

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

Interim     Final

Date of Report 10/04/2019

### Auditor Information

Name: Sonya Love

Email: sonya.love57@outlook.com

Company Name: Diversified Consultant Services

Mailing Address: P.O. Box 452

City, State, Zip: Blackshear, Georgia 31516

Telephone: (678) 200-3446

Date of Facility Visit: July 23th – July 25, 2019

### Agency Information

Name of Agency

Governing Authority or Parent Agency (If Applicable)

Indiana Department of Corrections

State of Indiana;

Physical Address: 302 West Washington Street

City, State, Zip: Indianapolis, IN 46204

Mailing Address: N/A

City, State, Zip: Click or tap here to enter text.

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: Click or tap here to enter text.

### Agency Chief Executive Officer

Name: Robert E Carter Jr.

Email: rcarter1@idoc.in.gov

Telephone: 317-234-1061

### Agency-Wide PREA Coordinator

Name: Bryan Pearson

Email: Bpearson@idoc.in.gov

Telephone: 812-526-8434 ext. 220

<b>PREA Coordinator Reports to:</b> Bill Wilson	<b>Number of Compliance Managers who report to the PREA Coordinator:</b> 21
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**Facility Information**

**Name of Facility:** Logansport Juvenile Correctional Facility

**Physical Address:** 1118 S State Road 25, **City, State, Zip:** Logansport, IN 46947

**Mailing Address (if different from above):** N/A **City, State, Zip:** Click or tap here to enter text.

**The Facility Is:**

<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State
		<input type="checkbox"/> Federal

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

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

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

ACA  
 NCCHC  
 CALEA  
 Other (please name or describe: Performance Base Standards (PbS))  
 N/A

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

**Facility Administrator/Superintendent/Director**

**Name:** Eric Courtney

**Email:** [ecourtney@idoc.in.gov](mailto:ecourtney@idoc.in.gov) **Telephone:** 574-753-7571

**Facility PREA Compliance Manager**

**Name:** Natalie McConahay/Lori Tanner

**Email:** [nmccconahay@idoc.in.gov](mailto:nmccconahay@idoc.in.gov)/[ltanner@idoc.in.gov](mailto:ltanner@idoc.in.gov) **Telephone:** 574-753-7571/574-753-5549

**Facility Health Service Administrator**  N/A

Name: Cathy Metzger	
Email: cathy.metzger@wexfordindiana.com	Telephone:
<b>Facility Characteristics</b>	
Designated Facility Capacity:	160/84
Current Population of Facility:	131
Average daily population for the past 12 months:	115
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	12-19
Average length of stay or time under supervision	297/13 days
Facility security levels/resident custody levels	Medium-High
Number of residents admitted to facility during the past 12 months	226/426
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	226/420
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	226/421
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input checked="" type="checkbox"/> N/A

Number of staff currently employed by the facility who may have contact with residents:	169
Number of staff hired by the facility during the past 12 months who may have contact with residents:	63
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	2
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	86
<b>Physical Plant</b>	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	3/1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	3/1
Number of single resident cells, rooms, or other enclosures:	01/6
Number of multiple occupancy cells, rooms, or other enclosures:	01/6
Number of open bay/dorm housing units:	3/1
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	0/4

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**Medical and Mental Health Services and Forensic Medical Exams**

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )
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**Investigations**

**Criminal Investigations**

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	71/6
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A
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**Administrative Investigations**

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	71/6
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police
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- |  |   |
|--|---|
|  | <input type="checkbox"/> A U.S. Department of Justice component<br><input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )<br><input checked="" type="checkbox"/> N/A |
|--|---|

## Audit Findings

### Audit Narrative

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

#### Pre-Audit Phase

The standards used for this audit became effective August 20, 2012. The notifications of the audit were posted in the facility at least six weeks prior to the on-site audit; photographs were taken and submitted to the Auditor. Logansport Juvenile Correctional Facility completed the Pre-Audit Questionnaire and uploaded supporting documentation on June 21, 2019 to a secure cloud server. An internet search confirmed that the Logansport Juvenile Correctional Facility 2016 final PREA report was posted on the IDOC website. It should be noted that this audit was originally scheduled by another Auditor therefore access to audit information was provided after the transfer took place. Pre-audit information uploaded to the PREA Resource Center (PRC) took place prior to this Auditor inclusion in the audit process for Logansport. Further, in reviewing the IDOC website the Auditor found the following PREA related information:

#### Overview of the Division of Youth Services

The Division of Youth Services (DYS) was created to serve the needs of those youth adjudicated to the Indiana Department of Correction. DYS provides services for all 92 counties in the state of Indiana, providing secure care in the (6) juvenile facilities and providing re-entry services, parole, and community placement oversight. DYS is committed to providing youth services in the least restrictive setting and to continually work towards enhancing the services we provide to the youth in our care, several major reform efforts have been undertaken which underscores our commitment and dedication to assist and foster positive developments in the field of juvenile justice.

#### Guiding Principles

**Safe Environment/Protection from Harm:** Above all else, we will work collectively to ensure for the safety of all youth, employees and volunteers to foster growth and development in a safe and secure environment.

**Do No Harm:** Services are provided in the least restrictive setting in a manner that does not cause harm or injustice.

**Hope:** Services are provided to the youth in our care in a manner intended to instill hope. We believe that hope is critical in the positive development of youth.

**Accountability:** Youth will make amends for their crimes by repaying or restoring losses to victims and the community.

**Learning Organization:** We value the importance of lifelong learning for employees and the youth in our care.

**Respect:** All interactions are based upon caring and thoughtful consideration for basic human rights and dignity.

**Youth Development:** promote positive lifestyle changes and law-abiding behaviors through youth participation in treatment programs, education, and job skill development.

**Family and Community Involvement:** Working in partnership with families, counties, and other community agencies to build positive youth competencies.

**Individualized Treatment:** Interventions will be provided based on the individual and collective strengths and needs of each youth and family.

**Successful Outcomes:** All services provided are designed to facilitate positive growth and development of the youth.

**Integrity:** We believe in maintaining the utmost integrity and strive to always meet the highest of ethical standards.

**Workforce:** Build, maintain and empower a diverse, competent and professional workforce.

**Quest for Excellence:** Our Standards of Care shall be continuously improved upon by evaluating the effectiveness and efficiency of the services provided to the youth in our care and to promote sound juvenile correctional techniques, best practices, and research.

## **IDOC SEXUAL ABUSE AND SEXUAL HARASSMENT REPORTS**

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

Reporting parties please note the following:

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

\*For more information on the Prison Rape Elimination Act (PREA) visit: [www.prearesourcecenter.org](http://www.prearesourcecenter.org)

## **IDOC SURVEY of SEXUAL VIOLENCE REPORTS**

- Survey of Sexual Victimization Juvenile Reports, 2011-2016

## **IDOC AGENCY ANNUAL REPORT**

- Juvenile Annual Reports, 2013-2018

### **Indiana Ombudsman Bureau**

The IDOC Indiana Ombudsman Bureau was created by the legislature in the fall of 2003. Per Indiana Code (IC) 4-13-1.2-1 through 4-13-1.2-12. The Bureau is charged with the responsibility of receiving, investigating, and attempting to resolve complaints from offenders housed in DOC facilities or offenders' family members that the DOC accuses of violating a specific law, rule, department written policy or endangered the health or safety of a person. The director of the bureau was appointed by the Governor in May 2005. The Ombudsman Bureau reviews complaints from inmates across the state and provides recommendations to the IDOC for resolution. The Ombudsman Bureau completes a monthly report of substantiated complaints which includes an overview of monthly activity and any follow-up if necessary. The Auditor found an unrelated PREA complaint dated November 2018 from an inmate at Indiana State Prison, regarding classification.

The notifications of the audit were posted in the facility at least six weeks prior to the on-site audit; photographs were taken and submitted to the auditor. The facility completed the Pre-Audit Questionnaire with uploaded supporting documentation on June 21, 2019. Correspondence with the PREA Coordinator and PREA Compliance Manager took place throughout the audit process. The Auditor was provided access to all PREA related documents and files.

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

- Mental Health Services and how to access the service
- The academic and technical training at most facilities
- That larger Department facilities have Law Libraries that may be used for legal research. All residents are permitted to have access to legal materials
- That substance abuse programming is available in all facilities
- That the Department has educational and treatment program for offenders who have been convicted of sex crimes, either during a current commitment or previously.
- Telephone calls will be monitored and recorded, apart from calls to your attorney or legal representative.
- Residents may have access to legal representatives, including consular officials, and the courts to the extent required by statute, treaty, court order, rule or policy
- Sexual Assault Prevention and Reporting
- Resident Grievance Process

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

- Roster of residents by unit
- Roster of residents with disabilities
- Roster of residents who were Limited English Proficient (LEP)
- LGBTI residents
- Residents who reported sexual abuse

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

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

The audit of the Logansport Juvenile Correctional Facility took place on July 23th – July 25, 2019. The audit was conducted by Sonya Love, Certified PREA Auditor. On the first day of the audit the total population for Logansport Juvenile Correctional Facility was 122 in treatment unit and 15 male residents located in the intake unit with a sum of 137 male residents. A meeting took place with management staff to outline the auditor’s sampling strategy, logistics for the facility tour, the interview schedule and to discuss the need to review additional directives, policies and supplemental documents. Auditor Sonya Love was provided a private rooms in which to work and conduct confidential interviews. All requested files and rosters, both staff and residents were made available to the Auditor for review.

Auditor Sonya Love completed resident interviews and reviewed institutional and clinical files for compliance with applicable PREA standards. The random interviews included; the oldest inmate, the youngest inmate and residents with longest and shortest length of stay. Other residents interviewed included but were not limited to residents who disclosed prior victimization, transgender, intersex, gay, lesbian, and bisexual residents, and residents who reported a history of sexual abuse.

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

Category of Staff Interviewed	# Interviews Conducted
Random Staff	12
Specialized Staff	24
Total Staff Interviewed	36

Other staff interactions during the facility tour	# Interviews Conducted
Staff Interactions during the facility tour	5
Staff who refused to be interviewed	0
Total Staff Interviewed	5

This sampling included documents such as logbooks, shift reports, incident reports, policies and procedures, (91) training records/logs and curriculum.

The Auditor completed specialized staff interviews, interviews with the PREA Coordinator, PREA Compliance Manager, the Warden and other members of the Logansport Juvenile Correctional Facility upper management, contact with local advocacy organization, contact with the SANE forensic hospital, Franciscan Health, Michigan City, Indiana and reviewed supporting evidence of compliance with PREA standards. The Auditor successfully completed a call to Indiana Coalition Against Domestic Violence and

spoke with a representative who confirmed 24-hour hotline service, one-on-one counseling, hospital advocacy, educational training for residents and staff, and access to a forensic nurse. During the on-site portion of the audit and after its completion, additional documentation was provided as requested. An exit conference was held on June 26, 2019 with members of upper management.

### **Site Review/tour**

The Auditor completed a comprehensive facility tour. During the tour, Logansport staff members were observed to be interacting with residents and providing direct supervision during activities. The Auditor was escorted by the PREA Coordinator, the Captain and intermittently other members of management throughout the facility and outside buildings. Furthermore, the Auditor reviewed PREA related documentation and materials located on bulletin boards. The Auditor observed camera surveillance, physical supervision, and electronic monitoring capabilities throughout the facility. Some cameras were checked from the control room to determine and verify the angle of positioning. Other areas of focus during the facility tour included, but were not limited to, levels of staff supervision, and limits to cross-gender viewing. PREA related signs and postings were in both English and Spanish throughout the facility.

The tour of the facility included the Receiving and Discharge (R&D), intake processing areas, all living units, the Restrictive Housing Unit (RHU) called **Making A Change** (MAC) Program, the Health Services Department, Recreation, Food Service, facility support areas, Education, Visiting Room, Psychology Services and other programming areas. Logansport Juvenile Correctional Facility, Restrictive Housing Unit (RHU) or MAC consisting of 4 segregation cells. During the onsite visit zero residents were housed in MAC as a result of sexual victimization.

Informal and formal conversations with employees and residents regarding the PREA standards were conducted. Postings regarding PREA violation reporting and the agency's zero-tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, meeting areas, and throughout the facility. Audit notice postings with the PREA Auditor's contact information were posted in the same areas.

### **Inmate Interviews**

The Auditor reviewed 16 institutional files of residents currently assigned to the facility for compliance with PREA standards. The responses of staff and residents during their interviews confirmed that all had received PREA training. Staff members were interviewed from all shifts. A random sampling of other facility documentation was also examined by the Auditor. At the time of the audit there were 137 male residents at the Logansport Juvenile Correctional Facility. A total of twenty (20) resident' interviews were conducted (13 random/7 targeted) at Logansport. No resident refused to be interviewed. Interviews were conducted using the Department of Justice (DOJ) protocols to access inmate's knowledge of PREA standards and the reporting mechanisms available to resident at the facility.

A complete facility tour was conducted by the Auditor. During the tour, staff members were observed to be interacting with residents and providing direct supervision during activities. More, a total of 13 random resident interviews were conducted. Other residents interviewed included but were not limited to: Residents who disclosed prior victimization, Transgender, Intersex, Gay, Lesbian, and Bisexual residents, and Residents who reported a Sexual Abuse.

In addition to residents' interviews; 12 random staff interviews were conducted. The responses of staff and residents during their interviews confirmed that all had received PREA training. Staff members were interviewed from all shifts. A total of 16 institutional files and clinical files of residents currently assigned to

the facility were reviewed. A random sampling of other facility documentation was reviewed. This sampling included, but was not limited to: log books, shift reports, incident reports, policies and procedures, video, (12) training records/logs and curriculum. All personnel were professional, engaged and helpful throughout the audit process. The audit team successfully completed a call to Franciscan Health and spoke with a representative who confirmed 24 hour hotline service, one-on-one counseling, hospital advocacy, educational training for residents and staff, and access to a forensic nurse. The call was made on June 27th, 2019. During the on-site portion of the audit and after its completion, additional documentation was provided as requested. An exit conference was held on June 26, 2019.

Category of Specialized Staff Interviewed	Total
Agency Contract Administrator (previously interviewed 2019)	1
Administrative (human resources)	1
Intermediate or higher-level facility staff responsible for conducting an announced round to identify and deter staff sexual abuse and sexual harassment	1
Line staff who supervise youthful inmates, if any	1
Education staff who work with youthful inmates	1
Program staff who work with youthful inmates, if any	1
Medical staff	1
Mental health staff	1
Administrative (human resource) staff	1
SAFE and SANE staff	1
Indiana Coalition Against Domestic Violence	1
Volunteers who have contact with inmates	1
Contractors who have contact with inmates	2
Investigative staff	1
Staff who perform screening for risk of victimization and abusiveness	2
Staff who supervise inmates in segregated housing	1
Designated staff member charged with monitoring retaliation	1
Incident Review	1
Retaliation monitor	1
First responders, security staff	1
First responders, non-security staff	1
Intake staff	1
<b>Total staff interviewed</b>	<b>24</b>

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

## Facility Characteristics

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

*and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

### **Logansport Juvenile Correctional Facility Treatment**

The Logansport Juvenile Correctional Facility Treatment Unit originally opened in October 1994 as the North Central Juvenile Correctional Facility. The facility came into existence due to the Departments increasing juvenile male population. The facility began its existence after three vacant buildings of the Logansport State Hospital were identified to house the rising population. These buildings are known as Housing, Programming, and Administration. The facility houses male juveniles from the ages of 12 to 18 years of age and all risk levels. The students must meet minimum treatment, custody, and educational goals within each growth level to be promoted through the program. On July 31, 2006 the North Central Juvenile Correctional Facility merged with the Logansport Juvenile Intake/Diagnostic Facility to form the current Logansport Juvenile Correctional Facility. Although merging the treatment unit, formerly NCJCF and the intake unit, formerly LJIDF, these units continue to maintain their previous missions.

### **Logansport Juvenile Intake/Diagnostic Facility Logansport- History**

The Logansport Juvenile Correctional Facility Intake Unit (formerly the Logansport Juvenile Intake/Diagnostic Facility) was originally designed to serve as a detention center for Cass County. The part of the facility quotes an average daily (calendar count) population of 32 residents. The Logansport Juvenile Facility was leased by the State of Indiana, Indiana Department of Correction and opened as a long term, maximum security juvenile facility in 1992. In 1995 the Department of Correction identified the need to convert the Logansport Juvenile Facility from a long-term maximum-security facility to the intake facility for all male juveniles committed to the Indiana Department of Correction, Juvenile Services Division. In July 1995, the Logansport Juvenile Intake/Diagnostic Facility officially began operating under its current mission. The facility was officially purchased by the State of Indiana from Cass County in August 1996. In January 2006, the facility added the Community Supervision Violators to its mission. Today, the Intake Unit is an 84-bed maximum security facility serving as the intake facility for all male juveniles between the ages of 12 and 18 who have been committed to the Indiana Department of Correction or have been ordered by the court for a pre-dispositional diagnostic evaluation.

### **Programs and Services**

#### **Performance-based Standards (PbS)**

Performance-based Standards (PbS) for Youth Correction and Detention Facilities is a system for agencies and facilities to identify, monitor and improve conditions and treatment services provided to incarcerated youths using national standards and outcome measures. PbS was launched in 1995 by the US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (OJJDP) to improve the deplorable conditions reported by the 1994 Conditions of Confinement study of 1,000 secure facilities. Directed by the Council of Juvenile Correctional Administrators (CJCA) with technical assistance from New Amsterdam Consulting, PbS asks participants to collect and analyze data to target specific areas for improvement.

#### **The PbS system of continuous learning and improvement provides:**

A set of goals and standards that individual facilities and agencies should strive to meet

Tools to help facilities achieve these standards through regular self-assessment and self-improvement

Reports that allow facilities to evaluate performance over time and in comparison, to similar facilities

Promotion and sharing of effective practices and support among facilities.

CJCA's goal is to integrate PbS into daily facility operations to create a field-supported and self-sustaining continuous learning and improvement system in facilities nationwide. CJCA provides support to PbS sites through a variety of training and technical assistance efforts, which include a consultant assigned to each site to ease and guide PbS implementation. Benefits of participation include:

The ability to measure and track key indicators of facility performance

Comparison with similar participating facilities across the country

Definition of measurable goals and development of strategies to achieve them

Access resources and assistance to make improvements

Accountability and data available to help gain public support

The PbS system asks facilities to collect certain data from records, reports and interviews and enter it online through the PbS website. The data is checked by PbS staff and used to generate an online graphic site report of each facility's performance in key outcome measures. The report tracks performance over time and shows facility measures compared to field averages. All data from individual facilities is kept confidential. Using the information in the site reports, facilities work with PbS consultants to identify areas that need improvement then develop and implement a detailed improvement plan.

### **Programs Assessments and Screening (examples)**

Assessment/Screenings

Record of Point of Entry/Arrival Health Screening

MASYI-2

Mental Health Screening

Performance -Based Standards (PbS) Suicide Screening

Million Adolescent Clinical Inventory

Post Adjudication Pre-Dispositional Diagnostic Testing

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

## **Summary of Audit Findings**

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

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

### Standards Exceeded

**Number of Standards Exceeded:** 0

**List of Standards Exceeded:**

### Standards Met

**Number of Standards Met:** 45

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** 0

### Corrective Actions (only)

#### Standard 115.317: Hiring and promotion decisions

The PREA Coordinator issued a memorandum outlining the agency’s mandate as it pertains to Standard 115.317. The memorandum is a synopsis of what is required of State Personnel Department (SPD) staff in PREA standard 115.317. The PREA Coordinator also allowed time for questions about the below information:

- (a) The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who—
  - (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
  - (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
  - (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.
- (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 inmates.

Part (a) and (b) of the standard is complied with by having all applicants, contractors and volunteers complete the Mandatory PREA Questions form and a criminal background check. The form must be completed for all new hires, promotions or transfers of staff. If there is a job posting, then this form must be completed along with the IDACS/criminal background check.

- (c) Before hiring new employees who may have contact with inmates, the agency shall:
  - (1) Perform a criminal background records check; and

(2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Part (c) of the standard is complied with by completing the PREA Questionnaire for Prior Institutional Employers form for all new hires that have prior employment with a correctional facility. Prior institutional employers must be asked if the applicant had a substantiated finding during a PREA investigation or if the applicant resigned during a PREA investigation. Examples of a prior institutional employer are prisons, jails, juvenile detention centers, police lockups, residential community correction centers, immigration detention centers, etc.

(f) The agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Part (f) is complied with by utilizing the Mandatory PREA questions form as described previously. These questions were being attached to the state application for employment, however the questions must be attached manually, and I have found several cases where no questions were attached. As a result, it has been decided that the attached form should be put in the interview packet that is provided to the applicant just prior to the interview.

(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.

Part (h) is complied with by having the former employee complete the PREA Release of Information form when a request is received from another institutional employer. Once the former employee completes this form, SPD staff will fill in the work history information from people soft and forward the form to me for a search of the PREA reports. Corrected

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

The facility completed the two missing SVAT assessments. The PREA Compliance Manager will monitor and periodically review completions of SVATS for compliance with Standard 115.341. The PREA Compliance Manager will document each time files are reviewed for compliance with Standard 115.341. The Auditor verified the completion of the two assessments. Corrected

## PREVENTION PLANNING

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

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

#### 115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  Yes  No

#### 115.311 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

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

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

Logansport has designated two (2) PREA Compliance Managers (PCM) to ensure adherence to the PREA standards. The PCM's are assigned to different facility missions thus each is responsible for PREA compliance specifically for the Logansport Juvenile Correctional Facility Treatment or the Logansport Juvenile Correctional Facility Intake Unit. The PREA Compliance Managers (PCM) report to the Warden. The facility organizational chart confirmed that each PCM reports directly to the Warden for matters related to PREA compliance monitoring, PREA incident reviews, PREA recommendations and issues of PREA compliance. During interviews each PREA Compliance Manager they each demonstrated a working knowledge of PREA standards, and they outlined how Logansport implemented PREA at the facility level. Further, each PREA Compliance Manager confirmed that she utilizes a PREA Working Committee to maintain compliance with each standard. Additionally, each PREA Compliance Manager also confirmed during his interview that he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

During the facility tour the Auditor identified that zero tolerance posters on display throughout every area of the facility (Logansport Juvenile Correctional Facility Treatment and the Logansport Juvenile Correctional Facility Intake Unit) including the living units. Staff receive initial training and annual training, as well as, updates throughout the year. Each PCM/Program Director I's job description was reviewed. Logansport met the requirements of Standard 115.311.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager, Logansport Juvenile Correctional Facility Organizational Chart (Logansport Juvenile Correctional Facility Treatment)
- Interview with the PREA Compliance Manager, (Logansport Juvenile Correctional Facility Organizational Chart (Logansport Juvenile Correctional Facility Intake Unit)
- Interviews with the PREA Coordinator
- Interview with the Warden

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

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

### 115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

### 115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The agency has entered into 10 contracts. All applicable contractors are required to adopt and comply with PREA standards. Logansport met the requirements of Standard 115.312.

### Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Interview with PREA Coordinator

- IDOC sample uploads of contracts

## Standard 115.313: Supervision and monitoring

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

#### 115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
  - Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift?  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

### 115.313 (b)

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

### 115.313 (c)

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

### 115.313 (d)

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

### 115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)  Yes  No  NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes  No  NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115, Sexual Abuse Prevention confirmed that Logansport has a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The unannounced rounds were documented and conducted by the Captain and other members of intermediate-level or higher-level supervisors in the unit logbooks. Random unannounced rounds were selected and reviewed by the Auditor. The facility operates 24 hours and unannounced rounds were documented for all three shifts to include night shift. During interviews with staff that conduct unannounced rounds described the logistics for conducting unannounced rounds at the facility. The manager indicated that this type of rounds is random, and the timing or route taken during unannounced rounds is not shared with any staff. Logansport The unannounced rounds were documented and conducted by upper level management. The Auditor also sampled unannounced rounds for December 2018/January 2019. The facility operates on 12-hour shifts and these rounds were documented for night shifts as well as day shifts. The facility has a procedure in place that allows for rounds to be made without staff having an opportunity to alert other staff.

The Warden provided the Auditor with an updated staffing plan dated January 31, 2019, that documents at least once every year the agency or facility. The staff plan included discussions of both Logansport Juvenile Correctional Facility Treatment and the Intake Unit. The PREA Coordinator confirmed during his interview that he reviews and approves and make recommendations when necessary for Logansport at least on yearly basis. Moreover, Logansport has a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse.

The report indicates additional video monitoring technology is scheduled for installation for 2019. In calculating adequate staffing levels and determining the need for video monitoring, the Logansport staffing plan take into consideration factors such as: Generally accepted detention and correctional practices such as the American Correctional Association (ACA) and Performance Base Standards (PbS), any findings of inadequacy from internal or external oversight bodies (none), components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated, substantiated (0) and unsubstantiated (1) incidents of sexual abuse, the number and placement of supervisory staff and any other relevant factors. The PREA Compliance Managers provided an updated staffing plans that documents at least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews of the staffing plan to see whether adjustments are needed. During his interview, the Warden confirmed information contained in the Pre-Audit Questionnaire indicating zero instances of a deviation from the facility staffing plan in the last 12 months. The Warden also confirmed his duty to document and justify all deviations from the staffing plan. Logansport met the requirements of Standard 115.313.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- 2019 Annual Staffing Plan/shift reports and rosters
- Policy 02-01-115, Sexual Abuse Prevention
- Auditor review of files of unannounced rounds
- Interviews with the PREA Coordinator
- Logansport Juvenile Correctional Facility Organizational Chart (Logansport Juvenile Correctional Facility Treatment)
- Interview with the PREA Compliance Manager (Logansport Juvenile Correctional Facility Organizational Chart (Logansport Juvenile Correctional Facility Intake Unit)

- Interviews with staff (random)

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

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

### 115.315 (a)

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

### 115.315 (b)

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

### 115.315 (c)

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

### 115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  Yes  No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)  Yes  No  NA

### 115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-03-101, Searches and Shakedown and Policy 02-10-1118 address the requirements in Standard 115.315. For example, Policy 02-03-101 indicates that "...except during an emergency as declared by the Warden or designee, a strip search must afford the offender reasonable privacy and shall be conducted by staff of the same gender. Opposite gender strip searches of an offender shall not be conducted unless the opposite gender staff member, in his/her professional judgment, has reasonable cause to believe that a delay in retrieving possible prohibited property would jeopardize the safety, order, and/or security of the facility. If a strip search is conducted by an opposite gender staff member, the strip search shall be documented on a Logansport Incident Report and submitted to the Custody Supervisor or designee."

Staff (random and specialized) were able to describe the facility requirements for searching based on random staff interviews. There were twelve (12) random staff interviews conducted. Twelve (12) random staff training files also were examined indicating that all staff received training on the facility policy that does not allow cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches to be conducted. Logansport met the requirements of Standard 115.315.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 02-03-101 (Searches and Shakedown)
- Policy 02-01-118 (Transgender and Intersex Offenders)
- Training: Security skills refresher evaluation
- Training: Strip and Cavity Searches
- Training sign in sheets and curriculum
- Review of the inmate handbook
- Training sign in sheets and curriculum
- Memorandum: Warden regarding zero incidents of cross-gender strip searches or body cavity searches in the past 12 months dated June 3, 2019
- Interview with residents (random and targeted)
- Interview with staff (random and specialized)
- Interview with the PREA Coordinator
- Interview with the Compliance Manager (Logansport Juvenile Correctional Facility Treatment and Logansport Juvenile Correctional Facility Intake Unit)
- 
- Observations of Auditor during the on-site portion of the audit

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

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

**115.316 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

### 115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

### 115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?  
 Yes    No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

IDOC 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. IDOC has an on-going contract with Propio LLC to provide all residents in need with interpretive assistance if required to communicate effectively. Propio employs an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. These Propio LLC services are available 24 hours a day. Logansport also has a vendor agreement with Language Training Center, Indianapolis, Indiana for in-person American Sign Language (ALS) interpretation. During random interviews (100%) facility staff confirmed that they always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.364, or the investigation of the inmate's allegations. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations was confirmed by each PCM as zero. The facility also has a list of staff members that are utilized as interpreters. There were zero disabled youth during the audit. Logansport met the requirements of Standard 115.316.

### Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire

- Telephonic and In Person Interpretive Service Contract
- Over-the-phone instruction card for staff
- Policy 02-01-115 (Sexual Abuse Prevention)
- Interview with staff (random and specialized)
- Interview with residents (random and targeted)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Managers regarding zero resident requiring the services of the over-the-phone interpretive services in the past 12 months.
- IDOC Logansport Juvenile Correctional Facility contract with Propio, Over-the-Phone Interpreting Service
- Review of various forms translated into Spanish to include PREA related information
- Auditor's observations during the facility tour

## Standard 115.317: Hiring and promotion decisions

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

#### 115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?  Yes  No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents?  Yes  No

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work?  Yes  No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.317 (d)

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

#### 115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.317 (g)

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

#### 115.317 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy 04-03-102, Human Resources and Policy 04-03-103, Information and Standards of Conduct for Departmental Staff, prohibits the hiring or promotion of anyone who may have contact with inmates, and prohibits enlisting the services of any contractor who may have contact with inmates, who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997) addresses the policy requirements of Standard 115.317. Indiana Department of Corrections has a policy that requires criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with inmates. Policy 04-03-103 supports compliance of the standard. Policy 04-03-103, Information and Standards of Conduct for Departmental Staff was reviewed by the Auditor. Additionally, IDOC provided the Auditor with a blank copy of applicant employment questionnaire.

Several Human Resource representatives were interviewed during the audit. The HRM representatives could not confirmed that IDOC has a policy of prohibiting the hiring or promotion of anyone who may have contact with inmates 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. The job of promotion and hiring is compartmentalized. Each entity understood their role in the hiring and promotion process. None of the staff interviewed short of the PREA Coordinator and the Warden could explain the entire process. The Auditor examined multiple policies relevant to hiring and promotions of IDOC staff and contractors. These policies collectively detail and affirm that IDOC considers material omissions regarding such misconduct, or the provision of materially false information, grounds for termination.

The PREA Coordinator confirmed in an interview that IDOC asks all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees and provided evidence. Furthermore, the PREA Coordinator affirmed the agency imposes upon employees a continuing affirmative duty to disclose any such misconduct and he also provided evidence in the form of the employment application form for the Indiana Department of Corrections. The PREA Coordinator provided the Auditor with 5 examples of the agency providing information to potential employers on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The PREA Coordinator immediately provided guidance to Human Resource Managers and their representatives in the form of a previously issued memorandum outlining how IDOC has defined steps the agency currently takes when hiring and promoting staff as a corrective action and a reminder of the agency's expectations for meeting Standard 115.317.

Each PCM interviewed confirmed during their respective interview that IDOC prohibits the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.

More, the Warden provided the Auditor with verbal confirmation that in the last 12 months the number of criminal background checks completed on individuals hired as IDOC staff-persons was sixty-three (63) and during the same timeframe criminal background checks were also completed on five (5) Wexford and twenty (20) Aramark contractors. Likewise, the Warden outlined promotion and hiring requirements as it relates to PREA Standard 115.317, Logansport and the IDOC. Logansport met the requirements of Standard 115.317.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 04-03-103 (Information and Standards of Conduct for Department Staff)
- Interviews with staff (random and specialized)
- Interview with Human Resources representative (2)
- Interview with the Warden
- Sample of potential employee application form
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Managers
- Review of IDOC Applicant Questionnaire

## **Corrective Action:**

The PREA Coordinator issued a memorandum outlining the agency's mandate as it pertains to Standard 115.317. The memorandum is a synopsis of what is required of SPD staff in PREA standard 115.317. He also allowed time for questions about the below information:

- (a) The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who—
- (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
  - (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
  - (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.
- (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 inmates.

Part (a) and (b) of the standard is complied with by having all applicants, contractors and volunteers complete the Mandatory PREA Questions form and a criminal background check. The form must be completed for all new hires, promotions or transfers of staff. If there is a job posting, then this form must be completed along with the IDACS/criminal background check.

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

Part (c) of the standard is complied with by completing the PREA Questionnaire for Prior Institutional Employers form for all new hires that have prior employment with a correctional facility. Prior institutional employers must be asked if the applicant had a substantiated finding during a PREA investigation or if the applicant resigned during a PREA investigation. Examples of a prior institutional employer are prisons, jails, juvenile detention centers, police lockups, residential community correction centers, immigration detention centers, etc.

- (f) The agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Part (f) is complied with by utilizing the Mandatory PREA questions form as described previously. These questions were being attached to the state application for employment, however the questions must be attached manually, and I have found several cases where no questions were attached. As a result, it has been decided that the attached form should be put in the interview packet that is provided to the applicant just prior to the interview.

- (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.

Part (h) is complied with by having the former employee complete the PREA Release of Information form when a request is received from another institutional employer. Once the former employee completes this form, SPD staff will fill in the work history information from people soft and forward the form to me for a search of the PREA reports. The Auditor was provided a copy of the same memorandum as documentation of the corrective action and a reminder of the agency's expectations for meeting Standard 115.317.

## Standard 115.318: Upgrades to facilities and technologies

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

#### 115.318 (a)

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

#### 115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Logansport Juvenile Correctional Facility has made no modifications to the existing facility since August 20, 2012. The Pre-Audit Questionnaire captured zero additions being made based in the past 12 months. Logansport met the requirements of Standard 115.318.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Observations of the Auditor during the on-site tour
- Interviews with staff (random and specialized)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Managers
- Memorandum: Warden dated June 3, 2019, regarding zero additions, expansions or modifications to the existing facility since August 20, 2012.
- Interview with Warden

## RESPONSIVE PLANNING

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

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

#### 115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes    No    NA

#### 115.321 (b)

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

#### 115.321 (c)

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

#### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy IC 11-10-3-5, Co-payment requirements; exceptions. IC 11-10-3-5 outlines circumstances when an resident is not required to pay for medical services such as (1) the service is provided in an emergency; (2) the service is provided as a result of an injury received in the correctional facility; or (3) the service is provided at the request of the administrator of a correctional facility. The agency offers all inmates who experience sexual abuse access to forensic medical examinations on-site, without financial cost, where evidentiary or medically appropriate. The PCM confirmed that since the Warden's in the past twelve (12) months there has been zero forensic medical exams conducted on residents from Logansport Juvenile Correctional Facility.

The Auditor confirmed by examination that Logansport Juvenile Correctional Facility has a MOU with Logansport Memorial Hospital and Indiana Coalition Against Domestic Violence (ICDV) (SANE/SAFE). An email correspondent from an IDOC representative to Logansport Memorial Hospital confirmed that the hospital has one SANE examiner employed at the hospital. The hospital has a process in place to call contact the SANE examiner in the event of a sexual assault. IDOC would immediately provide a trained Sexual Assault Response Team (SART) member as the victim advocate, to provide emotional support, crisis intervention, information, and referrals. SART intervention would limit trauma to the victim.

Random and specialized staff confirmed knowledge of the MOU with local victim advocacy organization as well as what services are offered by each provider. Residents understood what type of services were available for victims of sexual abuse but did not recall specifics. Each resident could tell the Auditor where additional victim information could be located on the living units. Specialized staff confirmed that if requested by the victim, Logansport would provide a 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. In addition to counseling provided by a mental health providers at Logansport, victims of sexual abuse, either during or prior to incarceration, can receive emotional support services from a Victim Advocate at the Indiana Coalition Against Domestic Violence. Residents can call the toll-free number to the ICADV hotline from the offender phone system by dialing #66. Further, residents are also provided with the address to the ICADV to write the organization.

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

The IDOC is responsible for investigating allegations of sexual abuse in the facility. Allegations of sexual abuse that rise to criminal behavior is referred to the Indiana State Police for investigation and referral for prosecution when applicable. During an interview with the facility investigator he confirmed that the facility follows the requirements for investigating allegations of sexual abuse. The same investigator confirmed that the investigative protocol, as appropriate, was 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. Logansport met the requirements of Standard 115.321.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- IC (Indiana Code)11-10-3-5, Co-payment requirements; exceptions
- IC 35-42-4-8, concerns the crime of Sexual Battery. A conviction under this statute is a Level 6 Felony
- IC 35-44.1-3-10 violation of this code results in a Level 5 felony when the person is convicted for Sexual Misconduct with a Service Provider
- IC 35-42-4-1 concerns the crime of Rape. A conviction under this statute can result in a Level 3 felony
- Memorandum of Understanding with Indiana Coalition Against Domestic Violence
- Memorandum: Laura Fuller, Director of Critical Care Services, Franciscan Health Michigan City, Michigan City, Indiana, regarding available SANE examiners and their training dated October 16, 2018
- Memorandum: Warden indicating zero forensic medical exams in the past 12 months dated September 26, 2018
- Evidence Collection Table / Sexual Assault Evidence Protocols
- List of certified employees and copy of certificates of completion
- Interviews with staff (random and specialized)
- Telephone conversation with staff from the outside entity providing services
- SART Team Curriculum
- Interviews with the PREA Compliance Manager
- Interview with the PREA Coordinator

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

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

#### 115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### 115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).)  Yes  No  NA

#### 115.322 (d)

- Auditor is not required to audit this provision.

#### 115.322 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

IDOC has a policy (Policy 02-01-115, Sexual Abuse Prevention) 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. The policy is available and accessible on the agency's website. The agency has a practice that documents all such referrals. The facility had zero (0) criminal investigation during the past twelve (12) month period and one (1) administrative investigation of alleged resident sexual abuse that did not require a referral to the prosecutor's office. Logansport met the requirements of Standard 115.322.

### Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Interview with the PREA Compliance Managers
- Interview with the PREA Coordinator
- Review of the agency website
- Memorandum: Warden regarding zero criminal investigation of alleged sexual abuse completed by the facility. The resident victim was notified of the outcome of the investigation, dated May 10, 2019
- Interview with the Warden
- Interviews with an agency investigator

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

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

#### 115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No

- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?  Yes  No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent?  Yes  No

#### 115.331 (b)

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

#### 115.331 (c)

- Have all current employees who may have contact with residents received such training?  Yes  No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

### 115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employee understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Policy 02-01-115, Sexual Abuse Prevention addresses the policy requirement of Standard 115.331. The training curriculums provided by the facility was tailor to the unique needs and attributes of juvenile male residents. Furthermore, the training curriculum included topics such as: inmates on inmates' right to be free from sexual abuse and sexual harassment, common reactions of sexual abuse and sexual harassment victims, how to avoid inappropriate relationships with inmates, and how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates. IDOC has a written receipt located in PeopleSoft with acknowledges that on a specific date the employee received training (and understand said training) from the Indiana Department of Correction regarding the Prison Rape Elimination Act (PREA) and Department of Correction Policy 02-01-115, Sexual Abuse Prevention. Additionally, the employee is issued a copy of the Department of Correction Brochure, "Sexual Assault Prevention" and a copy of facility specific brochures and documents relating to sexual abuse prevention and mandatory reporting of sexual abuse and sexual harassment. IDOC provides staff with a comprehensive education on the Prison Rape Elimination Act (PREA) that is apparent in Logansport Juvenile Correctional Facility staff training transcripts, training curriculum, and specialty specific training. More, several of IDOC investigators completed a refresher training on how to conduct investigations in confinement settings, this keeps the agency abreast of current information in the area of investigations.

A total of ninety-one (91) IDOC and contractor training files were reviewed. Ten (10) of the ninety-one (91) training files indicated either failed or incomplete training files. Eighty-one (81) IDOC or contractors completed the required refresher training held by the agency yearly. The training curriculums provided by the facility tailor to the unique needs and attributes of residents of juvenile facilities. Logansport Juvenile Correctional Facility met requirements of Standard 115.331.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 02-01-115 (Sexual Abuse Prevention)
- Indiana Training Plan/On the Job Training Session/ Security Skills Evaluations/ Learning Plan Transcript/employee acknowledgment of training
- New Employee Training 2018-2019, Juvenile Facility Staff
- New Employee Training 2017-2018, Juvenile Facility Staff
- New Employee Training 2016-2017, Juvenile Facility Staff
- IDOC On-The-Job (OJT) Training, Frisk Searches and Strip Searches
- Staff development and training, Juvenile In-Service Program 2018/2019
- Auditor review of training curriculum /informational brochures
- Interviews with staff (random and specialized)
- Training: The Moss Group, Specialized Investigative Training Certificate, Rhonda Brenner dated February 22-March 2, 2018
- Training: The Moss Group, Specialized Investigative Training Certificate, Callie Burke dated February 22-March 2, 2018
- Training: The Moss Group, Specialized Investitive Training Certificate, William Lesser dated February 22-March 2, 2018
- Training: The Moss Group, Specialized Investitive Training Certificate, Nicole Rodrigues dated February 22-March 2, 2018

**Standard 115.332: Volunteer and contractor training**

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

**115.332 (a)**

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

**115.332 (b)**

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

### 115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection. The facility currently has eight-six (86) volunteers and eighteen (18) contractors. The curriculum the agency utilized for training provide the level and type of training that is based on the services they provide and level of contact they have with residents. The curriculum also covers the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Logansport met the requirements of Standard 115.332.

#### Evidence relied upon to make auditor determination:

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

### Standard 115.333: Resident education

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

### 115.333 (a)

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

#### 115.333 (b)

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

#### 115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)?  
 Yes  No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?  
 Yes  No

#### 115.333 (d)

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

### 115.333 (e)

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

### 115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115, Sexual Abuse Prevention addresses the policy requirement of Standard 115.333. The agency documents PREA related information in the inmate's institutional, clinical and medical files. A total of sixteen (16) resident institutional files were reviewed to verify that each resident received information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment during their intake process. The resident handbook and PREA brochure covered how to report incidents or suspicions of sexual abuse or sexual harassment. PREA related education was also provided for those inmates who are limited English proficient (LEP), deaf, visually impaired or otherwise disabled. Interviews with each resident confirmed that the information provided to inmates was age appropriate. Residents included in the sample population were knowledgeable of their rights. Within 30 days of intake, Logansport Juvenile Correctional Facility provided age-appropriate comprehensive education to residents in person regarding; their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents. This was verified through the review of sixteen (16) institutional and clinical files. On average residents received an inmate handbook, comprehensive PREA education the day of intake but always within 72 hours of arrive to the facility.

Telephonic and in Person Interpretive Service and Policy 02-01-115 (Sexual Abuse Prevention) address the policy requirements of Standard 115.316 and 115.333. IDOC takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to

sexual abuse and sexual harassment to inmates who are limited English proficient. They have established statewide contract with an interpretive provider to provide inmates with needed assistance. Logansport has PREA informational posters displayed in alternate languages such as Spanish throughout the facility.

IDOC utilizes an “Over-the-phone” interpretive service that can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. These “Over-the-phone” services are available 24 hours a day. The facility provided invoices of the use of interpretive services. During random interviews (100%) facility staff confirmed that they always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first-response duties under §115.364, or the investigation of the inmate’s allegations. The facility also has a list of staff members’ that are utilized as interpreters.

In addition to providing such education Logansport Juvenile Correctional Facility ensures that key information is continuously and readily available or visible to residents near the telephones, on individual tablets, through PREA posters, and in the resident handbook. During the facility tour PREA the Auditor noted PREA related information was displayed in Spanish and English and posted throughout the facility including every living unit. All residents were well versed on the grievance process and felt that if they filed a grievance, it would be addressed in a confidential and timely manner.

One resident (Jane Doe #1) that made a PREA complaint via the telephone system reported that she was merely testing the system to determine if it worked. Jane Doe #1 explained in detail a working knowledge of how to report an allegation of sexual abuse. Jane Doe #1 indicated that the agency acted quickly, and she had no complaints on how the facility handled her call. Logansport also had one allegation of sexual abuse that was investigated determined to be unsubstantiated. Logansport Juvenile Correctional Facility met the requirements of Standard 115.316 and 115.333.

**Evidence relied upon to make auditor determination:**

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

**Standard 115.334: Specialized training: Investigations**

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

**115.334 (a)**

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its

investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)

Yes  No  NA

#### 115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA

#### 115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA

#### 115.334 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

1. A prompt, thorough, and objective investigation of sexual abuse and/or sexual harassment shall begin:
  - a. As outlined in Investigating Allegations of Misconduct (section VIII of this document);
  - b. Upon activation of a facility SART team; and/or,
  - c. If determined to be necessary following an administrative review.
2. If the alleged sexual conduct involves an offender/youth under the age of eighteen (18), the incident shall be reported to the Child Protective Services as required in Policy and Administrative Procedure 03-02-103, "The Reporting, Investigation, and Disposition of Child Abuse and Neglect."
3. Investigations of sexual abuse or sexual harassment shall be completed promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
4. Investigators shall:
  - a. Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data;
  - b. Interview alleged victims, suspected perpetrators, and witnesses; and,
  - c. Review prior complaints and reports of sexual abuse involving the suspected perpetrator.
5. The Garrity warning shall be used when interviewing staff for simple fact-finding
6. An effort shall be made to determine whether staff actions or failures contributed to sexual abuse or sexual harassment.
7. An additional staff member, uninvolved in the case, shall be present during interviews, for one of the staff members to be of the same gender as the subject of the interview.
8. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender, youth, or staff. No facility shall require an offender or youth who alleges sexual abuse to submit to a polygraph examination, voice stress analysis, or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

9. The substantiation standard for sexual abuse and sexual harassment administrative investigations is the preponderance of the evidence. When the evidence supports criminal prosecution, the agency shall consult with the prosecutor prior to conducting compelled interviews. Substantiated cases that appear to be criminal in nature shall be referred for prosecution.
10. Departure of the alleged perpetrator(s) or victim(s) from employment or custody/supervision does not warrant termination of investigation. Outside law enforcement shall be contacted if this occurs.
11. Consultation with the prosecutor's office or Indiana State Police is permitted at any time during the investigation. If deemed appropriate, Indiana State Police may assist in an investigation of an act of sexual abuse or sexual harassment reported to facility Investigators. Facility Investigators shall be responsible for the coordination of all investigations.
12. Follow up with an offender's/youth's allegation of sexual abuse or sexual harassment shall be done in accordance with Policy and Administrative Procedure 02-01-115, "Sexual Assault Prevention, Investigation, Victim Support, and Reporting." Examination of training files for investigators confirmed that each investigator completed specialized training in conducting investigations in confinement settings at least once.

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

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 00-01-103 (Investigation and Intelligence)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Interview with the Executive Director
- Interview with an investigator
- Moss Group Specialize Training Curriculum
- Certificate of Completion (NIC), Specialized Investigative Training, Christopher Dustin, PREA: Investigating Sexual Abuse in a Confinement Setting, dated April 9, 2015.
- Certificate of Completion (NIC), Specialized Investigative Training, Aaron Jonas, PREA: Investigating Sexual Abuse in a Confinement Setting, dated February 2, 2018.
- Certificate of Completion (NIC), Specialized Investigative Training, Ashley Kilgore, PREA: Investigating Sexual Abuse in a Confinement Setting, dated December 12, 2018
- Certificate of Completion (NIC), Specialized Investigative Training, Nicole Rodrigues dated February 7, 2018
- Certificate of Completion (NIC), Specialized Investigative Training, Willie Parnell, PREA: Investigating Sexual Abuse in a Confinement Setting, dated December 6, 2015.
- Training: The Moss Group, Specialized Investigative Training Certificate, Rhonda Brennan dated February 22-March 2, 2018

- Training: The Moss Group, Specialized Investigative Training Certificate, Callie Burke dated February 22-March 2, 2018
- Training: The Moss Group, Specialized Investitive Training Certificate, William Lesser dated February 22-March 2, 2018
- Training: The Moss Group, Specialized Investitive Training Certificate, Nicole Rodrigues dated February 22-March 2, 2018
- Training: The Moss Group, Specialized Investitive Training Certificate, Tracey Cornett dated February 28-March 2, 2018
- Training: Specialized Investitive Training Record, Jeffery Hershberger, dated June 6, 2011
- Training: Specialized Investitive Training Record, Tom Hickey, dated April 30, 2012
- Training: Sexual Assault Training, Amy Meagher, dated April 21, 2016
- SART Team Curriculum

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

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

### 115.335 (a)

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

### 115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)  
 Yes    No    NA

#### 115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes    No    NA

#### 115.335 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115, Sexual Abuse Prevention addresses the policy requirements of Standard 115.335, specialized training for medical and mental health (full-or-part-time) care providers who work regularly in the Logansport. The PCM's confirm that the agency ensures 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. Furthermore, the agency ensures that all full-and-part-time medical and mental health care practitioners who work regularly in its facilities have also been trained in: 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.

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

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115, Sexual Abuse Prevention
- Interviews with medical and mental health staff
- Interview with the PREA Coordinator
- Interviews with the PREA Compliance Managers
- Memorandum: Warden regarding zero forensic exams conducted by medical staff at Logansport. Forensic exams are conducted at the local hospital
- Review of training certifications for all medical and mental health staff

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

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

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

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

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

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

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

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

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities?  Yes  No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?  Yes  No

#### 115.341 (d)

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

#### 115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

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

The agency has a practice that requires that all inmates are assessed for risk of victimization and abusiveness upon admission to the Logansport or transfer from or to another facility toward others. The policy requires that inmates be screened for risk of sexual victimization or risk of sexually abuse within 72 hours of their intake. The intake screening form considers the criteria outlined in 115.341 (d) to assess inmates for risk of victimization and abusiveness such as the age of the inmate; physical build; previous incarcerations; the inmate's perception of vulnerability; and whether the inmate is or is perceived to be gay, bisexual; transgender, intersex or gender nonconforming. Interviews with specialized medical, mental health and intake staff confirmed that Logansport would not discipline an inmate for refusal to answer, or for not disclosing complete information in response to any or all PREA related questions posed regarding screening for risk of sexual victimization and abusiveness. Specialized medical and mental health staff, PREA Compliance Manager and Health Administrator all confirmed during individual interviews that Logansport has a system in place to guard against the dissemination of sensitive information by staff or other inmates.

The Auditor **examined sixteen (16) institutional files** and confirmed that the facility is conducting the screening for risk of victimization and abusiveness upon intake. Moreover, interviews with random and targeted inmates also confirmed each inmate was screened on arrival at Logansport by a counselor/intake staff. The Auditor verified the use of an objective screening instrument.

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 uploaded in section 115.341 (a)-1. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake and based on the sixteen (16) institutional files the facility is conducting the screening upon intake. Through the resident interviews they all verbalized they were screen during intake, and again in thirty (30) days. The incident Treatment team interviews also verified that the agency also obtain this information periodically throughout a resident's confinement and consider the motivation of incidents. An example of the PREA screening assessments uploaded in section 115.341 (b) 1 verified the use of an objective screening instrument. The sixteen institutional and clinical files documented that the assessments were conducted but two were omitted. After corrective action Logansport met the requirements of Standard 115.341.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-11-115 (Sexual Abuse Prevention)
- Review of SVAT screenings
- Review of SVAT screening tool
- Observations made during the on-site portion of the audit
- Auditor interviews with staff
- Auditor interviews with residents
- Auditor interview with the PREA Compliance Managers
- Memorandum: Warden regarding the number of residents admitted to the intake and Treatment units in the past twelve (12) months.

## Corrective Action

The facility completed the two missing SVAT assessments. The PREA Compliance Manager will monitor and periodically review completion of SVATS for compliance with Standard 115.341. The PREA Compliance Manager will document each time files are reviewed for compliance with Standard 115.341. The Auditor verified the completion of the two assessments. Corrected

## Standard 115.342: Use of screening information

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

#### 115.342 (a)

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

#### 115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA

- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA

#### 115.342 (c)

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

#### 115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.342 (e)

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

#### 115.342 (f)

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

#### 115.342 (g)

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

#### 115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA

#### 115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

transfer from another facility. The Auditor examined the PREA assessment instrument. Furthermore, the PREA screening instrument was an objective instrument and minimally included the eleven criteria listed in 115.341 (c). The policy also requires that residents be screened for risk of sexual victimization or risk of sexually abusiveness within 72 hours of their admission to the facility. Moreover, the intake screening form considers the criteria outlined in 115.341 (c) to assess inmates for risk of victimization and abusiveness such as the age of the inmate; physical build; previous incarcerations; the resident's perception of vulnerability; and whether the resident is or is perceived to be gay, bisexual; transgender, intersex or gender nonconforming. Interviews with specialized medical, mental health and intake staff confirmed that Logansport Juvenile Correctional Facility would not discipline a resident for refusal to answer, or for not disclosing complete information in response to any or all PREA related questions posed regarding screening for risk of sexual victimization and abusiveness. The specialized medical and mental health staff, the PREA Compliance Managers and the Health Administrator all confirmed during individual interviews that Logansport Juvenile Correctional Facility has a system in place to guard against the dissemination of sensitive information by staff or other inmates.

The Auditor verified the use of an objective screening instrument. The Auditor examined sixteen (16) institutional and clinical files to validate how the facility is conducting initial screening for risk of victimization and abusiveness and how information from the screening is being used with the goal of keeping all residents safe and free from sexual abuse. More, interviews with random and targeted residents also confirmed that each resident was screened on arrival at Logansport Juvenile Correctional Facility by a counselor or intake staff. Problematic was the fact that Logansport failed to fully demonstrate that all residents were screened for risk of victimization and abusiveness. Logansport quickly corrected the problem by completing SVATS during the Auditor's on-site visit (see 115.341 for the corrective action) and neither of the two (2) residents who were initially omitted were referred to a mental health provider for follow-up. Five (5) residents were referred to a mental health provider for follow-up because of a history of victimization or abusiveness. Logansport met the requirements of Standard 115.342.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-11-115 (Sexual Abuse Prevention)
- Review of intake screenings/reassessments
- Review of SVAT screening tool
- Observations made during the on-site portion of the audit
- Auditor interviews with staff
- Auditor interviews with residents
- Auditor interview with PREA Compliance Managers

# REPORTING

## Standard 115.351: Resident reporting

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

#### 115.351 (a)

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

#### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.)  Yes  No  NA

#### 115.351 (c)

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

#### 115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?  Yes  No

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115, Sexual Abuse Prevention and Policy 00-01-102, Offender Access to Court address the requirements of Standard 115.351. IDOC has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: sexual abuse and sexual harassment; retaliation by other inmates or staff for reporting sexual abuse and sexual harassment. IDOC also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. The private entity or office allows the resident to remain anonymous upon request. Residents have been informed to alert the reporting entity regarding a wish for anonymity before starting a conversation with the entity or office. Logansport never houses residents detained solely for civil immigration purposes according to each PCM.

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

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

Random and targeted residents (100%) confirmed during interviews that the facility provides multiple ways to report sexual abuse or sexual harassment. Moreover, during each resident interviewed was able to communicate multiple ways of reporting to include telling staff. These same residents were also knowledgeable of the facility grievance process. Grievance forms were observed available in the grievance boxes throughout the facility during the tour. During the resident interviews they express

they are provided with access to tools necessary to make a written report. Also, during resident interviews, they were able articulate the ways of reporting and expressed that residents also could simply tell the staff. The residents were also knowledgeable of the grievance process and grievance forms were observed being available in the grievance boxes throughout the facility during the tour. During the resident interviews they express they are provided with access to tools necessary to make a written report.

Staff (random and specialized) interviews confirmed that 100% of staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. All staff (random and specialized) (100%) members confirmed that they would promptly document any verbal reports of sexual abuse and sexual harassment and immediately notify their supervisor while ensuring the safety of the victim. The PCM's during her interview confirmed that one incident of unsubstantiated sexual abuse at Logansport in the past 12 months. Logansport Juvenile Correctional Facility met the reporting requirements of Standard 115.351.

**Evidence relied upon to make auditor determination:**

- Policy 02-01-115 (Sexual Abuse Prevention)
- Pre-Audit Questionnaire
- Auditor review of forms and reporting documentation
- Interviews with residents
- Interviews with staff
- Interview with PREA Compliance Managers and Warden

**Standard 115.352: Exhaustion of administrative remedies**

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

**115.352 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No

**115.352 (b)**

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA

- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)  Yes  No  NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

### Matters Appropriate to the Offender Grievance Process:

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

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

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 and accepting third-party reports from family and concerned citizens such as an attorney or clergy. The PCM indicated that Logansport may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. The PCM confirmed that after receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, IDOC/Logansport would 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 meanwhile safeguarding the victim. The PCM confirmed that after receiving an emergency grievance described above, IDOC/Logansport would provide an initial response within 48 hours and issue a final agency decision within 5 calendar days. More, the PCM indicated that the initial response and final agency decision would also document the agency's determination whether the resident is in substantial risk of

imminent sexual abuse and document the agency's actions. The PCM indicated that IDOC may claim an extension of time to respond, of up to seventy (70) days, if the normal time period for response is insufficient to make an appropriate decision. The IDOC shall notify the offender in writing of any such extension and provide a date by which a decision shall be made.

IDOC Policy 00-02-301 Offender Grievances 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. Within the policy it outlines that the agency always refrains from requiring resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. This procedure is also outline in the Indiana Department of Corrections Division of Youth Services Student Handbook. The agency disciplines 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 outlined in Policy 02-11-115 and 00-02-301. Logansport Juvenile Correctional facility met the requirements of Standard 115.352.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 00-02-301 (Offender Grievance)
- Policy 02-1-115 (Sexual Abuse Prevention)
- Interviews with staff
- Interviews with residents
- Memorandum: Warden regarding zero emergency PREA related grievances file in the last 12 months dated February 25, 2019.
- Interview with the PREA Compliance Managers
- Indiana Department of Corrections Division of Youth Services Student Handbook

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

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

**115.353 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

#### 115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

#### 115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?  Yes  No
- Does the facility provide residents with reasonable access to parents or legal guardians?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse and the contact information is posted throughout the facility. These posters were observed posted during the tour of the facility and provided as an upload in section 115.353 (a)-2. The facility maintains copies of the agreement with Indiana Coalition Against Domestic Violence and

Dune Brook. A call was made verifying that the Memorandum of Understanding was still in place. During the interviews of residents they stated they are allowed to call their attorney anytime, and it does not count as their telephone call for the week based on the youth handbook. No files reviewed reflected attorney calls but identified that youth had reasonable access to parents or legal guardians. During the interviews the residents were consistent with the day of their assigned telephone call days and visitation.

**Evidence relied upon to make auditor determination:**

- Policy 02-01-115 (Sexual Abuse Prevention)
- Pre-Audit Questionnaire
- Observations of the auditor made during the Facility Tour
- Memorandum of Understanding with Indiana Coalition Against Domestic Violence
- Memorandum of Understanding with Dune Brook
- Interviews with residents
- Interviews with staff
- Interviews with PREA Coordinator
- Interviews with PREA Compliance Manager

**Standard 115.354: Third-party reporting**

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

**115.354 (a)**

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does*

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

IDOC/Logansport accepts all third-party reports of resident sexual abuse or sexual harassment. The information found on the IDOC/Logansport website. More, the agency established a method to receive third-party reports of sexual abuse and sexual harassment that is found on the agency website. The agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. The IDOC website provides contact information for the agency. Logansport met the requirements of Standard 115.355.

## **IDOC SEXUAL ABUSE AND SEXUAL HARASSMENT REPORTS**

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

Reporting parties please note the following:

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

\*For more information on the Prison Rape Elimination Act (PREA) visit: [www.prearesourcecenter.org](http://www.prearesourcecenter.org)

### **Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Indiana Department of Correction website
- Interviews with staff
- Interviews with residents
- Interview with PREA Coordinator
- Interview with PREA Compliance Managers

## **OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT**

### **Standard 115.361: Staff and agency reporting duties**

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

### 115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

### 115.361 (b)

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

### 115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

### 115.361 (d)

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

### 115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?  Yes  No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?  Yes  No

- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians?  Yes  No
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?  Yes  No

#### 115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Policy 02-01-115, Sexual Abuse Prevention, mandates that all Indiana Department of Corrections employees are required to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with staff (random and specialized) (100%) confirmed that they understand their responsibilities regarding Standard 115.361. The PREA Coordinator confirmed in an interview that IDOC also requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment, and information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation. Staff (random and specialized) interviews confirmed that 100% of staff understood that IDOC requires all staff to comply with any applicable mandatory child abuse reporting laws to include medical and mental health providers. All medical and mental health providers were aware of the mandate to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services. The Warden confirmed during his interview that he understood his responsibility upon

receiving any allegation of sexual abuse, to promptly report the allegation to the appropriate IDOC office. The PREA Counselor interviewed indicated a duty upon receiving any allegation of sexual abuse, to 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 or to the alleged victim's caseworker instead of the parents or legal guardians, if a juvenile court retains jurisdiction over the alleged victim, the PREA report of the allegation is conveyed to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation. Interviews with staff (random and specialized) supported compliance with Standard 115.361. Logansport Juvenile Correctional Facility met the requirements of Standard 115.361.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-11-115 (Sexual Abuse Prevention)
- Interviews with staff (random and specialized)
- Interviews with residents (random and targeted)
- Interview with the PREA Coordinator
- Interview with the Warden
- Interview with the PREA Compliance Managers

**Standard 115.362: Agency protection duties**

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

**115.362 (a)**

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  Yes  No

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

Policy 02-01-115 requires staff to take immediate action to protect a resident when he is identified as being subject to substantial risk of imminent sexual abuse. Staff (random and specialized) indicated a knowledge and understanding their role and responsibility when a staff person learns that a resident is subject to a substantial risk of imminent sexual abuse, they must take immediate action to protect the resident a resident based on a facility investigation. The same staff affirmed that they would follow the guidelines set forth in Policy 02-11-115. Interviews with staff (random and specialized) and the Warden confirmed compliance with Standard 115.362.

**Evidence relied upon to make auditor determination:**

- Policy 02-01-115 (Sexual Abuse Prevention)
- Pre-Audit Questionnaire
- Interviews with staff (random and specialized)
- Interview with PREA Compliance Manager
- Interview with Warden

**Standard 115.363: Reporting to other confinement facilities**

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

**115.363 (a)**

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

**115.363 (b)**

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

**115.363 (c)**

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

**115.363 (d)**

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

**Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

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Policy 02-01-115 Sexual Abuse Prevention supports compliance with Standard 115.363. Policy 02-01-115 Sexual Abuse Prevention requires: when a Superintendent/Warden or designee receives an allegation that a resident was sexually abused at another facility, the Superintendent or designee receiving the allegation shall notify the head of the facility where the alleged abuse occurred within seventy-two (72) hours of receiving the allegation and document he/she has provided such information. The Superintendent/Warden that receives such notification shall ensure that the allegation is investigated in accordance with this Policy and Administrative Procedure. In separate interviews with the Warden and each PREA Compliance Managers each affirmed zero allegations that a resident was sexually abused at another facility.

Additionally, if the alleged sexual abuse involves an offender under eighteen (18) or an endangered/vulnerable adult, the incident shall be reported to the Child Protective Services as required in the administrative procedures for Policy 03-02-103, "The Reporting, Investigation and Disposition of Child Abuse and Neglect." or by contacting the Adult Protective Services at Indiana Family and Social Service Administration (FSSA). Logansport met the requirement for Standard 115.363.

#### Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Interview with PREA Compliance Managers
- Interview with the Warden
- Interview with the PREA Coordinator
- Memorandum: Warden regarding an allegations that zero residents reported being abused while confined at another facility in the past twelve (12) months dated June 3, 2019.

## Standard 115.364: Staff first responder duties

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

#### 115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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The IDOC/Logansport Sexual Assault Evidence Protocol and the Sexual Assault Prevention-Coordinated Response collectively address Standard 115.364. The practice and protocol requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period of time that still allows for the collection of physical evidence; request the alleged victim not take any action that could destroy physical evidence;

and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. Staff (random and specialized) (100%) interviewed confirmed a clear understanding of the actions to be taken upon learning that a resident was sexually abused such as a request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence. Likewise, a non-security first responder interviewed during the onsite portion of the audit also confirmed an awareness of the requirement to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Logansport met the requirements of Standard 115.364.

#### **Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Sexual Assault Prevention Directive
- Policy 01-01-115 Sexual Abuse Prevention
- IDOC Sexual Assault Manual dated 1-1-18
- IDOC Sexual Abuse Incident Checklist
- Sexual Assault Evidence Protocols
- Conducting Sexual Assault Investigations
- Policy LJCF -19-06 (Sexual Assault Response Team (SART) Prevention) effective 3/01/2019
- Memorandum: Warden regarding zero allegation of sexual abuse in the past 12 months dated June 2019
- SART Team Curriculum
- Interviews with staff (random and specialized)

### **Standard 115.365: Coordinated response**

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

#### **115.365 (a)**

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

#### **Auditor Overall Compliance Determination**

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

#### **Instructions for Overall Compliance Determination Narrative**

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

Policy LJCF 19-06 Sexual Assault Response (SART) Team outlines the written plan that coordinates actions to be taken in response to an incident of sexual assault among staff first responders, medical and mental health care practitioners, and facility leadership. The plan was examined by the Auditor and is following this standard. Interviews with the Warden, PREA Compliance Managers and other staff (responders security and non-security) revealed that they are knowledgeable of their duties in response to an allegation of sexual abuse and in keeping with the facility's coordinated response plan. The coordinated response provides each member with a specific role and responsibility such as:

**PREA Compliance Managers:**

PREA Compliance Managers will coordinate with the Shift Supervisor and PREA Investigators/SART Members to ensure all requirements are followed in response to a report of sexual abuse. The PREA Compliance Managers will complete the Sexual Incident Report at the conclusion of the investigation. PREA Compliance Managers will inform the resident of the investigative outcome.

**Medical and Mental health Services:**

- A. Access to Services: Victims of sexual abuse have timely, unimpeded access to quality medical and mental health services free of charge following an incident of sexual abuse, whether they name an abuser.
- B. Medical and Mental Health Counseling: Victims should be provided counseling in a sensitive, culturally competent, and easily understood manner regarding transmission, testing and treatment methods (including prophylactic treatment) and risks associated with STD treatment. Medical practitioners should offer and encourage testing for HIV and viral hepatitis six (6) to eight (8) week following the sexual abuse.
- C. Outside Confidential Support Services: All residents shall have access to approved outside victim advocates and/or mental health professionals for support services related to sexual abuse, unless state law precludes privileged communications between the specific service provider and sexual abuse victims.
- D. Detection of Signs of Sexual Abuse: If a medical practitioner detects signs of potential sexual abuse during a routine medical or dental examination, they are required to discuss their concerns with the resident and report their suspicions.

**THE SART Team consist of the following members:**

- A. Designated First Response Staff
- B. Investigations and Intelligence Staff

- C. Mental Health Responders
- D. Sexual Assault Nurse Examiners
- E. Victim Advocates
- F. PREA Compliance Managers

According to the PREA Coordinator and confirmed by examination of SART training and curriculum all members: Will be provided with specialized training for treatment and investigations of sexual abuse victims. The process of initial training and recertification will be established by the Division of Staff Development and Training. Logansport met the requirements of Standard 115.365.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy LJCF 19-06 (Sexual Assault Response (SART) Team)
- SART Team Curriculum
- Interviews with Staff (security and non-security)
- Interview with PREA Compliance Managers
- Interview with the PREA Coordinator
- Interview with Warden

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

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

**115.366 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

**115.366 (b)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

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

Indiana Department of Correction is not a collective bargaining agency; therefore this standard is not applicable.

#### Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Interview with PREA Coordinator
- Interview with Warden
- Memorandum: Warden regarding collective bargaining dated June 3, 2019.

## Standard 115.367: Agency protection against retaliation

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

#### 115.367 (a)

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

#### 115.367 (b)

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

#### 115.367 (c)

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

and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.367 (d)

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

#### 115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.367 (f)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 Sexual Abuse Prevention addresses the requirements of Standard 115.367. The Agency issued a written Directive that requires the Office of Investigation and Intelligence to ensure the protection of residents and staff who have reported sexual abuse or sexual harassment or who have cooperated in a sexual abuse or sexual harassment investigation. IDOC has multiple protection measures to employ in its efforts to protect staff and residents. During his interview the Warden indicated that Logansport employs multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Logansport has designated the PREA Compliance Managers as the designated monitor for retaliation. The Auditor interviewed the PCM/Retaliation Monitor Logansport's designated monitor which is charged with monitoring retaliation at the facility level. The PCM/Retaliation Monitor indicated that monitoring would take place for a period of at least 90 days and longer, as needed and include periodic status checks. Furthermore, individual who cooperates with an investigation and express a fear of retaliation, the IDOC takes appropriate measures to protect that individual against retaliation. Likewise, except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse the facility would monitor: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, monitor disciplinary reports, act promptly to remedy any such retaliation occurring. Because retaliation comes in many forms the PCM/Retaliation Monitor the monitoring would also include, housing changes, program changes, negative performance rating and reassignments of staff. The Warden and the PCM/Retaliation Monitor affirmed zero incidents of retaliation in the past 12 months. Logansport met the requirements of Standard 115.367.

## Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Sample: PREA Retaliation Monitoring Form
- Interview with the PREA Compliance Manager/Retaliation Monitors

- Interview with the Warden

## Standard 115.368: Post-allegation protective custody

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

### 115.368 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

The Auditor confirmed through interview with the Warden and the PCM's individually that the number of resident that alleged sexual abuse in the past 12 months, post allegation protective custody remained zero since the submission of the PAQ. The Warden and the PCM's individually affirm that use of segregation for a PREA related incident would always be a last resort. Each was aware and could detail other alternatives to protect a absent of placement in segregation. Logansport Juvenile Correctional Facility met Standard 115.368.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-107 (The Use and Operation of Protective Custody)
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy LJCF 19-06 (Sexual Assault Response Team (SART))
- SART Team Curriculum
- Interview with the Warden
- Memorandum: Warden indicating zero incidents of using segregated housing to protect a resident who alleges suffering from sexual abuse dated June 3, 2019
- Interview with the PREA Compliance Managers
- Interview with the PREA Coordinator

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

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

#### 115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.371 (b)

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

#### 115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.371 (d)

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

#### 115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.371 (i)

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

#### 115.371 (j)

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

#### 115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  
 Yes  No

#### 115.371 (l)

- Auditor is not required to audit this provision.

### 115.371 (m)

- When an outside agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 and Policy 00-01-103 Investigations and Intelligence collectively require criminal investigations to be conducted by the Office of Investigations and Intelligence. Administrative and Criminal investigations were documented, and the appropriate investigation was forwarded to law enforcement. A review of investigative report from Logansport during the last twelve (12) month period indicated that the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, and does so promptly, thoroughly, and objectively. For example, one allegation of sexual abuse was against an officer working at Logansport. The facility moved the officer to a post with no contact with residents until the investigation was closed.

The investigator interviewed several resident witnesses, examined video footage of days prior to the incident in question, reviewed the officer work and overtime schedule and interviewed the accused officer. IDOC/Logansport investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator. The Auditor interviewed an investigator. The investigator indicated that investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not based on that individual's status as resident or staff. More, the investigator confirmed that Logansport does not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding. He also explained that all investigations both criminal and administrative are 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. Any substantiated allegations of conduct that appears to be criminal referred to the Logansport prosecutor for action. IDOC Policy 00-01-103 Investigations and intelligence requires all

reports to be kept for the length of an offender's/youth's sentence(s) or the length of the employee's employment plus five (5) years. The same policy ensures that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation.

The policy further requires staff members to cooperate with all investigations. There have been (1) unsubstantiated allegation of sexual harassment and abuse during this reporting period. The appropriate action was taken by the facility. According to the Warden, when investigation believe the quality of evidence appears to support criminal prosecution the agency conducts interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. An external agency does not conduct administrative investigations for IDOC. or criminal sexual abuse investigations for IDOC. Logansport met the requirements of Standard 115.371.

#### **Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 00-01-103 (Investigations and Intelligence)
- Interview with investigator
- Interview with the PREA Compliance Managers
- Examination of investigations

## **Standard 115.372: Evidentiary standard for administrative investigations**

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

#### **115.372 (a)**

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

#### **Auditor Overall Compliance Determination**

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

#### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

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

Policy 00-01-103 Investigations and Intelligence demonstrates compliance with this standard. The policy states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations are substantiated in administrative and criminal investigations. The Auditor interviewed an investigator who confirmed that the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations are substantiated in administrative and criminal investigations. Logansport met the requirements of Standard 115.372.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 00-01-103 (Investigation and Intelligence)
- Interview with PREA Compliance Manager
- Interview with investigators

## Standard 115.373: Reporting to residents

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

#### 115.373 (a)

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

#### 115.373 (b)

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

#### 115.373 (c)

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

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

#### 115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.373 (e)

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

#### 115.373 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

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

The standard requires that after an allegation of sexual abuse the resident shall be informed verbally or in writing as to whether the allegation was substantiated, unsubstantiated or unfounded. All such notifications and attempts of notifications shall be documented. The residents received all required notifications.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Review of investigation files
- Interview with PREA Compliance Managers
- Sample: PREA Offender Notifications

Memorandum: Warden regarding the number of sexual abuse investigations in the past 12 months dated June 3, 2019

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

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

#### 115.376 (a)

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

#### 115.376 (b)

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

#### 115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy 04-03-103 outlines the agency's disciplinary response related to violations of PREA policies by staff. Specifically, disciplinary sanctions for staff may include termination. The Policy specifically states that the presumptive disciplinary sanction for staff who engages in sexual abuse will be termination. The failure to participate in an investigation shall also be grounds for terminating employment.

**Evidence relied upon to make auditor determination:**

- Policy 04-03-103 (Information and Standards of Conduct for IDOC staff)
- Pre-Audit Questionnaire
- Interview with PREA Compliance Manager

**Standard 115.377: Corrective action for contractors and volunteers**

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

**115.377 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

**115.377 (b)**

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

**Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 states that any contractor or volunteer engaging in sexual abuse of residents will be subject to referral to local law enforcement. The policy further requires that the contractor or volunteer is prohibited from having contact with residents. Logansport met the requirements of Standard 115.377.

#### Evidence relied upon to make auditor determination:

- Policy 02-01-115 (Sexual Abuse Prevention)
- Pre-Audit Questionnaire
- Gate Closure Restricting entry to facility
- Interview with PREA Compliance Manage
- Interviews with volunteers

## Standard 115.378: Interventions and disciplinary sanctions for residents

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

#### 115.378 (a)

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

#### 115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  Yes  No

- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.378 (c)

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

#### 115.378 (d)

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

#### 115.378 (e)

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

#### 115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.378 (g)

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

### Auditor Overall Compliance Determination

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

### **Instructions for Overall Compliance Determination Narrative**

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

Policy 03-02-101 states that residents may receive disciplinary sanctions following an administrative finding or a criminal investigation that an resident engaged in youth-on-youth sexual abuse and sanctions shall be commensurate with the nature and circumstances of the sexual abuse, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. There were no administrative or criminal findings of guilt for youth-on-youth sexual abuse in the past 12. The facility prohibits all sexual activity between residents and may discipline residents for such activity. The facility will not deem sexual activity to constitute sexual abuse if it determines that the activity was not coerced. There was one (1) case of youth-on-youth sexual activity that was determined to be a none coerced act and treated as resident sexual misconduct. .

#### **Evidence relied upon to make auditor determination:**

- Policy 03-02-101 (Code of Conduct For Youths)
- Pre-Audit Questionnaire
- Student Handbook
- Interview with PREA Compliance Manager
- Conduct Report
- PREA Investigation

## MEDICAL AND MENTAL CARE

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

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

#### 115.381 (a)

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

#### 115.381 (b)

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

#### 115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

#### 115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?  Yes  No

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Residents who disclose prior sexual victimization or who disclose previously perpetrating sexual abuse during an intake screening will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The facility has a consent process that grant the authorization to release and request information. Staff interviews confirmed compliance with this policy. In the past 12 months, 100% of residents who disclosed previously perpetrating sexual abuse, as indicated during screening were offered a follow-up meeting with a mental health practitioner. Mental health staff confirmed during interviews that they maintain secondary materials documenting compliance with this service in the Psychology Department. Logansport met the requirements of Standard 115.381.

### Evidence relied upon to make auditor determination:

- Health care directive 2.30 A
- Pre-Audit Questionnaire
- Auditor review of documentation
- Interviews with targeted residents
- Interviews with medical and mental health staff
- Interview with PREA Coordinator

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

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

#### 115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  Yes  No

#### 115.382 (b)

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

- Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

#### 115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The agency's policy and directive require timely and unimpeded access to emergency medical treatment, crisis intervention services and victim advocacy services. Medical staff interviewed during the audit validated that the nature and scope of these services are determined by medical and mental health practitioners according to their professional judgment. The youth victim will be afforded a forensic examination at no cost to the victim. Logansport met the requirements of Standard 115.382.

#### Evidence relied upon to make auditor determination:

- Residential handbook
- Pre-Audit Questionnaire
- Interviews with Medical Staff
- Interview with PREA Compliance Manager
- Interview with Warden
- Review of scope of services with SANE service providers

## Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

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

### 115.383 (a)

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

### 115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

### 115.383 (c)

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

### 115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.383 (f)

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

### 115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

### 115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

IDOC has a policy and directive that requires timely and unimpeded access to emergency mental health evaluation, medical treatment, crisis intervention services and victim advocacy service as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The nature and scope of these services are determined by medical and mental health practitioners according to their professional judgment. The resident victim will be afforded a forensic examination at no cost to the victim. Logansport met the requirements of Standard 115.383.

### Evidence relied upon to make auditor determination:

- Residential handbook
- Pre-Audit Questionnaire
- Interviews with Medical Staff
- Interview with PREA Compliance Manager
- Interview with Warden
- Review of scope of services with SANE service providers

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

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

##### 115.386 (a)

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

##### 115.386 (b)

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

##### 115.386 (c)

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

##### 115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.386 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Logansport when applicable, conducts a Sexual Abuse Incident Review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The Sexual Assault Incident Review form details the make-up of the review team and the elements to be considered in their assessments of an incident of sexual abuse. The review team included upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. A review of investigation confirmed that in the last twelve (12) months the review team documented an incident review upon completion of an investigation. The review ordinarily occurs within 30 days of the conclusion of the investigation. The sexual assault incident review team allows for input from supervisors, investigators and medical or mental health practitioners. Interviews with staff revealed that they understand the purpose of the incident review team and the process. Interviews with members of the Sexual Assault Team validated that the review team considers factors such as :Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility; or whether monitoring technology should be deployed or augmented to supplement supervision by staff and makes recommendation and submits the report to the Warden for action. Logansport met the requirements of Standard 115.386.

#### Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Sexual Abuse Incident Reviews
- Interviews with members of the Sexual Abuse Incident Review Team
- Interview with PREA Compliance Manager

- PREA Meetings Minutes
- Interview with the Warden

## Standard 115.387: Data collection

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

### 115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

### 115.387 (b)

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

### 115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

### 115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  
 Yes  No

### 115.387 (e)

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

### 115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

Indiana Department of Corrections uses a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual assault. The agency aggregates the incident-based sexual abuse data at least annually. The instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual violence conducted by the Department of Justice. More, the agency maintains, reviews, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. A review of the annual report revealed it was completed according to this standard. Logansport met the requirements of Standard 115.387.

### Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Interview with PREA Coordinator
- Interview with Warden
- 2011 Juvenile SSV Report
- 2012 Juvenile SSV Report
- 2013 Juvenile SSV Report
- 2014 Juvenile SSV Report
- 2015 Juvenile SSV Report
- 2016 Juvenile SSV Report
- 2017 Juvenile SSV Report
- IDOC Agency Annual Report, 2013-2018

## Standard 115.388: Data review for corrective action

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

#### 115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### 115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The PREA Compliance Manager is responsible for the review of the collected and aggregated data to assess and improve the effectiveness of the PREA related efforts and initiatives. The review of the

agency Sexual Assault Prevention Program Annual Reports confirms this practice. Logansport met the requirements of Standard 115.388.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- SIR Data Report
- 2011 Juvenile SSV Report
- 2012 Juvenile SSV Report
- 2013 Juvenile SSV Report
- 2014 Juvenile SSV Report
- 2015 Juvenile SSV Report
- 2016 Juvenile SSV Report
- 2017 Juvenile SSV Report
- IDOC Agency Annual Report, 2013-2018
- Interview with Warden
- Interview with PREA Coordinator
- Interview with PREA Compliance Manager

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

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

#### 115.389 (a)

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

#### 115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.389 (c)

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

#### 115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The standard requires that data is collected and securely retained for 10 years unless applicable laws require otherwise. The aggregated PREA data is reviewed and all personal identifiers are removed. A review of documentation confirmed the practice. Logansport met the requirements of Standard 115.389.

### Evidence relied upon to make auditor determination:

- Sexual Assault Prevention Program Annual Reports
- Pre-Audit Questionnaire
- Interview with Warden
- Interview with PREA Coordinator

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

##### 115.401 (a)

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

##### 115.401 (b)

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

##### 115.401 (h)

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

##### 115.401 (i)

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

##### 115.401 (m)

- Was the auditor permitted to conduct private interviews with residents?  Yes  No

##### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The agency ensures 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. This is the second audit for this facility. During the tour of the facility the upcoming audit was posted throughout the facility. The facility provided electronic verification of the notice. When residents were asked how long the poster has been posted during the resident interviews; they consistently reply "for a while" or "it's been up". No resident gave any indication of the facility not meeting the required time frame. All of the agency facilities were audited during the same time frame to meet the required deadline of one (1) audit within three (3) years. A review was conducted on information provided to residents regarding the confidential nature of any correspondence and communication with the auditor. The facility has provided residents with information about the PREA audit at least six weeks prior to the site visit and demonstrated based on their base and clinical files that PREA has been a continued practice. Logansport met the requirement of Standard 115.401.

### Evidence relied upon to make auditor determination:

- IDOC website
- Interview with staff and residents
- Interview with PREA Coordinator

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency 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 that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

### Evidence relied upon to make auditor determination:

- IDOC website
- IDOC Audits for all facility, posted on the website
- Interview with Warden
- Interview with PREA Coordinator

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Sonya Love

10/04/2019

**Auditor Signature**

**Date**

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

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