mental health services consistent with the community level of care. During this reporting period, Logansport reported zero allegations of sexual abuse.

115.383 (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.

115.383 (g)-1 Logansport confirmed that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

IDOC 02-01-115 Sexual Abuse Prevention, Section C. Ongoing Medical and Behavioral Health Care for Sexual Abuse Victims and Abusers (effective 8/15/24), page 45.

During this reporting period, Logansport reported zero allegations of sexual abuse.

115.383 (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.

115.383 (h)-1 Logansport confirmed that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

IDOC 02-01-115 Sexual Abuse Prevention, Section C. Ongoing Medical and Behavioral Health Care for Sexual Abuse Victims and Abusers (effective 8/15/24), page 45.

During this audit, the Auditor interviewed a mental health practitioner. The practitioners confirmed that 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. During this reporting period, Logansport reported zero allegations of sexual abuse.

Evidence Relied Upon:

1. PAQ
2. IDOC 02-01-115 Sexual Abuse Prevention, Section C. Ongoing Medical and Behavioral Health Care for Sexual Abuse Victims and Abusers (effective 8/15/24), page 45.
3. Interview with a medical practitioner
4. Interview with a mental health practitioner

Conclusion:

	<p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the need for any corrective action, the Auditor’s analysis and reasoning, and the Auditor’s conclusions.</p>
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115.386	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.386 (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.</p> <p>115.386 (a)-1 Logansport confirmed that the facility conducts a sexual abuse incident review after every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.</p> <p>IDOC 02-01-115 Sexual Abuse Prevention, Section XIII. Data Collection and Review, Subsection A. Sexual Abuse Incident Reviews (effective 8/15/24), page 46.</p> <p>115.386 (a)-2 Logansport reported in the past 12 months, zero, number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents.</p> <p>115.386 (b): Such review shall ordinarily occur within 30 days of the conclusion of the investigation.</p> <p>115.386 (b)-1 Logansport reports, where applicable, that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.</p> <p>115.386 (b)-2 Logansport reports, 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.</p> <p>115.386 (c): Logansport confirmed that the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>115.386 (c)-1 Logansport confirmed that the sexual abuse incident review team includes upper-level management officials and allows input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>IDOC 02-01-115 Sexual Abuse Prevention, Section XIII. Data Collection and Review,</p>

Subsection A. Sexual Abuse Incident Reviews (effective 8/15/24), page 46.

During this audit, the Auditor interviewed the Superintendent. The Superintendent confirmed that the Logansport incident review committee includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. During this reporting period, zero incident review meetings were held.

115.386 (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 Compliance Manager.

115.386 (d)-1 Logansport confirmed that where applicable the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made according to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager.

IDOC/Logansport, according to the PCM, and a member of the Incident Review Team, where applicable, reviews data collected and aggregated under 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. The data is used to improve the sexual safety of residents. A report is prepared of each meeting. Generally, the Superintendent is a party to the meeting, and the report could include recommendations for improvements, including any determinations per standard 115.386 (d)--1 through (d)-- 5.

115.386 (e): The facility shall implement the recommendations for improvement or document its reasons for not doing so.

115.386 (e)-1 Logansport confirmed during this audit that the facility implements the recommendations for improvement or documents its reasons for not doing so.

IDOC 02-01-115 Sexual Abuse Prevention, Section XIII. Data Collection and Review, Subsection A. Sexual Abuse Incident Reviews (effective 8/15/24), page 46.

Evidence Relied Upon:

	<ol style="list-style-type: none"> 1. PAQ 2. IDOC 02-01-115 Sexual Abuse Prevention, Section XIII. Data Collection and Review, Subsection A. Sexual Abuse Incident Reviews (effective 8/15/24), page 46. 3. Interview with the PCM 4. Interview with a member of the Incident Review Committee 5. Interview with the Superintendent/Warden <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the need for any corrective action, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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115.387	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.387 (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>IDOC 02-01-115 Sexual Abuse Prevention, Section B. Data Collection (effective 8/15/24), page 47. See the PREA Reporting application, Delta.</p> <p>115.387 (b): IDOC confirms that the agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p>115.387 (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>IDOC 02-01-115 Sexual Abuse Prevention, Section B. Data Collection (effective 8/15/24), page 47. See the PREA Reporting application, Delta.</p> <p>115.387 (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>115.387 (d)-1 IDOC confirms that the agency maintains, reviews, and collects data</p>

	<p>as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>115.387 (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>115.387 (e)-1 IDOC confirms that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.</p> <p>IDOC 02-01-115 Sexual Abuse Prevention, Section B. Data Collection (effective 8/15/24), page 47. See the PREA Reporting application, Delta.</p> <p>115.387 (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>115.387 (f)-1 IDOC confirmed that the agency provides the Department of Justice (DOJ) with data from the previous calendar year upon request.</p> <p>Evidence Relied Upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. IDOC 02-01-115 Sexual Abuse Prevention, Section B. Data Collection (effective 8/15/24), page 47. 3. See the PREA Reporting application, Delta. <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the need for any corrective action, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.388 (a): The agency shall review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: (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>

115.388 (a)-1 The agency reviews data collected and aggregated pursuant to §115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Prepare an annual report of findings from its data review and any corrective actions for each facility and the agency as a whole.

IDOC 02-01-115 Sexual Abuse Prevention, Section C. Data Review for Corrective Action (effective 8/15/24) pages 47-48.

This Auditor examined the 2024 Sexual Abuse Prevention Program Annual Report (dated 2/17/25) by the IDOC PREA Director/PREA Coordinator and (3/7/25) by the IDOC Commissioner. The Agency Head confirmed that he reviews the Sexual Abuse Prevention Program Annual Report before it is posted on the IDOC website. The PC confirmed that he reviews all data collected by IDOC facilities 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. The PCM confirmed that he collects data and prepares a report for the Superintendent's review and submission to the facility's Sexual Abuse Prevention Program Annual Report.

115.388 (b): This report shall compare the current year's data and corrective actions with those from prior years and assess the agency's progress in addressing sexual abuse.

115.388 (b)-1 According to the Superintendent and the PCM, the annual report compares the current year's data and corrective actions with those from prior years.

115.388 (b)-2 According to the Superintendent and the PCM, the annual report assesses the agency's progress in addressing sexual abuse.

115.388 (c): The agency's report shall be 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.

IDOC 02-01-115 Sexual Abuse Prevention, Section C. Data Review for Corrective Action (effective 8/15/24) pages 47-48.

This Auditor examined the 2024 Sexual Abuse Prevention Program Annual Report (dated 2/17/25) by the IDOC PREA Director/PREA Coordinator and (3/7/25) by the IDOC Commissioner. The Agency Head confirmed that he reviews the Annual Report before it is posted on the IDOC website.

115.388 (c)-1 IDOC confirmed that the agency makes its annual report readily available to the public at least annually through its website.

115.388 (c)-2 Not applicable.

	<p>115.388 (c)-3 IDOC confirmed that the agency head approves the annual reports. The Agency Head confirmed that he reviews the Annual Report before it is posted on the IDOC website.</p> <p>115.388 (d): The PC confirmed that 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.</p> <p>115.388 (d)-1 IDOC confirmed that 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 facility's safety and security.</p> <p>115.388 (d)-2 IDOC PC confirmed that the agency indicates the nature of the material redacted.</p> <p>Evidence Relied Upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. IDOC 02-01-115 Sexual Abuse Prevention, Section C. Data Review for Corrective Action (effective 8/15/24), pages 47-48. 3. Interview with the PC 4. Interview with the PCM 5. Interview the Agency Head 6. Examination of the 2024 Sexual Abuse Prevention Program Annual Report (dated 2/17/25) by the IDOC PREA Director/PREA Coordinator and (3/7/25) by the IDOC Commissioner <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the need for any corrective action, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

IDOC 02-01-115 Sexual Abuse Prevention, Section D. Data storage, publication, and destruction (effective 8/25/24) page 48.

During an interview with the PREA Coordinator, he confirmed to the Auditor that the agency reviews data collected and aggregated pursuant to §115.387 annually to evaluate and improve the effectiveness of its policies and training related to sexual abuse prevention, detection, and response. Corrective actions are implemented based on PREA audits and any other deficiencies identified by the facility or the PREA Coordinator. Each Superintendent or Warden approves and submits an annual report to the PREA Coordinator in January. Where appropriate, the PREA Coordinator confirmed that he would redact personally identifiable information (PII) from the yearly report and specify the nature of the redacted material. The agency prepares an annual report detailing its findings from the data review and any corrective actions for each facility. The Agency Head reviews the report before uploading it to its website. See 115.388 (a)-1, IDOC Agency Annual PREA Report 2024.

PREA Audit Site Review

During the site review, the Auditor:

- Observe the physical storage area of any information/documentation collected and maintained in hard copy under the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) to determine if the area is secured (e.g., lock and key and electronic access).
- Observe electronic safeguards of any information/documentation collected and maintained electronically under the PREA Standards (e.g., risk screening information) to determine how access to the information is secured (e.g., password protected, role-based security).

115.389 (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 website or, if it does not have one, through other means.

115.389 (b)-1 IDOC confirmed during this reporting period that the agency policy requires aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts to be made readily available to the public, at least annually, through its website.

IDOC 02-01-115 Sexual Abuse Prevention, Section D. Data storage, publication, and destruction (effective 8/25/24) page 48.

115.389 (b)-2 Not applicable.

During this audit review, the Auditor conducted an internet search to confirm that IDOC's website publicly makes available aggregated sexual abuse data.

115.389 (c): IDOC confirmed during this audit that the agency removes all personal identifiers before making aggregated sexual abuse data publicly available.

	<p>115.389 (c)-1 IDOC confirmed during this audit that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>During this audit review, the Auditor conducted an internet search to confirm that IDOC's website publicly makes available aggregated sexual abuse data and confirmed that IDOC removed all personal identifiers before making aggregated sexual abuse data publicly available. A sample of publicly available sexual abuse data was checked to ensure that personal identifiers had been removed.</p> <p>115.389 (d): The agency shall maintain sexual abuse data collected according to § 115.387 for at least 10 years after its initial collection unless Federal, State, or local law requires otherwise.</p> <p>115.389 (d)-1 IDOC confirmed that the agency maintains sexual abuse data collected according to §115.387 for at least 10 years after initial collection, unless federal, state, or local law requires otherwise.</p> <p>This Auditor reviewed via the internet historical sexual abuse data collected since August 20, 2012.aggregated sexual abuse data collected by IDOC according to § 115.387 for at least 10 years after its initial collection unless Federal, State, or local law requires otherwise.</p> <p>Evidence Relied Upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. IDOC 02-01-115 Sexual Abuse Prevention, Section D. Data storage, publication, and destruction (effective 8/25/24) page 48. 3. IDOC's website searches for PREA data collected on sexual abuse since August 20, 2012 4. Interview with the PREA Coordinator 5. Interview with the Agency Head <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the need for any corrective action, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.401 (a): IDOC confirmed to the Auditor that during the three years starting on August 20, 2013, and during each three years 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.

This Auditor confirmed through examination that, from August 20, 2013, and for each subsequent three-year period, the agency ensured that every facility operated by the agency or a private organization on its behalf was audited at least once. This involves reviewing agency records, the website, and other relevant sources to verify that each facility has been audited.

115.401 (b): 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.

IDOC confirmed that the agency has audited at least one-third of each facility type operated by the agency or by a private organization on its behalf by reviewing agency records, website, etc., to ensure that one-third of each facility type has been audited. This Auditor confirmed through internet examination that the agency has audited at least one-third of each facility type operated by the agency or by a private organization on its behalf.

115.401 (i): The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

The Auditor confirms that she could request and receive copies of any relevant documents (including electronically stored information).

115.401 (m): The auditor shall conduct private interviews with residents.

The Auditor confirms that she was permitted to conduct private interviews with residents.

115.401 (n): IDOC confirmed during this audit that residents are permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

The Auditor verified that all Logansport residents were informed of the audit through written and electronic notices. All residents were allowed to send confidential information or correspondence to the Auditor, as they would communicate with legal counsel. The Auditor interviewed 20 residents, who confirmed being aware of the audit, its dates, and the Auditor's contact details. Each resident also confirmed that communication with the Auditor was confidential, just like communicating with legal counsel.

Evidence Relied Upon:

1. PAQ
2. Interview with residents (random and targeted) (20)

	<ol style="list-style-type: none"> 3. Facility tour and site review 4. Internet search <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the need for any corrective action, the Auditor’s analysis and reasoning, and the Auditor’s conclusions.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.403 (f): The agency shall ensure that the auditor’s final report is published on its website if it has one or is otherwise readily available to the public.</p> <p>The Auditor reviewed the IDOC website online for a list of the agency’s facilities and agency audit reports completed in 2024, but within 90 days before the audit, within the correct review period. The website also included links to each report or other evidence showing that these reports were publicly available.</p> <p>Evidence Relied Upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. Internet search <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the need for any corrective action, the Auditor’s analysis and reasoning, and the Auditor’s conclusions. The agency has published all of its Final Audit Reports on its website.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	no

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	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?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such 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: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	Criminal and administrative agency investigations	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	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?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	yes

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes