

# PREA Facility Audit Report: Final

**Name of Facility:** Edinburgh Correctional Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 03/12/2025

**Date Final Report Submitted:** 03/19/2025

## Auditor Certification

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.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



**Auditor Full Name as Signed:** Sonya C Love

**Date of Signature:** 03/19/2025

## AUDITOR INFORMATION

**Auditor name:** Love, Sonya

**Email:** sonya.love57@outlook.com

**Start Date of On-Site Audit:** 07/08/2024

**End Date of On-Site Audit:** 07/09/2024

## FACILITY INFORMATION

**Facility name:** Edinburgh Correctional Facility

**Facility physical address:** 703 23rd Street, Edinburgh, Indiana - 46124

**Facility mailing address:** P.O. Box 470, Edinburgh, Indiana - 46124

## Primary Contact

<b>Name:</b>	Kathy Goen
<b>Email Address:</b>	kgoen@idoc.in.gov
<b>Telephone Number:</b>	812-526-8434 ext. 20

#### Warden/Jail Administrator/Sheriff/Director

<b>Name:</b>	Bryan Dobbs
<b>Email Address:</b>	BDobbs@idoc.IN.gov
<b>Telephone Number:</b>	317-833-3130

#### Facility PREA Compliance Manager

<b>Name:</b>	Kathy Goen
<b>Email Address:</b>	kgoen@idoc.in.gov
<b>Telephone Number:</b>	812-526-8434
<b>Name:</b>	Crystal Hearne
<b>Email Address:</b>	chearne1@idoc.in.gov
<b>Telephone Number:</b>	812-526-8434 Ext. 20

#### Facility Health Service Administrator On-site

<b>Name:</b>	Rachel Thomas
<b>Email Address:</b>	RaThomas@idoc.IN.gov
<b>Telephone Number:</b>	812-526-8434 ext. 20

#### Facility Characteristics

<b>Designed facility capacity:</b>	344
<b>Current population of facility:</b>	247
<b>Average daily population for the past 12 months:</b>	250

<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Mens/boys
<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	21-73
<b>Facility security levels/inmate custody levels:</b>	Level 1
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	76
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	12
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	44

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Indiana Department of Correction
<b>Governing authority or parent agency (if applicable):</b>	State of Indiana
<b>Physical Address:</b>	302 West Washington Street, Indianapolis, Indiana - 46204
<b>Mailing Address:</b>	

<b>Telephone number:</b>	3172325711
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<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Christina Reagle
<b>Email Address:</b>	creagle@idoc.in.gov
<b>Telephone Number:</b>	317-232-5711

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Matthew Bishir	<b>Email Address:</b>	mbishir@idoc.in.gov

<b>Facility AUDIT FINDINGS</b>	
<b>Summary of Audit Findings</b>	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
45	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-07-08
2. End date of the onsite portion of the audit:	2024-07-09

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Indiana Coalition Against Domestic Violence

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	344
15. Average daily population for the past 12 months:	250
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	261
<b>19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	2

<b>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b>	Edinburgh operates as a work camp and does not have a segregation unit. Offenders who require segregation or isolation are transferred to other facilities within the Indiana Department of Corrections (IDOC). Furthermore, mental health services are limited and are provided through telemedicine by a contracted provider. Due to the facility's mission, specific targeted populations are not represented among the offenders at this location.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	76

31. Enter the total number of <b>VOLUNTEERS</b> assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	44
32. Enter the total number of <b>CONTRACTORS</b> assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	12
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	Mental health is provided through telemedicine.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
34. Enter the total number of <b>RANDOM INMATES/RESIDENTS/DETAINEES</b> who were interviewed:	21
35. Select which characteristics you considered when you selected <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None



<b>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	<p>Samples were selected using the following criteria:</p> <ul style="list-style-type: none"> <li>• Housing unit</li> <li>• Gender identity (e.g., LGBTI)</li> <li>• Disability</li> <li>• History of victimization</li> <li>• History of reporting sexual abuse in the past 12 months</li> </ul>
<b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<b>38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	<p>No text provided.</p>
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	<p>5</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	<p>1</p>

<b>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	This Auditor confirmed the absence of the targeted group type with the medical practitioner during her interview.
<b>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

<b>42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>This Auditor confirmed the absence of the targeted group type with the medical practitioner during her interview.</p>
<b>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	<p>1</p>
<b>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	<p>0</p>
<b>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<b>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>This Auditor confirmed the absence of the targeted group type with the medical practitioner during her interview.</p>
<b>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	<p>2</p>

<b>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	0
<b>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	This Auditor confirmed the absence of the targeted group type with the medical practitioner during her interview.
<b>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b>	0
<b>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	This Auditor confirmed the absence of the targeted group type with the medical practitioner during her interview.

<b>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b>	1
<b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b>	0
<b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	This Auditor confirmed the absence of the targeted group type with the medical practitioner during her interview.
<b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	No text provided.
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>51. Enter the total number of RANDOM STAFF who were interviewed:</b>	12

<b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
<b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
<b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	13
<b>56. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>58. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>59. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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



	<input type="checkbox"/> Other
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>61. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>62. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

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

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

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	2	0	2	0
<b>Total</b>	2	0	2	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

### Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	1	1	0
<b>Total</b>	0	1	1	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

1

<b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
<b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

<b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	2
<b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)



**Staff-on-inmate sexual harassment investigation files**

**91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:**

2

**92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?**

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?**

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.**

No text provided.

**SUPPORT STAFF INFORMATION****DOJ-certified PREA Auditors Support Staff**

**95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

☐ Yes

☒ No

## Non-certified Support Staff

**96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

☐ Yes

☒ No

## AUDITING ARRANGEMENTS AND COMPENSATION

**97. Who paid you to conduct this audit?**

☒ The audited facility or its parent agency

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

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

☐ Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> <li>Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard (requires corrective actions)</li> </ul>	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.11 (a): The agency shall have a written policy mandating zero tolerance toward sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.</p> <p>115.11 (a)-1 The agency has a written policy mandating zero tolerance toward sexual abuse and sexual harassment in facilities it operates directly or under contract. Yes.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), effective 04/01/2020, pages 1-47.</p> <p>By examination of Indiana Department of Correction (IDOC) Policy 02-01-115 Sexual Abuse Prevention, effective 04/01/2020, pages 1-47, the said policy mandates that IDOC maintain a zero-tolerance policy on inmate sexual abuse/sexual harassment. All employees, inmates, contractors, volunteers, vendors, and visitors shall be subject to this zero-tolerance policy. Violations of the policy may result in administrative and criminal sanctions. Each facility shall establish procedures for inmate sexual abuse/sexual harassment prevention and intervention. The written policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and</p>

sexual harassment. The policy outlines the agency's implementation plan for PREA.

115.11 (a)-2 The facility has a policy outlining how to implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Yes.

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

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

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

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

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

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section III, Definitions, Subsection C, Executive Director of PREA, (effective 04/01/2020), page 3.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), effective 04/01/2020, Section III, Definitions, Subsection A, Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator, (effective 04/01/2020), page 6.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), effective 04/01/2020, Section III, Definitions, Subsection C, Executive Director of PREA, page 3, and Section IV, Prevention Planning, Subsection A, Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator, page 6, states that the Commissioner of the Indiana Department of Correction will appoint an upper-level person or their designee to serve as the agency PREA Coordinator for the Indiana Department of Correction according to the IDOC organizational chart.

During his interview, the PREA Coordinator/Director confirmed for the Auditor that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards. The IDOC agency PREA Coordinator reports to the Director of the Office of Investigations and Intelligence (OII). The Investigations and Intelligence Director reports to the Executive Director of Field Operations. The Executive Director of Field Operations reports to the Deputy Commissioner of Operations, who reports to the IDOC Commissioner. The PREA Coordinator is five levels away from the agency commissioner. During an interview with the agency head, she confirmed her full support for the agency's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. The IDOC Commissioner was quite familiar with the efforts of the PREA Coordinator to develop, implement, and oversee agency efforts to comply with its facilities' PREA

standards.

115.11 (c): Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

115.11 (c)-1 The facility has designated a PREA Compliance manager.

IDOC Policy 02-01-115 Sexual Abuse Prevention, (effective 04/01/2020) pages 1-47.

IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 04/01/2020), pages 1-47, support this standard. After conducting audits in multiple IDOC facilities, each facility has a designated PREA Compliance Manager, as required in this standard.

Additionally, PREA audits posted on the agency website provide a list of PREA Compliance Managers for each facility. The Edinburgh organizational chart confirms that the PREA Compliance Manager reports to the facility Deputy Warden of Operations, who reports directly to the facility Warden. Previous PREA audits also support standard 115.11 (c). All facilities audited in the most recent cycle provide contact information and interviews with a PREA Compliance Manager by the Auditor.

Furthermore, during an interview, the PREA Coordinator confirmed that each IDOC facility had identified a PREA Compliance Manager. The PREA Compliance Manager detailed the role and responsibilities of the PREA Compliance Manager during the facility audit. The PREA Compliance Manager confirmed having sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

According to a memorandum from the Warden dated 06/01/2024, Edinburgh has appointed the Deputy Warden as the facility PREA Compliance Manager.

**Evidence relied upon:**

1. Pre-Audit Questionnaire
2. Organizational Chart (facility)
3. Organizational Chart (agency) (internet search)
4. Memorandum from the Warden dated 06/01/2024: Edinburgh has appointed the Deputy Warden as the facility PREA Compliance Manager.
5. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/ 2020).
6. Interview with the PREA Coordinator/Director of PREA
7. Interview with the PREA Compliance Manager

**Conclusion:**

Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with PREA

	requirements for the relevant period.
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.12 (a): A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.</p> <p>115.12 (a)-1 The agency has entered into or renewed a contract for the confinement of inmates on or after August 20, 2012, or since the last PREA audit, whichever is later. Yes.</p> <p>115.12 (a)-2 All of the above contracts require contractors to adopt and comply with PREA standards. Yes.</p> <p>115.12 (a)-3 The number of contracts for the confinement of inmates that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit, whichever is later: 6.</p> <p>115.12 (a)-4 The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0.</p> <p>IDOC Policy 02-01-115 regarding Sexual Abuse Prevention, Section IV, Prevention Planning, Subsection B about Contracting with Other Entities for Offender Confinement (effective 06/01/2020), pages 7-8,</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention states that any contracts for inmate confinement with private agencies or other entities, including governmental bodies, must stipulate the obligation to adopt and adhere to PREA standards in new contracts or renewals. Moreover, IDOC's contract with Lake County, detailed in Exhibit A Statement of Work, PREA Section (page 18), mandates that vendors involved in inmate confinement also comply with PREA standards, as confirmed by the contract administrator. This Auditor reviewed the following contracts to assess compliance with this requirement: Lake County Government contract (Exhibit A) for a Work-Release Center Under a Grant/Contract with the Indiana Department of Corrections (page 18), Volunteers of America contract (Exhibit B, Scope of Work, page 12), and John P. Craine House contract with Requirements for a Work-Release Center Under a Grant/Contract with the Indiana Department of Corrections (Exhibit A, page 22), all of which include a commitment to adopt and comply with PREA standards</p>

	<p>115.12 (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. Yes.</p> <p>115.12 (b)-1 All of the above contracts require the agency to monitor the contractor's compliance with PREA standards. Yes.</p> <p>115.12 (b)-2 The number of contracts referenced in 115.12 (a)-3 that DO NOT require the agency to monitor the contractor's compliance with PREA standards: 0.</p> <p>During the audit period, the Auditor interviewed the agency's Contract Administrator. The Auditor inquired about how to monitor new and renewed contracts for confinement services to determine if the contractor complies with the required PREA practices. The Contract Administrator stated that the PREA Coordinator monitors contracts for compliance with all PREA Standards. Have the PREA compliance results been completed for each contract entered into an agreement within the past 12 months? Yes.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. PAQ</li> <li>2. Interview with the Contract Administrator</li> <li>3. IDOC Policy 02-01-115 regarding Sexual Abuse Prevention (effective 06/01/2020).</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence used to determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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115.13	Supervision and monitoring
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.13 (a): The agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on</p>

a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.

115.13 (a)-1 The agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. Yes.

115.13 (a)-2 Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates: 272.

115.13 (a)-3 Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates on which the staffing plan was predicated: 280.

During the audit, the Auditor discussed the staffing plan with the Warden. The Warden affirmed that a staffing plan exists. Is adequate staffing in place to protect inmates from sexual abuse? Yes, staffing levels are evaluated at least annually. The Warden confirmed that Edinburgh examines all facets outlined in this standard, including the facility's physical design, staff assignments, and any identified blind spots, and submits the staffing plan to the PREA Coordinator for review. Additionally, Edinburgh utilizes video monitoring to oversee offender movement throughout the facility.

The Auditor interviewed the PREA Compliance Manager (PCM) during this audit. The PCM confirmed that Edinburgh has a staffing plan and the facility considers (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.

#### **PREA Audit Site Review**

During the facility tour, the Auditor assessed the staffing levels and matched the staffing plan against the personnel assigned and working during the on-site audit. The Auditor noted the presence of staff and contractors, including security and non-security personnel, and the staffing patterns observed throughout the shift. This observation covered various areas such as the recreation yard, garden, intake, shake-down room, medical center, food service, all housing units, the library, and work areas. Sightlines for staff were also monitored in other areas where sexual abuse was deemed likely, based on the facility staffing plan and informal discussions with custody staff. Notably, there were no volunteers present during the on-site audit.



Further, observations also included the level of supervision and frequency of cell checks in the open-bay housing, sight lines from internal security posts with sight lines to showers and upper tiers in the housing units, and indirect supervision practices on living units, including camera placement. The control station was located off of the main entry hallway. Informal conversations with custody and non-custody staff confirmed that current understaffing was not an issue and that supervision practices were adequate, given the population decline and the change in the facility's culture and mission to support the Air Force Base.

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

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

Edinburgh indicates no deviations from the staffing plan occurred during this reporting period.

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

Edinburgh indicates no deviations from the staffing plan occurred during this reporting period.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section IV, Prevention Planning, Subsection C, Supervision and Monitoring, (effective 04/01/2020), pages 8 - 9.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section IV, Prevention Planning, Subsection C, Supervision and Monitoring (effective 04/01/2020), pages 8-9, establishes a mandate regarding facility staffing levels that when staffing falls below the established minimum, the facility documents the event and justifies all deviations from the staffing plan as mandated in the policy.

During an interview with the Warden, he was asked if the facility documents all instances of noncompliance with the staffing plan. He confirmed that any deviations from the staffing plan would be documented by shift and that the duty officer would be notified.

115.13 (c): Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.11, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

115.13 (c)-1 At least once every year, the facility/agency, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the

allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

IDOC Policy 02-01-115 on Sexual Abuse Prevention, Section IV, Prevention Planning, Subsection C, Supervision and Monitoring (effective 04/01/2020), specifies that IDOC shall assess, determine, and document necessary adjustments to the staffing plan, video, and other monitoring technology, along with the resources available to adhere to the staffing plan, at least once a year for each facility. This process involves the Executive Director of Adult Facilities or the Executive Director of Youth Services in consultation with the Executive Director of PREA (PREA Coordinator) and other agency members. The PREA Coordinator/Director of PREA evaluated the staffing plan of the Branchville facility, as confirmed by an email from January 2024. On January 26, 2024, the PREA Coordinator/Director acknowledged receipt, consultation, and review of the staffing plan for the Edinburgh Correctional Facility.

Upon examination, Edinburgh has a written staffing plan. The staffing plan was reviewed on January 29, 2024, and in January 2023. It considers adequate staffing levels and incorporates video monitoring to enhance the sexual safety of offenders. The staffing plan takes into account (1) generally accepted detention and correctional practices, (2) any judicial findings of inadequacy, (3) findings of inadequacy from federal investigative agencies, (4) findings of inadequacy from internal or external oversight bodies, (5) all components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated), (6) the composition of the inmate population, (7) the number and placement of supervisory staff, (8) institutional programs occurring during a particular shift, (9) any applicable state or local laws, regulations, or standards, (10) the prevalence of both substantiated and unsubstantiated incidents of sexual abuse, and (11) any other relevant factors.

Additional annual reviews include 2023 and 2022.

115.13 (d): Each agency operating a facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit 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.

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

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C., Supervision and Monitoring (effective 04/01/2020), pages 9-10.

Edinburg Correctional Facility 2024 Facility Staffing Plan Review, January 18, 2024.

Edinburg Correctional Facility 2024 Facility Staffing Plan Review, January 18, 2023.

Edinburgh PREA Committee Meetings, December 21, 2022.

Edinburgh PREA Committee Meetings, December 19, 2023.

115.13 (d)-2 If YES, the facility documents unannounced rounds.

Unannounced rounds 12/10/2023. Additional documentation of unannounced rounds and evidence that such rounds cover all shifts.

Unannounced rounds 12-10/2023. Additional documentation of unannounced rounds and evidence that such rounds cover all shifts.

Unannounced rounds 01/01/2024. Additional documentation of unannounced rounds and evidence that such rounds cover all shifts.

Unannounced rounds 01/01/2024. Additional documentation of unannounced rounds and evidence that such rounds cover all shifts.

Unannounced rounds 04/08/2024. Additional documentation of unannounced rounds and evidence that such rounds cover all shifts.

Unannounced rounds 04/08/2024. Additional documentation of unannounced rounds and evidence that such rounds cover all shifts.

115.13 (d)-3 If YES, over time the unannounced rounds cover all shifts. Yes.

115.13 (d)-4 If YES, the facility prohibits staff from alerting other staff of the conduct of such rounds. Yes.

During this facility audit, an intermediate or higher-level staff member was asked whether they had conducted unannounced rounds. The staff member responded affirmatively. When asked if these rounds were documented, the same staff member confirmed that unannounced rounds are recorded, as noted in 115.13 (d)-2. When questioned as a shift supervisor about how he prevents staff from informing others about the unannounced rounds, the staff member replied that he varies the timing of his rounds, mixing up the times of day or night and the order of locations inspected.

**Evidence relied upon:**

1. PAQ
2. Facility tour and site review
  1. Observation of supervision practices
  2. Observation of camera placements
  3. Observation of the number of staff/contractors
  4. Observation of work, programming, recreation, medical, food service, etc.
3. Interview with the Warden
4. Interview with the PREA Coordinator
5. Examination of annual staffing reviews.
6. Additional documentation of unannounced rounds and evidence that such

	<p>rounds cover all shifts.</p> <ol style="list-style-type: none"> <li>7. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section IV, Prevention Planning, Subsection C, Supervision and Monitoring, (effective 04/01/2020), pages 8 – 9.</li> <li>8. Examination of unannounced rounds</li> <li>9. Interview with an intermediate or higher-level staff member who conducts unannounced rounds.</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence used to determine compliance or non-compliance, the Auditor’s analysis and reasoning, and the Auditor’s conclusions</p>
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<b>115.14 Youthful inmates</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.14 (a): A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through the use of a shared dayroom or other common space, shower area, or sleeping quarters.</p> <p>Edinburgh does not house youthful offenders.</p> <p>115.14 (a)-1 Edinburgh confirmed it prohibits placing youthful inmates in a housing unit where they will have sight, sound, or physical contact with any adult inmate through a shared dayroom or other common space, shower area, or sleeping quarters.</p> <p>115.14 (a)-2 Edinburgh indicated that it is not applicable that it has housing units to which youthful inmates are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters.</p> <p>115.14 (a)-3 Edinburgh confirmed that it would not not place youthful inmates in the SAME HOUSING UNIT as adults.</p> <p>115.14 (a)-4 Edinburgh indicated that this substandard is not applicable that youthful inmates who are placed in the SAME HOUSING UNIT as adults have sight, sound, or physical contact with any adult inmate through the use of shower area, sleeping</p>

quarters, shared dayroom, or other common space.

115.14 (a)-5 Edinburgh indicates that in the past 12 months, the number of housing units to which youthful inmates are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters: 0.

115.14 (a)-6 Edinburgh indicates that in the past 12 months, the number of youthful inmates placed in SAME HOUSING UNIT as adults at this facility: 0.

IDOC Policy 01-04-102 (Classification Assignment for Youth Incarcerated as Adults and Alternative Sentenced Youth), Section IV, Intake, Subsection B, Intake for Youth Incarcerated as Adult, pages 3-4, indicates that Indiana counties will deliver Youth Incarcerated as Adult offenders to a designated Department of Youth Services (DYS) facility:

1.) Male: Pendleton Juvenile Correctional Facility; and, 2). Female: LaPorte Juvenile Correctional Facility.

Edinburgh Correctional Facility is an adult male facility that houses offenders 18 and older. A review of the housing units, including the date of birth for each offender, did not show any offenders under 18, so this standard does not apply to this facility. Interviews with the facility's Warden, PCM, and PREA Coordinator/Director of PREA confirmed that zero youthful offenders are housed at the facility. Further, informal conversations with a medical and mental health practitioner during the on-site portion of this audit confirmed that Branchville does not house youthful inmates.

115.14 (b): In areas outside of housing units, agencies shall either (1) maintain sight and sound separation between youthful inmates and adult inmates or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.

115.14 (b)-1 Edinburgh indicated that it is not applicable that the facility maintains sight, sound, and physical separation between youthful inmates and adult inmates in areas OUTSIDE HOUSING UNITS.

115.14 (b)-2 IDOC/Edinburgh indicates that it is not applicable that the agency always provides direct staff supervision in areas OUTSIDE HOUSING UNITS where youthful inmates have sight, sound, or physical contact with adult inmates.

115.14 (c): Agencies shall make their best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required

	<p>special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible.</p> <p>115.14 (c)-1 Edinburgh indicates that this substandard is not applicable and that the facility would document the exigent circumstances for each instance in which youthful inmates' access to large-muscle exercise, legally required education services, and other programs and work opportunities were denied.</p> <p>115.14 (c)-2 Edinburgh indicated that in the past 12 months, the number of youthful inmates placed in isolation to separate them from adult inmates was 0.</p> <p>According to the PAQ, Edinburgh does not house youthful inmates or confined persons.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Facility tour and site review</li> <li>3. Examination of offender rosters and assignments</li> <li>4. Interview with the PREA Coordinator</li> <li>5. Interview with the PCM</li> <li>6. Interview with the Warden</li> </ol> <p><b>Conclusion:</b></p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
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<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.15 (a): The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p>115.15 (a)-1 The facility conducts cross-gender strip or cross-gender visual body cavity searches of inmates. No.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section E., Limits to Cross-Gender Viewing and Searches (effective 04/01/2020), pages 10-11.</p> <p>115.15 (a)-2 In the past 12 months, the number of cross-gender strip or cross-gender</p>

visual body cavity searches of inmates: 0.

### **PREA Audit Site Review**

During the site review, the auditor:

- Examine the spaces designated for strip searches, visual body cavity searches, and pat-down searches, assessing whether non-medical opposite-gender staff can observe the execution of a strip search or visual body cavity search unless there are urgent circumstances.
  - Determine if opposite-gender supervisors are mandated to oversee or watch strip searches,
  - Check the search area and note the presence of a privacy screen or a similar device to block cross-gender viewing.
  - Ensure that no opposite-gender staff or personnel were near the strip search area.
  - Review the area used for searches and confirm whether a privacy screen or similar device obstructs cross-gender visibility.
  - While opposite-gender staff were absent from the area, the layout of the search location provided staff adequate time to be notified if an individual was in a state of undress, as it is a considerable distance from the entrance of the shake-down building, where the outlines of breasts, genitalia, or buttocks are not easily discernible.

See 115.15 (a)-2.

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

115.15 (b)-1 The facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances (facilities have until August 20, 2015, to comply; or August 20, 2017, if their rated capacity does not exceed 50 inmates). No.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section E., Limits to Cross-Gender Viewing and Searches (effective 04/01/2020), pages 10-11.

IDOC Policy 02-03-101 Searches (effective 06/01/2019), pages 1-20.

IDOC Policy 02-03-101 Searches, Section XII., Body Cavity Search (effective 06/01/2019), pages 9-10.

IDOC Policy 02-03-101 Searches, Section IX., Opposite Gender Frisk Search (effective 06/01/2019), page 7.

IDOC Policy 02-03-101 Searches, Section VII., Opposite gender Offender Pat Search (effective 06/01/2019), page 6.

Edinburgh indicates that this substandard is not applicable. There were zero cross-gender pat-down searches of female inmates. Edingburgh is an adult male facility.

115.15 (b)-2 The facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. Not applicable.

Edinburgh indicates that this substandard is not applicable. See 115.15 (a) for select applicable policies.

115.15 (b)-3 The number of pat-down searches of female inmates that were conducted by male staff: 0.

Edinburgh indicates that this substandard is not applicable. Edinburgh is an adult male facility. See 115.15 (a) for select applicable policies.

115.15 (b)-4 The number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstance(s): 0.

Edinburgh indicates that this substandard is not applicable. Edinburgh is an adult male facility. See 115.15 (a) for select applicable policies.

Zero female offenders were interviewed. Edinburgh is an adult male facility.

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

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

See 115.15 (a).

115.15 (c)-2 Facility policy requires documenting all cross-gender pat-down searches of female inmates. Not applicable.

See 115.15 (a) for select policies.

This Auditor examined zero documentation of cross-gender strip searches and cross-gender visual body cavity searches of all inmates.

This Auditor examined zero documentation of all cross-gender pat-down searches of female inmates.

115.15 (d): The facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

115.15 (d)-1 The facility has implemented policies and procedures that enable



inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Yes.

See 115.15 (a) for select policies on cross-gender viewing

This Auditor examined zero logs of exigent circumstances that may have required deviance from the standard.

See 115.15 (a) for select policies.

See 115.15 (b)-4.

115.15 (d)-2 Policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. Yes.

See 115.15 (a) for select policies.

During offender interviews (26) were asked if females announced their presence when entering their housing unit.

- 30 responded yes, different gender, female on the unit, female
- 1 responded no

The same sample of 26 offenders was asked: "Are you and other inmates ever naked in full view of MALE/FEMALE staff (not including medical staff such as doctors and nurses)?" All answered no. When (examples include using the toilet, showering, and changing clothing)? All answered no.

A random sample of staff (12) was interviewed from Edinburgh. Each was asked, "Do you or other officers announce your presence when entering a housing unit that houses residents of the opposite gender." All answered yes. Are inmates able to dress, shower, and use the toilet without being viewed by staff of the opposite gender? All answered yes.

### **PREA Audit Site Review**

During the site review, the auditor:

- Observe all areas where offenders may be undressed, such as showering, using the toilet, and/or changing their clothes.
- Observed inside all housing units.
  - Showers
- Telephone room
  - tested the phones
  - tested how tablets
- Officer's station
- PREA posters

- Placement of cameras
- Observed medical
- Observed visitation/recreation room
- Shake-down building

Inside housing units, the auditor also:

Observe the method(s) used to alert offenders that an opposite-gender staff person has entered a housing unit/area where they are likely to be in a state of undress (i.e., cross-gender announcement). Alert methods - verbal.

According to offenders sampled, the alert method(s) is sufficient to alert persons confined in the facility that an opposite-gender staff member will be entering the housing unit and allow them to cover up. The time between the alert and the staff member's arrival provides enough time for confined persons to cover up before the staff enters the area. Edinburgh is a work camp.

115.15 (e): The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

115.15 (e)-1 The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Yes.

See 115.15 (a).

115.15 (e)-2 Such searches (described in 115.15(e)-1) occurred in the past 12 months. No.

From a random sample of staff (12), each was asked if the facility prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status; ask staff: Are you aware of the policy prohibiting staff from searching or physically examining a transgender or intersex inmate to determine that inmate's genital status? All responded yes; we are not permitted to search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

During the onsite portion of this audit, this Auditor did not interview transgender/ Intersex offenders. There were none. To verify this information, this Auditor spoke with the PREA Compliance Manager, a medical practitioner.

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

115.15 (f)-1 The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs (the percentage given does not necessarily indicate compliance or non-compliance with the standard): 100.

Select training logs (19) from Edinburgh were examined to confirm staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates professionally and respectfully, consistent with security needs.

IDOC Staff Development and Training, PAT, FRISK, and MODIFIED FRISK SEARCHES OF ADULT MALE OFFENDERS (PowerPoint) slides 1-31.

**Performance Objectives:**

- Identify the purpose of searches
- Demonstrate a pat search to standard
- Demonstrate a frisk search to standard.
- Identify the appropriate use of Cross-Gender searches and when they are authorized.

During the onsite portion of this audit, the auditor interviewed twelve randomly selected staff members. Each staff member was asked if the agency has a policy to train employees to conduct cross-gender pat-down searches and searches of transgender and intersex inmates professionally and respectfully, in line with security needs. All responded affirmatively. The same group of staff was also asked whether they had received training on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates professionally and respectfully, consistent with security needs. All responded yes.

**Evidence relied upon:**

1. PAQ
2. PREA Audit Site Review
3. Interview with random staff
4. Interview with a medical practitioner
5. Interview with the PREA Compliance Manager
6. Interview with offenders (26)
7. Examination of training logs/documentation
8. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section E., Limits to Cross-Gender Viewing and Searches (effective 04/01/2020), pages 10-11.
9. IDOC Staff Development and Training, PAT, FRISK, and MODIFIED FRISK SEARCHES OF ADULT MALE OFFENDERS (PowerPoint) slides 1-31.
10. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section E., Limits to Cross-Gender Viewing and Searches (effective 04/01/2020), pages 10-11.
11. IDOC Policy 02-03-101 Searches (effective 06/01/2019), pages 1-20.
12. IDOC Policy 02-03-101 Searches, Section XII., Body Cavity Search (effective

	<p>06/01/2019), pages 9-10.</p> <p>13. IDOC Policy 02-03-101 Searches, Section IX., Opposite Gender Frisk Search (effective 06/01/2019), page 7.</p> <p>14. IDOC Policy 02-03-101 Searches, Section VII., Opposite gender Offender Pat Search (effective 06/01/2019), page 6.</p> <p>15.</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.16 (a): The agency shall take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing, and providing access to interpreters who can interpret effectively, accurately, impartially, receptively, and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates with intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration like a service, program, or activity or in undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans With Disabilities Act, 28 CFR 35.164.</p> <p>115.16 (a)-1 The agency has established procedures to provide disabled inmates 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. Yes.</p> <p>IDOC, Division of Workforce Engagement, Working with Incarcerated Individuals Having Special Needs (effective 07/01/2023) (Powerpoint) slides 1-43.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection F., Offenders with Disabilities and Offenders who are Limited English Proficient, (effective 04/01/2020), pages 11 - 13, indicates that the agency will take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal</p>

opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing and providing access to interpreters who can interpret effectively, accurately, impartially, receptively, and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates with intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration like a service, program, or activity or undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans With Disabilities Act, 28 CFR 35.164.

The Auditor examined the IDOC written material used to communicate with offenders with disabilities about PREA effectively. The offender PREA-related brochure and handbook were written in English and Spanish. This Auditor examined a quantity purchase agreement (QPA) with the State of Indiana and Propio LS, LLC. The QPA establishes telephonic interpretive services for IDOC. It can be mutually renewed yearly for two additional years under the same terms and conditions. Renewals are subject to the approval of the Department of Administration and the State Budget Agency. The total term of this agreement, including all renewals, shall not exceed four years. Services are available 24/7, with no additional charges for after-hours calls. The provider includes instructions for using this interpretive contract. Instructions for using this contract: - Dial the unique 800 number provided to your agency and/or division. - Press 1 for Spanish or 2 for all other languages. - If non-Spanish, enter the appropriate two-digit language code found on the card provided by the vendor. - Enter a four-digit account number found on the card provided by the vendor. Authorized users may be asked intake questions as requested by their agencies. Languages include Spanish, Burmese, Chin, Arabic, French, Vietnamese, Mandarin, Kinyarwanda, and non-core languages. The contractual agreement extends from 01/08/2021 to 02/01/2024.

The IDOC, Division of Workforce Engagement, and lesson plan for preservice were also examined. The lesson plan title is Working with Incarcerated Individuals with Special Needs (effective 07/01/2023). The lesson plan objective is to aid staff in effectively supervising individuals with special needs (e.g., cognitive and physical disabilities). During the interview with the agency head, he explained how the agency follows Standard 115.16 by utilizing a contract for interpretive services and having staff members read PREA-related documents to the offender using a language line for communication when necessary. Zero LEP offenders were identified in this population based on random sampling.

The Auditor examined ten (10) training completion documents, Working with Incarcerated Individuals Having Special Needs (effective 07/01/2023) (Powerpoint) slides 1-43.

During this reporting period, this Auditor interviewed the Agency Head. The Auditor asked if the agency has established procedures to provide inmates with disabilities and inmates who have limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Agency Head responded yes.

Inmates (with disabilities or limited English proficiency) (2) were interviewed. One offender indicated a loss of hearing in one ear, and the second offender indicated receiving a heart stent. Each offender was asked, does Edinburgh provide information about sexual abuse and sexual harassment that you can understand? Both offenders responded yes.

### **PREA Audit Site Review**

There were zero LEP offenders during the on-site portion of the audit. The Auditor examined the IDOC written material used to communicate with offenders with disabilities about PREA effectively. The offender PREA-related brochure and handbook were written in English and Spanish. This Auditor examined a quantity purchase agreement (QPA) with the State of Indiana and Propio LS, LLC. The QPA establishes telephonic interpretive services for IDOC. It can be mutually renewed yearly for two additional years under the same terms and conditions. Renewals are subject to the approval of the Department of Administration and the State Budget Agency. The total term of this agreement, including all renewals, shall not exceed four years. Services are available 24/7, with no additional charges for after-hours calls. The provider includes instructions for using this interpretive contract. Instructions for using this contract: - Dial the unique 800 number provided to your agency and/or division. - Press 1 for Spanish or 2 for all other languages. - If non-Spanish, enter the appropriate two-digit language code found on the card provided by the vendor. - Enter a four-digit account number found on the card provided by the vendor. Authorized users may be asked intake questions as requested by their agencies. Languages include Spanish, Burmese, Chin, Arabic, French, Vietnamese, Mandarin, Kinyarwanda, and non-core languages. The contractual agreement extends from 01/08/2021 to 02/01/2024.

115.16 (b): The agency shall 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 inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

115.16 (b)-1 The agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Yes.

See 115.16 Site Review. Telephonic Interpretive Services Contract 2024.

Examination of the IDOC Offender Handbook (Spanish/English).

115.16 (c): The agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants 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 § 115.64, or the investigation of the inmate's allegations.

115.16 (c)-1 Agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants 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 §115.64, or the investigation of the inmate's allegations. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section F., Offenders with Disabilities and Offenders Who are Limited English Proficient (effective 04/01/2020), pages 11-12.

IDOC has a policy that prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants 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 §115.64, or the investigation of the inmate's allegations.

115.16 (c): The agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants 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 § 115.64, or the investigation of the inmate's allegations.

115.16 (c)-1 Agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants 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 §115.64, or the investigation of the inmate's allegations. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section F., Offenders with Disabilities and Offenders Who are Limited English Proficient (effective 04/01/2020), pages 12-13.

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

According to a memorandum from the Edinburgh Correctional Facility's warden dated 06/01/2024, the facility has not had any incidents where an offender required an interpreter during exigent circumstances.

115.16 (c)-3 In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used, and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under

§115.64, or the investigation of the inmate's allegations. 0.

During the audit process, a select sample of random staff (12) was asked, Does the agency ever allow the use of inmate interpreters, inmate readers, or other types of inmate assistants to help inmates with disabilities or those who are limited in English proficiency when making an allegation of sexual abuse or sexual harassment. All responded no.

Inmates (with disabilities or limited English proficiency) (2) were interviewed. One offender indicated a loss of hearing in one ear, and the second offender indicated receiving a heart stent. Each offender was asked, does Edinburgh provide information about sexual abuse and sexual harassment that you can understand? Both offenders responded yes.

**Evidence relied upon:**

1. PAQ
2. PREA Audit Tour and Site Review
  - Testing telephone system
  - Testing tables
  - Observed PREA Education
  - Observed information on emotional support
  - Observed contact information for the hotline
  - Observed information of how to report sexual abuse and sexual harassment
  - Observed contact information for the Indiana Ombudsman Office
3. Interview with the Agency head
4. Interview with random staff (12)
5. Interview with disabled offenders (2)
6. IDOC Offender Handbook (Spanish/English)
7. Telephonic Interpretive Services Contract 2024.
8. A memo from the Edinburgh Correctional Facility's warden dated 06/01/2024 states that the facility has not had any incidents where an offender required an interpreter during exigent circumstances.
10. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section F., Offenders with Disabilities and Offenders Who are Limited English Proficient (effective 04/01/2020), pages 12-13.
11. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section F., Offenders with Disabilities and Offenders Who are Limited English Proficient (effective 04/01/2020), pages 11-12.

**Conclusion:**

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



115.17	Hiring and promotion decisions
	<p data-bbox="256 185 959 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 342 1469 712">115.17 (a): The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who— (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p data-bbox="256 790 1469 1160">115.17 (a)-1 Agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. Yes.</p> <p data-bbox="256 1193 1461 1272">IDOC Policy 04-03-103, Information and Standards of Conduct for Departmental Staff (effective 12/01/2012) pages 1-34.</p> <p data-bbox="256 1305 1453 1339">IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 04/01/2020), pages 1-47.</p> <p data-bbox="256 1373 1422 1451">IDOC Policy 02-01-115, Sexual Abuse Prevention, Section G., Hiring and Promotion Decisions (effective 04/01/2020), page 13.</p> <p data-bbox="256 1485 1369 1563">The IDOC Discipline Policy Statement (effective 8/1/2012) informs all classified employees in state civil service that they are subject to discipline for cause.</p> <p data-bbox="256 1597 1477 1765">Files of persons hired or promoted (10) in the past 12 months were used to determine whether proper criminal record background checks had been conducted. Questions regarding past conduct were asked and answered to determine whether Edinburgh complied with this substandard.</p> <p data-bbox="256 1798 1477 1921">115.17 (b)-1 Agency policy requires consideration of any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates or to enlist the services of any contractor. Yes.</p> <p data-bbox="256 2000 1461 2078">IDOC Policy 04-03-103, Information and Standards of Conduct for Departmental Staff (effective 12/01/2012) pages 1-34.</p>

IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 04/01/2020), pages 1-47.

IDOC Policy 02-01-115, Sexual Abuse Prevention, Section G., Hiring and Promotion Decisions (effective 04/01/2020), page 13.

The IDOC Discipline Policy Statement (effective 8/1/2012) informs all classified employees in state civil service that they are subject to discipline for cause.

The Auditor spoke with an HR staff member from IDOC. She asked if the facility performs criminal record background checks or evaluates relevant civil or administrative adjudications for newly hired employees who might interact with inmates and for employees eligible for promotions involving inmate contact. The staff member confirmed that this is the case. The Auditor also inquired if the same checks apply to contractors who may have contact with inmates. The staff member confirmed this as well.

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

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

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

115.17 (c)-2 In the past 12 months, the number of persons hired who may have contact with inmates who have had criminal background record checks: 26.

The Auditor interviewed a staff member from IDOC's HR department. The staff member was asked if the facility conducts criminal background checks or considers relevant civil or administrative adjudications for all newly hired employees who may interact with inmates and for all employees being considered for promotions who also interact with inmates. The staff member confirmed this. Additionally, the Auditor inquired whether this policy applies to contractors who may have contact with inmates. The staff member affirmed this as well.

Files of personnel (10) hired in the past 12 months to determine that the agency has completed checks consistent with 115.17(c) were examined by the Auditor.

115.17 (d): The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates.

115.17 (d)-1 Agency policy requires that a criminal background record check be

completed before enlisting the services of any contractor who may have contact with inmates. Yes.

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

115.17 (d)-2 In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates 2.

See 115.17 (c)-2.

115.17 (e): The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees.

115.17 (e)-1 Agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. Yes.

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

IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 04/01/2020), pages 1-47.

During the audit period, the Auditor interviewed a member of the Human Resources department. She asked, "What system does the facility use to conduct criminal background checks for current employees and contractors who may interact with inmates? Are these background checks performed at least once every five years?" The HR staff member explained that through an analysis of employee criminal background records, the Auditor discovered that Edinburgh employs a system for capturing such information: the Indiana Data and Communication System (IDACS). This system is a computerized network designed for law enforcement and criminal justice, facilitating communication, information storage, and retrieval. Its goal is to enhance law enforcement effectiveness and efficiency for state citizens by connecting with the National Crime Information Center (NCIC) and the International Justice and Public Safety Network (Nlets) nationwide. Furthermore, according to the same administrative staff member, IDOC conducts IDACS criminal records checks every four years to maintain compliance with this standard or at least every five years for current employees and contractors who may interact with inmates or have a system in place for otherwise capturing such information for current employees.

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

By reviewing new employee onboarding applications, this Auditor found that IDOC

requires all applicants and employees who may interact with offenders to disclose previous misconduct, as outlined in paragraph (a) of this section, in their written applications or during hiring or promotional interviews. Additionally, the agency places a continuous affirmative duty on employees to report any such misconduct. The STD Discipline Policy Statement: Statement of Policy, page 1, states that a classified employee in the civil service is subject to discipline for just cause. Just cause may include: 1. Committing an act that a person should not do. 2. Failing to perform an act that a person should do. 3. Improperly executing a permissible act.

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

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

IDOC Discipline Policy Statement (effective 08/01/2012), pages 1-4.

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

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

IDOC confirmed that the agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 04-03-103, Information and Standards of Conduct for Departmental Staff (effective 12/01/2012) pages 1-34.
3. IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 04/01/2020), pages 1-47.
4. IDOC Policy 02-01-115, Sexual Abuse Prevention, Section G., Hiring and Promotion Decisions (effective 04/01/2020), page 13.
5. The IDOC Discipline Policy Statement (effective 8/1/2012) informs all classified employees in state civil service that they are subject to discipline for cause.
6. Examination of new hires, promoted, and five-year background check documents
7. Interview with an administrative (HR) staff member (1)
8. Examination of criminal background checks - contractors (2)

**Conclusion:**

Based on the evidence relied upon in making the compliance determination for this

	standard, the Auditor’s analysis and reasoning, and the Auditor’s conclusions, this standard is determined to be compliant after the completion of corrective action. This standard complies with all material requirements for the relevant period.
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.18 (a): When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse.</p> <p>115.18 (a)-1 The agency/facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. No.</p> <p>IDOC Policy 02-02-115 Sexual Abuse Prevention, Section H., Upgrades to facility and technologies (effective 04/01/2020), pages 14-15.</p> <p>Edinburgh Camera Meeting Minutes from 03/24/2024.</p> <p>An interview with the agency's head confirmed that the Edinburgh Correctional Facility has neither acquired new facilities nor made significant expansions or modifications to existing ones since August 20, 2012, or since the last PREA audit, whichever is later. The agency head noted that several other facilities are in the planning phase and emphasized that preventing sexual abuse remains a top priority. To prevent sexual abuse, she stated that stakeholders will contemplate enhancements to video technology and the removal of blind spots during the planning stage. Furthermore, the agency head confirmed that during the design or acquisition of a new facility, or when planning major expansions or modifications to existing ones, the agency considered how these changes would affect its ability to safeguard inmates against sexual abuse.</p> <p>During an interview with the facility's Warden, he indicated that the facility has not acquired a new facility or substantially expanded or modified existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. The Auditor did not examine the documentation for any facility design, renovation, or expansion for the Edinburgh Correctional Facility</p> <p>115.18 (b): When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse.</p>

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

IDOC/Edinburgh confirmed "yes" the agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.

See Edinburgh Camera Meeting Minutes from 03/24/2024.

IDOC Policy 02-01-115 (Sexual Prevention), Section IV, Prevention Planning, Subsection H, Upgrade to Facilities and Technologies, pages 14 - 15, states that when designing or acquiring any new facility and planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect offenders from sexual abuse.

Through an interview with the agency head, she confirmed that if the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considers how such technology may enhance the agency's ability to protect inmates from sexual abuse.

Through an interview with the Warden, he confirmed that Edinburgh had not undergone any substantial expansions or modifications since 2012. However, he affirms that the facility has updated monitoring technology to enhance the sexual safety of the population and staff.

**Evidence relied upon:**

1. PAQ
2. DOC Policy 02-01-115 (Sexual Abuse Prevention) (effective 04/01/2020)
3. Interview with the IDOC Commissioner
4. Interview with the Warden
5. Edinburgh Correctional Facility meeting minutes referring to video monitoring upgrades

**Conclusion:**

Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.

	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.21 (a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>115.21 (a)-1 The agency/facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). Yes.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section A., Evidence Protocol and Forensic Medical Examinations (effective 04/01/2020), pages 15-16.</p> <p>IDOC, Staff Development and Training, Sexual Assault Response Team (SART), SART First Responders, Evidence Protocol and Investigations (effective 03/03/2016).</p> <p>IDOC Policy 00-01-103 (Investigation and Intelligence), pages 1-40, outlines the uniform evidence protocol the agency shall follow when investigating civil or criminal actions against offenders, staff, or visitors and an appropriate chain of custody. The Investigation and Intelligence (OII) policy outlines a uniform process for investigating offenders' incidents. The protocol includes the role and obligation to the victim, victim transfer for a forensic examination, evidence collection, prompt forensic examinations and decision-making on a case-by-case basis, and evidence integrity.</p> <p>115.21 (a)-2 IDOC/Edinburgh confirmed that the agency/facility is responsible for conducting criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). Yes.</p> <p>115.21 (a)-3 IDOC/Edinburgh indicated "not applicable" that another agency is not responsible for conducting administrative or criminal sexual abuse investigations. Not applicable.</p> <p>115.21 (a)-4 IDOC/Edinburgh confirmed that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. Yes.</p> <p>IDOC Policy 00-01-103 (Investigation and Intelligence), (effective 06/01/2022) pages 1-40.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section V., Responsive Planning, Subsection A., Evidence Protocol, and Forensic Medical Examinations (effective 04/01/2020) page 15.</p> <p>IDOC Staff Development and Training, Sexual Assault Response Team (SART), SART First Responders, Evidence Protocol and Investigations (effective 03/03/2016).</p> <p>IDOC Policy 00-01-103 (Investigation and Intelligence), pages 1-40, outlines the uniform evidence protocol the agency shall follow when investigating civil or criminal</p>
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actions against offenders, staff, or visitors and an appropriate chain of custody. The Investigation and Intelligence (OII) policy outlines a uniform process for investigating offenders' incidents. The protocol includes the role and obligation to the victim, victim transfer for a forensic examination, evidence collection, prompt forensic examinations and decision-making on a case-by-case basis, and evidence integrity.

A review of the uniform evidence protocol indicates that the protocol considers critical factors to maximize the potential for obtaining usable physical evidence for administrative proceedings or criminal prosecution. The Edinburgh Correctional Facility's uniform evidence protocol for evidence is sufficient in technical detail to aid responders in obtaining usable physical evidence.

All twelve (12) randomly selected staff members interviewed during the on-site audit stated that in the event of a sexual assault on an offender, they would protect the victim, alert a medical professional on duty, secure usable evidence by isolating the crime scene, and advise the victim against brushing their teeth, showering, or changing clothes. They would also notify a supervisor and promptly document the incident. Additionally, all interviewed staff confirmed that they understood the agency's protocol for gathering usable physical evidence when an inmate reports sexual abuse, including advising the victim on not brushing their teeth, showering, or changing clothes. However, the staff differed in their opinions about who is responsible for investigating sexual abuse, mentioning various positions such as the PREA Compliance Manager, OII, Warden, Deputy Warden, and Shift Supervisor.

115.21 (b): The protocol shall be developmentally appropriate for youth where applicable and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

115.21 (b)-1 The protocol is developmentally appropriate for youth. Not applicable.

115.21 (b)-2 The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. Yes.

See IDOC, Staff Development and Training, Sexual Assault Response Team (SART), SART First Responders, Evidence Protocol, and Investigations (effective 03/03/2016).

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



115.21 (c)-1 The facility offers all inmates who experience sexual abuse access to forensic medical examinations. Yes.

Indiana SANE Training Project, Indiana Medical Forensic Examination Providers 2024.

115.21 (c)-2 The facility offers all inmates who experience sexual abuse access to forensic medical examinations onsite. No.

According to a memo from the Warden dated 06/01/2024, Edinburgh Correctional Facility had not had any SANE or SANE financial costs in the last 12 months.

115.21 (c)-3 The facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility. Yes.

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

See 115.21 (c)-5 documentation that forensic medical exams are offered for free.

115.21 (c)-5 Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). Yes.

Zero SANE/SAFE examinations were performed during this reporting period; according to a memo from the Warden dated 06/01/2024, Edinburgh Correctional Facility had not had any SANE or SANE financial costs in the last 12 months.

115.21 (c)-6 When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. No.

115.21 (c)-7 The facility documents efforts to provide SANEs or SAFEs. Yes.

During this reporting period, zero SANE/SAFE examinations were performed.

115.21 (c)-8 The number of forensic medical exams conducted during the past 12 months: 0.

115.21 (c)-9 The number of exams performed by SANEs/SAFEs during the past 12 months: 0.

115.21 (c)-10 The number of exams a qualified medical practitioner performs during the past 12 months: 0.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section V., Responsive Planning, Subsection A. Evidence Protocol and Forensic Medical Examinations (effective 04/01/2020), pages 15-16, provide documentation that delineates the responsibilities of outside medical and mental health practitioners.

115.21 (d): The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency makes available to provide these services a

qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

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

115.21 (d)-2 These efforts are documented. Yes.

The Sexual Assault Victim Advocate for Edinburgh Correctional Facility is located at Turning Point in Franklin, Indiana. The Sexual Assault Examiner is listed below: Jenny Lee, 317-739-4456 ext. 4, Cell Phone: 317-448-0479

115.21 (d)-3 If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. Yes.

See the Victim Advocate Curriculum, IDOC, Staff Development and Training, Sexual Assault Response Team (SART), SART First Responders, Evidence Protocol, and Investigations (effective 03/03/2016).

During this audit, the Auditor interviewed the PCM. The Auditor asked, if requested by the victim if Edinburgh Correctional Facility would provide a SART Victim advocate, a qualified agency staff member, or a qualified community-based organization to accompany the victim and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. She, the PCM, responded yes. In what ways does the agency or facility attempt to make available a victim advocate from a rape crisis center. Branchville has assigned SART members to every shift.

The Sexual Assault Victim Advocate for Edinburgh Correctional Facility is located at Turning Point in Franklin, Indiana. The Sexual Assault Examiner is listed below: Jenny Lee, 317-739-4456 ext. 4, Cell Phone: 317-448-0479.

115.21 (e): As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

115.21 (e)-1 If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and

investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

Zero offenders reported sexual abuse during the reporting period. Zero SANE/SAFE examinations were performed.

The Auditor interviewed the PCM. The Auditor inquired about the accessibility to a rape crisis center that provides victim advocacy services and how IDOC ensures compliance with the qualifications outlined in Standard 115.21. Based on an internet search, the Auditor found that community victim advocates are licensed in the social services or medical fields. State law mandates that social services and medical practitioners obtain licenses. Additionally, IDOC requires training for all Sexual Assault Response Team (SART) members. Please refer to 115.21(d)-3 for more information.

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

IDOC is responsible for conducting administrative and criminal sexual abuse investigations.

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

Auditor is not required to audit this provision.

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

See 115.21 (d)-3 and 115.21 (e)-1. The Staff Development and Training program at the Indiana Department of Corrections includes a Sexual Assault Response Team (SART) training plan. This plan, which was approved by the Executive Director/PREA Coordinator on 03/03/2016, is designed to train SART First Responders on their role and responsibility in preserving evidence and providing initial incident information to facility investigators, victim advocacy, and education concerning sexual assault and forensic examination issues in general. It references sources such as the National Prison Rape Elimination Commission and the National Protocol for Sexual Assault Medical Forensic Examinations. Additionally, it aligns with IDOC policies related to Investigations and Intelligence, Sexual Abuse Prevention, and guidance from the Indiana Coalition Against Domestic Violence. The training plan is specifically tailored for adult correctional facilities.

**Evidence relied upon:**

	<ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 04/01/2020)</li> <li>3. IDOC Policy 00-01-103 Investigations and Intelligence (effective 06/01/2022)</li> <li>4. Indiana Sexual Assault Manual, Indiana Department of Correction, Health Services Division (effective 04/01/2022)</li> <li>5. Interviews with random staff (12)</li> <li>6. Interview with the PREA Compliance Manager</li> <li>7. Examination of the IDOC Uniform Evidence Protocol</li> <li>9. Examination of Evidence Protocol Curriculum, Sexual Assault Response Team (SART) (effective 01/03/2016)</li> <li>10. Indiana SANE Training Project, Indiana Medical Forensic Examination Providers (effective 01/00/2024)</li> <li>11. Examination of select documentation of efforts to provide SANE/SAFEs</li> <li>12. Indiana Staff Development and Training, Victim Advocacy Curriculum, PowerPoint (effective date R 08/15/2019)</li> </ol> <p><b>Conclusion:</b></p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.21 (a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>115.21 (a)-1 The agency/facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). Yes.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section A., Evidence Protocol and Forensic Medical Examinations (effective 04/01/2020), pages 15-16.</p> <p>IDOC, Staff Development and Training, Sexual Assault Response Team (SART), SART First Responders, Evidence Protocol and Investigations (effective 03/03/2016).</p> <p>IDOC Policy 00-01-103 (Investigation and Intelligence), pages 1-40, outlines the uniform evidence protocol the agency shall follow when investigating civil or criminal actions against offenders, staff, or visitors and an appropriate chain of custody. The</p>

Investigation and Intelligence (OII) policy outlines a uniform process for investigating offenders' incidents. The protocol includes the role and obligation to the victim, victim transfer for a forensic examination, evidence collection, prompt forensic examinations and decision-making on a case-by-case basis, and evidence integrity.

115.21 (a)-2 IDOC/Edinburgh confirmed that the agency/facility is responsible for conducting criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). Yes.

115.21 (a)-3 IDOC/Edinburgh indicated "not applicable" that another agency is not responsible for conducting administrative or criminal sexual abuse investigations. Not applicable

115.21 (a)-4 IDOC/Edinburgh confirmed that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. Yes.

IDOC Policy 00-01-103 (Investigation and Intelligence), (effective 06/01/2022) pages 1-40.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section V., Responsive Planning, Subsection A., Evidence Protocol, and Forensic Medical Examinations (effective 04/01/2020) page 15.

IDOC Staff Development and Training, Sexual Assault Response Team (SART), SART First Responders, Evidence Protocol and Investigations (effective 03/03/2016).

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

A review of the uniform evidence protocol indicates that the protocol considers critical factors to maximize the potential for obtaining usable physical evidence for administrative proceedings or criminal prosecution. The Edinburgh Correctional Facility's uniform evidence protocol for evidence is sufficient in technical detail to aid responders in obtaining usable physical evidence.

All twelve (12) randomly selected staff members interviewed during the on-site audit stated that in the event of a sexual assault on an offender, they would protect the victim, alert a medical professional on duty, secure usable evidence by isolating the crime scene, and advise the victim against brushing their teeth, showering, or changing clothes. They would also notify a supervisor and promptly document the incident. Additionally, all interviewed staff confirmed that they understood the agency's protocol for gathering usable physical evidence when an inmate reports sexual abuse, including advising the victim not to brush their teeth, shower, or change clothes. However, the staff differed in their opinions about who is responsible

for investigating sexual abuse, mentioning various positions such as the PREA Compliance Manager, OII, Warden, Deputy Warden, and Shift Supervisor.

115.21 (b): The protocol shall be developmentally appropriate for youth where applicable and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

115.21 (b)-1 The protocol is developmentally appropriate for youth. Not applicable.

115.21 (b)-2 The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. Yes.

See IDOC, Staff Development and Training, Sexual Assault Response Team (SART), SART First Responders, Evidence Protocol, and Investigations (effective 03/03/2016).

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

115.21 (c)-1 The facility offers all inmates who experience sexual abuse access to forensic medical examinations. Yes.

Indiana SANE Training Project, Indiana Medical Forensic Examination Providers 2024.

115.21 (c)-2 The facility offers all inmates who experience sexual abuse access to forensic medical examinations onsite. No.

According to a memo from the Warden dated 06/01/2024, Edinburgh Correctional Facility had not had any SANE or SANE financial costs in the last 12 months.

115.21 (c)-3 The facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility. Yes.

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

See 115.21 (c)-5 documentation that forensic medical exams are offered for free.

115.21 (c)-5 Where possible, examinations are conducted by sexual assault forensic examiners (SAFEs) or sexual assault nurse examiners (SANEs). Yes.

Zero SANE/SAFE examinations were performed during this reporting period; according

to a memo from the Warden dated 06/01/2024, Edinburgh Correctional Facility had not had any SANE or SANE financial costs in the last 12 months.

115.21 (c)-6 When SANEs or SAFEs are unavailable, a qualified medical practitioner performs forensic medical examinations. No.

115.21 (c)-7 The facility documents efforts to provide SANEs or SAFEs. Yes.

During this reporting period, zero SANE/SAFE examinations were performed.

115.21 (c)-8 The number of forensic medical exams conducted during the past 12 months: 0.

115.21 (c)-9 The number of exams performed by SANEs/SAFEs during the past 12 months: 0.

115.21 (c)-10 The number of exams a qualified medical practitioner performs during the past 12 months: 0.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section V., Responsive Planning, Subsection A. Evidence Protocol and Forensic Medical Examinations (effective 04/01/2020), pages 15-16, provide documentation that delineates the responsibilities of outside medical and mental health practitioners.

115.21 (d): The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency makes available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

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

115.21 (d)-2 These efforts are documented. Yes.

The Sexual Assault Victim Advocate for Edinburgh Correctional Facility is located at Turning Point in Franklin, Indiana. The Sexual Assault Examiner is listed below: Jenny Lee, 317-739-4456 ext. 4, Cell Phone: 317-448-0479.

115.21 (d)-3 If and when a rape crisis center is not available to provide victim advocate services, the facility offers a qualified staff member from a community-based organization or a qualified agency staff member. Yes.

See the Victim Advocate Curriculum, IDOC, Staff Development and Training, Sexual

Assault Response Team (SART), SART First Responders, Evidence Protocol, and Investigations (effective 03/03/2016).

During this audit, the Auditor interviewed PCM. The Auditor asked if requested by the victim if Edinburgh Correctional Facility would provide a SART Victim advocate, a qualified agency staff member, or a qualified community-based organization to accompany the victim and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. She, the PCM, responded yes. In what ways does the agency or facility attempt to make available a victim advocate from a rape crisis center. Branchville has assigned SART members to every shift.

The Sexual Assault Victim Advocate for Edinburgh Correctional Facility is located at Turning Point in Franklin, Indiana. The Sexual Assault Examiner is listed below: Jenny Lee, 317-739-4456 ext. 4, Cell Phone: 317-448-0479.

115.21 (e): As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

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

Zero offenders reported sexual abuse during the reporting period. Zero SANE/SAFE examinations were performed.

The Auditor interviewed the PCM. The Auditor inquired about the accessibility to a rape crisis center that provides victim advocacy services and how IDOC ensures compliance with the qualifications outlined in Standard 115.21. Based on an internet search, the Auditor found that community victim advocates are licensed in the social services or medical fields. State law mandates that social services and medical practitioners obtain licenses. Additionally, IDOC requires training for all Sexual Assault Response Team (SART) members. Please refer to 115.21(d)-3 for more information.

115.21 (f): If the agency is not responsible for investigating allegations of sexual abuse, it shall request that the investigating agency adhere to the requirements outlined in paragraphs (a) through (e) of this section. Not applicable.

IDOC is responsible for conducting administrative and criminal sexual abuse investigations.

115.21 (g): The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and (2) Any Department



of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.

Auditor is not required to audit this provision.

115.21 (h): For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. Documentation of screening; documentation of appropriate training. See 115.21 (d)-3

and 115.21 (e)-1. The Staff Development and Training program at the Indiana Department of Corrections includes a Sexual Assault Response Team (SART) training plan. This plan, which was approved by the Executive Director/PREA Coordinator on 03/03/2016, is designed to train SART First Responders on their role and responsibility in preserving evidence and providing initial incident information to facility

investigators, victim advocacy, and education concerning sexual assault and forensic examination issues in general. It references sources such as the National Prison Rape Elimination Commission and the National Protocol for Sexual Assault Medical Forensic Examinations. Additionally, it aligns with IDOC policies related to Investigations and Intelligence, Sexual Abuse Prevention, and guidance from the Indiana Coalition Against Domestic Violence. The training plan is specifically tailored for adult correctional facilities.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 04/01/2020)
3. IDOC Policy 00-01-103 Investigations and Intelligence (effective 06/01/2022)
4. Indiana Sexual Assault Manual, Indiana Department of Correction, Health Services Division (effective 04/01/2022)
5. Interviews with random staff (12)
6. Interview with the PREA Compliance Manager
7. Examination of the IDOC Uniform Evidence Protocol
9. Examination of Evidence Protocol Curriculum, Sexual Assault Response Team (SART) (effective 01/03/2016)
10. Indiana SANE Training Project, Indiana Medical Forensic Examination Providers (effective 01/00/2024)
11. Examination of select documentation of efforts to provide SANE/SAFEs
12. Indiana Staff Development and Training, Victim Advocacy Curriculum, PowerPoint

	<p>(effective date R 08/15/2019)</p> <p><b>Conclusion:</b></p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
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<b>115.31</b>	<b>Employee training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.31 (a): The agency shall train all employees who may have contact with inmates on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p> <p>115.31 (a)-1 IDOC confirmed that the agency trains all employees who may have contact with inmates on the agency's zero-tolerance policy for sexual abuse and sexual harassment. Yes.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VI., Training and Education, Subsection A., Employee Training (effective 04/01/2020), pages 17-18.</p> <p>This Auditor examined the IDOC STAFF DEVELOPMENT &amp; TRAINING, Prison Rape Elimination Act, PowerPoint (PP), Page 1 of 32 (R 06/12/2020).</p> <p>PAQ 115.31 (a)-2 IDOC confirmed that the agency trains all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. Yes.</p> <p>By examination of the Acknowledgement of Receipt of Training (12) and the Staff</p>

Information Brochure on Sexual Abuse Prevention and Reporting, this Auditor determined that Edinburgh/IDOC met this substandard.

115.31 (a)-3 IDOC confirmed that the agency trains all employees who may have contact with inmates on the right of inmates to be free from sexual abuse and sexual harassment. By examination of the IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP 13, Rights of Offenders/Youth and Staff Under PREA, pages 9-10, this Auditor confirmed that Edinburgh/IDOC was compliant with this substandard.

115.31 (a)-4 IDOC confirmed that the agency trains all employees who may have contact with inmates on the rights of inmates and employees to be free from,retaliation for reporting sexual abuse and sexual harassment. Yes.

By examination of the IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP13, Rights of Offenders/Youth and Staff Under PREA, page 10, this Auditor confirmed Branchville/IDOC was compliant with this substandard.

115.31 (a)-5 IDOC confirmed that the agency trains all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement. Yes.

By examination of the IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP 14-15, Section E., Dynamics of Sexual Abuse, page 10, this Auditor confirmed that Branchville/IDOC complained about this substandard.

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

IDOC confirmed that the agency trains all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims. By examination of the IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP20, Section E., PP 20, How May Victims Respond, page 12, this Auditor confirmed that Edinburgh Correctional Facility/IDOC was compliant with this substandard.

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

IDOC confirmed that the agency trains all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse. By examination of the IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP23, Section F., Detecting Signs of Sexual Abuse, page 13, this Auditor confirmed Edinburgh/IDOC complaint with this substandard.

115.31 (a)-8 The agency trains all employees who may contact inmates to avoid inappropriate relationships with inmates. Yes.

IDOC confirmed that the agency trains all employees who may have contact with inmates to avoid inappropriate relationships with inmates.

IDOC Policy 04-03-103, Information and Standards of Conduct for Departmental Staff, Section C., Contact and/or Relationships with Incarcerated Individuals, pages 24-28, By examination, no employee shall have any personal contact with incarcerated individuals.

115.31 (a)-9 The agency trains all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates. Yes.

IDOC Policy 04-03-103, Information and Standards of Conduct for Departmental Staff, Section C., Contact and/or Relationships with Incarcerated Individuals, pages 24-28

115.31 (a)-10 The agency trains all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Yes.

IDOC Policy 04-03-103, Information and Standards of Conduct for Departmental Staff, Section C., Contact and/or Relationships with Incarcerated Individuals, pages 24-28

IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP 53-54, Section L., Mandatory Reporting Laws and Age of Consent, page 28, by examination, indicates that no employee shall have any personal contact with incarcerated individuals. Interviews with random staff (12) and a review of sample training records (12) confirm that IDOC provides and documents training as outlined in the standard.

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

115.31 (b)-1 Training is tailored to the inmates' gender at the facility. Yes

By examination, this Auditor determined that IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act is gender neutral, thereby tailored to the gender of the inmates at the employee's facility. According to the PREA Compliance Manager, any employee transferring would receive additional training if the employee is reassigned from a facility that houses only male inmates or vice versa. Edinburgh Correctional Facility is an adult male facility.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VI, Training and Education, Subsection A, Employee Training, pages 17 - 18, indicates that training should be tailored to the gender of the facility's inmates.

115.31 (b)-2 Employees reassigned from facilities housing the opposite gender are given additional training. Yes.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VI, Training and Education, Subsection A, Employee Training, pages 17 - 18, indicates that training should be tailored to the gender of the facility's inmates. Interviews with random staff (12) and a review of sample training records (12) confirm that IDOC provides and documents training as outlined in the standard.

115.31 (c): All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards. The agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years when an employee does not receive refresher training, the agency shall provide information on current sexual abuse and sexual harassment policies.

115.31 (c)-2 Between training, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. Yes.

By examination, IDOC utilized an eLearning platform for training. To:

- Identify PREA and its purpose
- Review the agency's zero-tolerance policy
- Review the dynamics of sexual abuse
- Review how to prevent, detect, report, and respond to sexual abuse and sexual harassment.
- Review common reactions of victims of sexual abuse
- Review mandatory reporting and age of consent

115.31 (c)-3 The frequency with which employees who may have contact with inmates receive refresher training on PREA requirements.

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

115.31 (d)-1 The agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. Yes.

**Evidence relied upon:**

1. PAQ
2. IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PowerPoint (PP), Page 1 of 32 (R 06/12/2020)
3. IDOC Policy 04-03-103, Information and Standards of Conduct for Departmental Staff, Section C., Contact and/or Relationships with Incarcerated Individuals, pages 24-28
4. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VI, Training and Education, Subsection A, Employee Training, pages 17 - 18
5. Documentation of employee signatures or electronic verification signifying training comprehension.
6. Sample of training records (12)
7. Interview of random staff (12)

**Conclusion:**

Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this

	standard is determined to be compliant. This standard complies with all material requirements for the relevant period.
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<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.32 (a): The agency shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p>115.32 (a)-1 IDOC confirmed that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>IDOC Policy 02-10-115 (Sexual Abuse Prevention), Section VI, Training and Education, Section B, Volunteer and Contractor Training, (effective 04/01/2020), page 18, requires all volunteers and contractors who interact with inmates to be trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>PAQ 115.32 (a)-2 Edinburgh confirmed that 56 volunteers and contractors who may have contacted inmates have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>By examination, this Auditor reviewed a sample of:</p> <ul style="list-style-type: none"> <li>• Volunteer criminal background applications (6)</li> <li>• Volunteer training curriculum (6)</li> <li>• PREA acknowledgment of receipt of training and PREA brochures, Sexual Assault Prevention (6)</li> <li>• Mandatory Pre-service PREA Questions (6)</li> <li>• Criminal background verification forms (6)</li> </ul> <p>115.32 (b): The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>115.32 (b)-1 The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Yes.</p>

See PAQ 115.32 (a)-2

Edinburgh Correctional Facility confirmed that the level and type of training provided to volunteers and contractors is based on their services and level of contact with offenders. According to the PREA Coordinator/Director, contract staff must complete the same training as IDOC staff. Volunteers receive an abbreviated version of PREA education based on their level of contact with offenders.

According to a volunteer, they are provided with a staff PREA brochure, which offers information on how and to whom to report sexual abuse and sexual harassment, as well as information regarding the agency's zero-tolerance policy. When asked who would report sexual abuse or sexual harassment inside the facility, the volunteer indicated the shift supervisor, Deputy Warden, Intelligence, and Investigations, or the Warden.

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

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

Sample of training records of volunteers and contractors. See PAQ 115.32 (a)-2.

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

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

See 115.32 (a) -1 for relevant documentation (e.g., signed acknowledgment of understanding by volunteers/contractors).

**Evidence relied upon:**

1. PAQ
2. IDOC Policy 02-10-115 (Sexual Abuse Prevention), Section VI, Training and Education, Section B, Volunteer and Contractor Training, (effective 04/01/2020), page 18
3. Sample of training records of volunteers and contractors.
4. Volunteer criminal background applications (6)
5. Volunteer training curriculum (6)
6. Interviews with contractors (2)

**Conclusion:**

Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.

115.33	Inmate education
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.33 (a): During the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>115.33 (a)-1 Inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Yes.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VI, Training and Education, Subsection C, Offender Education, pages 19 - 20, states that during the intake process, offenders shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment by being provided with a copy of the Offender PREA Brochure also called Offender Student Information Brochure.</p> <p>By examination, this Auditor reviewed 26 offender education program acknowledgments from the prior 12-month period.</p> <p>115.33 (a)-2 The number of inmates admitted during the past 12 months who were given this information at intake: 211.</p> <p>During the onsite portion of this audit, the Auditor interviewed an intake staff member. The intake staff (sergeant) confirmed responsibility for conducting the intake process. The same sergeant confirmed that offenders receive an Offender PREA Brochure, also known as the Offender Student Information Brochure, available in English or Spanish during the intake process.</p> <p>During the onsite portion of this audit, no offenders were transferred or assigned to the facility. The Auditor spoke with 26 offenders, all of whom were asked upon their arrival if they received information regarding the facility's rules against sexual abuse and harassment. The responses were as follows: twenty-five (25) offenders responded yes, and one (1) offender responded yes, so I think so.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection F, Offenders with Disabilities and Offenders who are Limited English Proficient, pages 11 - 13, and Section VI, Training and Education, Subsection C, Offender Education, pages 19 - 20, both indicate that the agency will take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing and providing access to interpreters who can interpret effectively, accurately,</p>



impartially, receptively, and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates with intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration like a service, program, or activity or undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans With Disabilities Act, 28 CFR 35.164.

The Auditor examined the IDOC written material used to communicate with offenders about PREA with disabilities effectively. The offender PREA-related brochure and handbook were written in English and Spanish, both common languages in the facility. This Auditor examined a quantity purchase agreement (QPA) with the State of Indiana and Propio LS, LLC. The QPA establishes telephonic interpretive services for IDOC. It can be mutually renewed yearly for two additional years under the same terms and conditions. Renewals are subject to the approval of the Department of Administration and the State Budget Agency. The total term of this agreement, including all renewals, shall not exceed four years. Services are available 24/7, with no additional charges for after-hours calls. The provider includes instructions for using this interpretive contract. Instructions for using this contract: - Dial the unique 800 number provided to your agency and/or division. - Press 1 for Spanish or 2 for all other languages. - If non-Spanish, enter the appropriate two-digit language code found on the card provided by the vendor. - Enter a four-digit account number found on the card provided by the vendor. Authorized users may be asked intake questions as requested by their agencies. Languages include Spanish, Burmese, Chinese, Arabic, French, Vietnamese, Mandarin, Kinyarwanda, and non-core languages. The contractual agreement extends from 01/08/2021 to 02/01/2024.

The PREA Coordinator/Director of PREA provided an updated contract for this standard. The Auditor employed an interpretive service to communicate with a Spanish-speaking offender. The service did not request the offender's PIN, but the facility was required to furnish account information. Once connected with an interpreter, the Auditor explained the process to the interpreter, who would communicate with the offender and gain his approval to proceed with the interview.

115.33 (b): Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

115.33 (b)-1 The number of those inmates admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake: 211.

Edinburgh confirmed that the number of those inmates admitted during the past 12 months (whose length of stay in the facility was 30 days or more) received comprehensive education on their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake: 111.

In an interview with an intake staff member, it was confirmed that all incoming offenders are educated about PREA, the agency's zero-tolerance policy, and how to report sexual abuse or sexual harassment. All offenders are provided with a PREA education brochure called the Offender PREA Brochure, also called the Offender Student Information Brochure, in English or Spanish.

#### **PREA Audit Site Review**

During the facility tour and site review, this Auditor observed:

1. PREA education is in the form of a poster displayed in English and Spanish on each living unit.

1. How to report sexual abuse and sexual harassment

2. Who to report sexual abuse and sexual harassment

3. PREA Hotline information

4. Emotional Support - Community

5. IDOC Ombudsman contact information

2. PREA education in areas familiar to offenders, such as education, recreation, food service, medical, administration, and visitation.

3. PREA information was clear and concise

4. PREA information displayed was free of graffiti

5. The Auditor's information was current and included contact information.

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

115.33 (c)-1 Of those who were NOT educated (as stated in 115.33(b)-1) within 30 days of intake, all inmates have been educated subsequently. No.

Edinburgh indicates that all offenders are educated within 30 days from arrival.

115.33 (c)-2 If YES, by what date were they all educated by: N/A

115.33 (c)-2 If YES, by what date were they all educated by: N/A.

Edinburgh indicated this substandard is not applicable.

115.33 (c)-3 If NO, the number still not educated: Not applicable.

115.33 (c)-4 Agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies

and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility

.IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VI, Training and Education, Subsection C, Offender Education, pages 19 - 20, states that during the intake process, offenders shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment by being provided with a copy of the Offender PREA Brochure also called Offender Student Information Brochure.

IDOC confirmed the agency has a policy requiring inmates who are transferred from one facility to another to be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. Yes.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VI, Training and Education, Subsection C, Offender Education, pages 19 - 20, states that during the intake process, offenders shall receive a copy of the Offender PREA Brochure, also called the Offender Student Information Brochure, to explain the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

This auditor also observed that the IDOC "END THE SILENCE" posters confirm the agency has a policy requiring inmates transferred from one facility to another to be educated about their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents, as well as the agency's policies and procedures for responding to these incidents, particularly when the policies and procedures of the new facility differ from those of the previous one. The "END THE SILENCE" posters provide information on how to report sexual abuse and harassment through the following means:

- Informing any staff member
- Calling #80 on the offenders' phones located in each living unit
- Writing to the IDOC Ombudsman
- Filing a grievance
- Sending an anonymous letter to a caseworker
- If they have a family member or friend, email them at [idocprea@idoc.in.gov](mailto:idocprea@idoc.in.gov) or call 1 (877) 385-5877.

During the interview, the Auditor spoke with an intake staff member (1), a custody staff person who verified the individual responsible for the intake process. He also confirmed that offenders receive the Offender PREA Brochure, known as the Offender Student Information Brochure, in both English and Spanish. Additionally, throughout the onsite portion of this audit, no offenders were transferred or assigned to the facility. Log or other record corroborating that current inmates received comprehensive PREA education (e.g., inmate signatures)—sample of documentation

(26) of inmate participation in education sessions.

115.33 (d): The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

115.33 (d)-1 Inmate PREA education is available in formats accessible to all inmates, including those with limited English proficiency. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C., Offender Education (effective 04/01/2020), pages 19-20.

115.33 (d)-2 Inmate PREA education is available in formats accessible to all inmates, including the deaf. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C., Offender Education (effective 04/01/2020), pages 19-20.

115.33 (d)-3 Inmate PREA education is available in formats accessible to all inmates, including those who are visually impaired. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C., Offender Education (effective 04/01/2020), pages 19-20.

115.33 (d)-4 Inmate PREA education is available in formats accessible to all inmates, including those who are otherwise disabled. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C., Offender Education (effective 04/01/2020), pages 19-20.

115.33 (d)-5 Inmate PREA education is available in formats accessible to all inmates, including those with limited reading skills. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C., Offender Education (effective 04/01/2020), pages 19-20.

The "**END THE SILENCE**" posters include information such as:

How to report sexual abuse and sexual harassment by;

- Telling any staff
- Calling #80 on the offender's phones located in each living unit
- Writing the IDOC Ombudsman
- Filing a grievance
- Sending an anonymous letter to a caseworker
- If they have a family member or friend, email them at [idocprea@idoc.in.gov](mailto:docprea@idoc.in.gov) or call 1 (877) 385-5877.

IDOC, Sexual Abuse Prevention Reporting brochure, Offender/Student Information Brochure provides information on:

- Treatment and Counseling

- Tips for Prevention

- IDOC Zero Tolerance Policy
- What should be reported
- How to report sexual abuse and sexual harassment
  - IDOC sexual assault PREA hotline number
  - Grievance
  - Family/friends
  - Any staff
  - IDOC PREA number 1-877-385-5877 or email idocprea@idoc.in.gov
- When you are a victim
- Imminent risk of being a victim of sexual assault

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

115.33 (e)-1 The agency maintains documentation of inmate participation in PREA education sessions. Yes.

A sample of documentation (26) of inmate participation in education sessions was examined by the Auditor.

115.33 (f): In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.

115.33 (f)-1 The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. Yes.

### **PREA Audit Site Review**

During the facility tour and site review, this Auditor observed:

- PREA education is in the form of a poster displayed in English and Spanish on each living unit. How to report sexual abuse and sexual harassment
- Who to report sexual abuse and sexual harassment
- PREA Hotline information
- Emotional Support - Community
- IDOC Ombudsman contact information
- PREA education in areas familiar to offenders, such as education, recreation, food service, medical, administration, and visitation.
- PREA information was clear and concise
- PREA information font size is readable by most offenders
- PREA information was accurate and consistent
- PREA information placement is accessible to all offenders in the living unit
- PREA information displayed was free of graffiti

	<ul style="list-style-type: none"> <li>• The Auditor's information was current and included contact information</li> </ul> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. PAQ</li> <li>2. Interview with an intake staff (1)</li> <li>3. Interview with offenders (26)</li> <li>4. Facility tour and site review</li> <li>5. Interview with LEP (1) with an interpreter</li> <li>6. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C., Offender Education (effective 04/01/2020), pages 19-20</li> <li>7. Tested the reporting system, email idocprea@idoc.in.gov</li> <li>8. State of Indiana and Propio LS, LLC contract</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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115.34	Specialized training: Investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.34 (a): In addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p>115.34 (a)-1 Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Yes.</p> <p>IDOC confirmed that the agency policy requires that investigators be trained in conducting sexual abuse investigations in confinement settings.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VI, Training and Education, Subsection D, Specialized Training: Investigations, (effective 04/01/2021) pages 20 - 21, requires general training provided to all employees according to § 115.31. The agency shall ensure that, to the extent it conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p>

IDOC Policy 00-01-103 (Investigations and Intelligence), Section XIII, Investigating Sexual Abuse and Sexual Harassment of Incarcerated Individuals, page 17.

IDOC, Staff Development, and Training, Sexual Assault Response Team (SART) (effective 07/01/2022) PowerPoint slides 1-16.

The National Institute of Corrections (NIC) satisfies the specialized training requirements outlined in Standard 115.34. The curriculum includes PREA investigative standards, a systematic approach to evidence collection, criteria and evidence for administrative action and prosecution, the role of medical and mental health in the investigation, understanding the victim, interviewing juveniles, interviewing and gender differences, and Garrity and Miranda Warnings.

During an interview with the facility investigator, it was confirmed that the agency policy on IDOC, Staff Development and Training, SART First Responders, Evidence Protocols, and Investigations (approved 07/01/22) includes performance objectives such as defining evidence, identifying both the victim and the alleged perpetrator, addressing evidentiary concerns, considering the crime scene, and understanding the three types of investigative findings.

The Auditor reviewed two investigator training records. During the onsite segment of the audit, the Auditor spoke with an investigator from Edinburgh. When asked if she had received training specifically for conducting sexual abuse investigations in confinement settings, the investigator confirmed that she had. Did the training cover the following topics?

- Techniques for interviewing victims of sexual abuse? The investigator responded yes.
- Correct application of Miranda and Garrity warnings? The investigator responded yes.
- Evidence collection for sexual abuse in confinement settings? The investigator responded yes.
- Criteria and evidence needed to support a case for administrative or prosecution referral? The investigator responded yes.

115.34 (b): Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

See 115.34 (a)-1.

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

115.34 (c)-1 The agency maintains documentation showing that investigators have

completed the required training. Yes.

IDOC/Edinburgh Correctional Facility confirmed that the agency maintains documentation showing that investigators have completed the required training.

115.34 (c)-2 The number of current investigators who have completed the required training: 2.

IDOC/Edinburgh: The number of current investigators who have completed the necessary training is 2.

Edinburgh provided evidence in the form of training certificates to demonstrate specialized training for one investigator. The IDOC agency has records indicating that one investigator has completed the required specialized training for conducting sexual abuse investigations. This substandard requires corrective action.

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

Auditor is not required to audit this provision.

**Evidence relied upon:**

PAQ

Interview with an investigator (1)

Examination of training files (1)

IDOC, Staff Development, and Training, SART First Responders, Evidence Protocols and Investigations (approved 07/01/22)

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VI, Training and Education, Subsection D, Specialized Training: Investigations, (effective 04/01/2021) pages 20 - 21.

National Institute of Corrections (NIC), Investigations Curriculum Outline

IDOC Policy 00-01-103 (Investigations and Intelligence), Section XIII Investigating Sexual Abuse and Sexual Harassment of Incarcerated Individuals, page 17.

**Corrective Action:**

The facility investigator completed specialized training as required by this standard. The PREA Coordinator/investigator reviewed all investigations completed by the then-investigator and agreed with her findings.

**Conclusion:**

Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material



	requirements for the relevant period.
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<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.35 (a): 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: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>115.35 (a)-1 The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Yes.</p> <p>IDOC confirms that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VI, Training and Education, Subsection E, Specialized training: Medical and Mental Health, (effective 04/01/2020,) page 21, indicates the agency shall ensure that all full and part-time medical and mental health practitioners who regularly work in the facilities are trained in:</p> <ul style="list-style-type: none"> <li>• How to detect and assess signs of sexual abuse and sexual harassment</li> <li>• How to preserve physical evidence of sexual abuse</li> <li>• How to respond effectively and professionally to victims of sexual abuse and sexual harassment: and,</li> <li>• How and to whom to report allegations or suspicions of sexual abuse and sexual harassment</li> </ul> <p>Through conversation, this Auditor was informed that the clinical practitioners were employed through a contractor called Centurion. IDOC requires all staff, including contractors, to complete the annual eLearning course on PREA. Centurion, the vendor, offers mandatory training called PREA Overview (updated August 2021), which includes all the necessary elements specified in the training.</p> <p>115.35 (a)-2 The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 5.</p> <p>Edinburgh confirmed the number of all medical and mental health care practitioners who regularly work at this facility and received the training required by agency policy: 5.</p>

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

Edinburgh Correctional Facility confirmed that 100% percent of all medical and mental health care practitioners who work regularly at this facility have received the training required by agency policy.

Edinburgh facilitates access to a mental health practitioner via telemedicine. However, no mental health practitioners were available during the onsite portion of this audit. In an interview, a medical professional affirmed that she had completed the necessary PREA training provided by IDOC and Centurion and specialized PREA training. Interviews with medical staff confirm that both general and specialized PREA-related training occurs annually for medical and mental health personnel. See 115.35 (c)-1 for training completion certificates, training, and personnel documentation to validate the training of regular practitioners.

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

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

During the onsite portion of this audit, the Auditor asked the medical practitioner if she had received specialized training regarding sexual abuse and sexual harassment. The medical practitioner replied yes.

Training records and personnel records to verify that regular practitioners have been trained ("regular" does not include practitioners who are engaged infrequently). Examine policy and verify that all required elements are addressed.

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

115.35 (b)-1 Agency medical staff at this facility conducts forensic medical exams. No.

During the onsite portion of this audit, the auditor asked the medical practitioner if she had conducted forensic examinations, was qualified, and had received the appropriate training in conducting forensic examinations. The medical practitioner replied no. She does not perform forensic examinations and is not qualified.

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

115.35 (c)-1 The agency maintains documentation showing that medical and mental

	<p>health practitioners have completed the required training. Yes.</p> <p>Centurion, PREA Overview (effective 8/2021) learning objectives include:</p> <ul style="list-style-type: none"> <li>• Increase understanding of the goal of the Prison Rape Elimination Act.</li> <li>• Review the PREA National Standards</li> <li>• Review expectations for medical and mental health staff</li> <li>• Local policies and responsibilities under IDOC policy</li> <li>• Zero Tolerance standard for correction sexual violence</li> <li>• Protect the 8th amendment, offender rights</li> </ul> <p>115.35 (d): Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency.</p> <p>Training logs of medical and mental health care practitioners to ensure they received the training for employees AND contractors/volunteers (depending on their status) in the referenced standards. See 115.35 (c).</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. PAQ</li> <li>2. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VI, Training and Education, Subsection E, Specialized training: Medical and Mental Health, (effective 04/01/2020,) page 21.</li> <li>3. Centurion Adult Medical Training, PREA Overview (Updated August 2021)</li> <li>4. Interview with a medical practitioner (contractor) (1)</li> <li>5. Examination of a list of medical and mental health practitioners and a select sample of training documentation (8)</li> </ol> <p><b>Conclusion:</b></p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
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<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.41 (a): All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

115.41 (a)-1 The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VII, Screening for Risk of Sexual Victimization and Abusiveness, Subsection A, Screening for Risk of Sexual Victimization and Abusiveness, (effective 04/01/2020), pages 21 - 23, mandates that all offenders shall be assessed during intake screening and upon transfer to another facility.

During the Auditor interview with intake staff, he confirmed that all offenders are assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

During the Auditor interview with a Unit Team Caseworker, the staff responsible for screening for the risk of victimization and abusiveness detailed the responsibilities during the risk screening. The Unit Team Caseworker confirmed that all offenders are assessed for their risk of being sexually abused by other inmates or sexually abusive toward other inmates during an intake screening and upon transfer to another facility.

### **PREA Audit Site Review**

#### **PREA RISK SCREENING**

During the site review, the auditor must ask to observe a confined person being screened for risk of being sexually abused or sexually abusive, if possible; if no confined persons are being screened during the onsite portion of the audit, the auditor may ask staff to walk through the process and do a mock intake for demonstration purposes.

During the PREA risk screening or mock demo, the auditor:

- Confirm who is responsible for risk screening (e.g., medical, mental health, risk screening staff).
- Confirmed that the risk screening process occurs in a setting that ensures as much privacy as possible.
- Confirmed that during the mock demo, the screening staff asked screening questions to foster comfort and elicit responses.
- Confirmed through testing the method for assessing confined persons for risk of being sexually abused by other persons confined in the facility or sexually abusive toward other persons confined in the facility.
- Confirmed that screening staff use an objective instrument to collect information during the risk screening process.
- Confirmed screening staff affirmatively ask persons confined in the facility about their sexual orientation and gender identity by directly inquiring if they identify as LGBTI (in addition to making a subjective determination about perceived status).
- Confirmed that screening staff use additional sources of information, outlined

in the Standards, to complete the initial risk screening assessment.

- Confirmed completion of the risk screening instrument returns a subsequent “score” or determination of the risk of being sexually abused or being sexually abusive.

115.41 (b): Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

115.41 (b)-1 The policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. Yes.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VII, Screening for Risk of Sexual Victimization and Abusiveness, Subsection A, Screening for Risk of Sexual Victimization and Abusiveness, (effective 04/01/2020), pages 21 - 23.

115.41 (b)-2 The number of inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility: 211.

The Auditor interviewed the staff responsible for risk screening and asked if they screen offenders for the risk of victimization and abusiveness within 72 hours. The staff responded affirmatively.

A select random sample of offenders was interviewed by the Auditor and asked when you first came here, do you remember whether you were asked any questions like:

- Whether you had been in jail or prison before, 40 responded yes during intake.
- Whether you have ever been sexually abused, 24 responded yes.
  - They asked the question. 33 responded yes.
  - Two (2) responded no; they did not ask the question.
  - One (1) responded yes at Edinburgh Correctional Facility
  - Whether you identify as being gay, lesbian, or bisexual, 26 responded yes. They asked the question. Two offenders responded as gay.
- Whether you think you might be in danger of sexual abuse here, 26 confirmed being asked about their safety.

Edinburgh indicated the number of inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

This Auditor reviewed a select sample of 26 offenders admitted to the facility to determine if they were screened correctly per the standard procedure. The Indiana Department of Corrections (IDOC) uses a risk screening instrument called Delta Risk Assessment (Delta). The Delta System was implemented a year ago. Some documents provided to the Auditor were generated electronically using Delta, while

others were handwritten copies of approved forms. The risk assessment tool was previously known as SVAT (sexual victimization assessment tool). The current risk screening instrument by examination is objective and score-based, and it assesses the risk of victimization or abusiveness using all the criteria (1-10) outlined in the standard.

The Auditor sampled 26 assessments and reassessments and confirmed that Branchville conducts evaluations and reassessments following the standard. A staff who performed screening for risk of victimization and abusiveness was asked to screen inmates for risk of sexual victimization or risk of sexually abusing others within 72 hours of their arrival. The Team Unit Manager responded yes.

Offenders sampled (26) were asked if staff inquired if they identify as being gay, lesbian, or bisexual, and 26 responded yes. Further, two responded as gay.

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

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

By examination, this Auditor determined that IDOC employs a system called "Delta Risk Assessment" to conduct an objective risk assessment to assess the risk of sexual victimization or risk of abusiveness to others.

IDOC Delta Project, PREA (effective 12/06/2022) Facilitator Guide pages 1-18.

115.41 (d): The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes.

The staff involved in risk screening were asked, "What does the initial risk screening involve?" They explained that risk screening includes:

- Consideration of any offender with a physical disability
- Consideration of any offender with a cognitive disability
- The age of the offender
- The physical build or size of the offender
- History of incarceration for violent offenses
- History of incarceration for non-violent offenses

- History of incarceration for sex offenses (child/adult)
- Gender identity
- Assessors' viewpoint on vulnerability
- Offenders' views on threats and sexual safety.

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

See 115.41 (d).

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

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

115.41 (f)-2 The number of inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 211.

A staff member responsible for risk screening was interviewed and asked how long it would take to reassess the Edinburgh Correctional Facility offenders' risk levels. She responded within 30 days or when we received new information on the offender.

A random sample of offenders (26) was interviewed and asked whether they knew if the staff had posed these questions (risk assessment ) again since their time at Edinburgh. All offenders responded affirmatively, each providing the name of the staff members who asked the questions.

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

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

IDOC Policy Section VII., Screening for risk of sexual victimization and abusiveness, Subsection A., Screening for Risk Victimization and Abusiveness (effective 04/01/

2020) pages 21-23.

A random sample of offenders (26) was interviewed and asked whether they knew if the staff had posed these questions (risk assessment ) again since their time at Edinburgh Correctional Facility. All offenders responded affirmatively, providing the names of the staff members who asked the question.

Records of offenders (26) who were reassessed for risk of sexual victimization or abusiveness were reviewed to confirm compliance with this substandard.

Staff Responsible for Risk Screening - Q: 5

Inmate Interview Questionnaire - Q: 8

A staff member responsible for risk screening was asked, "Do you reassess an inmate's risk level as necessary due to a referral, request, incident of sexual abuse, or receipt of additional information regarding the inmate's risk of sexual victimization or abusiveness?" The staff member responded affirmatively. Are offenders disciplined in any way for refusing to respond to, or for not disclosing complete information related to, the risk screening? The staff member responded no.

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

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

See 115.41 (g) - 1.

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

PREA Coordinator - Q: 4

The staff responsible for risk screening was asked whether the agency has outlined who can access an inmate's risk assessment within the facility to protect sensitive information from exploitation. The staff responded affirmatively. Access to sensitive personally identifiable information (PII) is limited to individuals whose roles or responsibilities require knowledge of PII.

IDOC Policy 01-04-104 The Establishment, Maintenance, and Disposition of Offender Records (effective 03/01/2017) pages 1-26.

IDOC Policy 02-01-115, Section VII., Screening for risk of sexual victimization and



abusiveness, Subsection A., Screening for Risk Victimization and Abusiveness (effective 04/01/2020), pages 21-23, indicates that information related to sexual victimization or abusiveness, including the information entered in the comment section of the Intake Screening Form, is limited to a need-to-know basis for staff. It is not used for treatment, security, or management decisions, such as housing and cell assignments, as well as work, education, and programming assignments.

According to intake staff, sensitive PII is limited to role-based positions. Offender PII is electronically secured, with controlled access using passwords. The Auditor interviewed the PCM about who can specifically access the screening information collected during intake and screenings. The PCM indicated that the Medical Staff, Mental Health Staff, Classification Staff, and the PCM all have access.

The PREA Coordinator confirmed that the agency has outlined who should have access to an offender's risk assessment within the facility to protect sensitive PII. The PCM confirmed that IDOC has outlined who should have access to an inmate's risk assessment within the facility to protect sensitive information from exploitation.

### **PREA Audit Site Review**

#### **RECORDS STORAGE**

During the site review, the Auditor:

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

#### **Evidence relied upon:**

1. PAQ
2. Facility tour and site review
  1. record storage
3. IDOC Policy 01-04-104 The Establishment, Maintenance, and Disposition of Offender Records (effective 03/01/2017) pages 1-26.
4. IDOC Policy 02-01-115, Section VII., Screening for risk of sexual victimization and abusiveness, Subsection A., Screening for Risk Victimization and Abusiveness (effective 04/01/2020), pages 21-23
5. Interview with the PREA Coordinator

	<ol style="list-style-type: none"> <li>6. Interview with the PREA Compliance Manager</li> <li>7. Interview with Staff responsible for risk screening</li> <li>8. Interview with offenders (26)</li> <li>9. Examination of assessments (26)</li> <li>10. Examination of reassessments (26)</li> <li>11. Examination of the Delta Risk Assessment Manual</li> <li>12. Examination of case notes on a victim who reported sexual abuse. (1)</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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<b>115.42</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.42 (a): The agency shall use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>115.42 (a)-1 The agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Yes.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention Section C., Use of Screening Information (effective 02/01/2010) page 25.</p> <p>IDOC Policy 02-01-118 Inclusive Gender Practices for Incarcerated Individuals, Transgender, and Intersex Offenders (effective 03/01/2023) pages 1-6.</p> <p>In this audit, the Auditor spoke with the PREA Compliance Manager (PCM) regarding the agency's use of data from the risk screening instrument collected during intake to safeguard offenders against sexual abuse. The PCM clarified that the risk assessment is crucial in deciding housing placements, program participation, and work assignments.</p> <p>The Auditor spoke with the staff responsible for risk screening (Unit Team Case</p>

Manager) to understand how the agency or facility employs risk screening information during intake (per 115.41) to protect inmates from sexual victimization or abuse. The risk screener explained that the information gathered during the intake process guides decisions made by both the classification committee and the PREA Committee concerning bed assignments, dorm placements, work opportunities, and program participation.

115.42 (b): The agency shall make individualized determinations about how to ensure the safety of each inmate.

115.42 (b)-1 The agency/facility makes individualized determinations about how to ensure the safety of each inmate. Yes.

See 115.41 (a)-1.

In an interview with a Unit Team Case Manager, the Auditor verified that individualized assessments on maintaining each offender's safety are made during intake, on an annual basis, and as needed. A review of the relevant policies backs the agency's mandate requiring each facility to make these personalized safety determinations for every offender.

115.42 (c): In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

115.42 (c)-1 In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention Section C., Use of Screening Information (effective 02/01/2010) page 25.

IDOC Policy 02-01-118 Inclusive Gender Practices for Incarcerated Individuals, Transgender, and Intersex Offenders (effective 03/01/2023) pages 1-6.

115.42 (c)-2 In making housing and programming assignments, the facility shall consider on a case-by-case basis whether placement of a transgender or intersex inmate would present management or security problems. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention Section C., Use of Screening Information (effective 02/01/2010) page 25.

IDOC Policy 02-01-118 Inclusive Gender Practices for Incarcerated Individuals, (effective 03/01/2023) pages 1-6.

Memo from the Warden dated 06/01/2024 regarding a list of transgender offenders. The Warden confirmed that Edinburgh had not received any identified transgender

offenders during this reporting period.

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

In an interview with the PCM, the Auditor asked how often are placement and program assignments for transgender and intersex offenders reassessed. The PREA Compliance Manager responded at least every six months.

Memo from the Warden dated 06/01/2024 regarding a list of LGB offenders (2).

115.42 (e): A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.

In an interview with the PCM, the Auditor asked whether transgender or intersex offenders' views with respect to his or her own safety were given serious consideration in placement and programming assignments. The PCM responded yes.

In an interview with staff responsible for risk screening, the Auditor asked if transgender or intersex offenders' views of his/her safety were given serious consideration in placement and programming assignments. The staff responded yes.

115.42 (f): Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

The facility identified zero transgender or intersex offenders. The medical practitioner confirmed this information.

During an interview with the PREA Compliance Manager, the Auditor asked how the agency or facility determines housing and program assignments for transgender and intersex offenders. The PCM referred to IDOC Policy 02-01-118, Inclusive Gender Practices for Incarcerated Individuals, offenders who self-identify as transgender, gender diverse, or are diagnosed as intersex are referred to the Health Services and evaluated under Health Care Directive 2.17A, Health Services for Transgender and Gender Diverse Patients. Health Services and Mental Health will complete the State Form

56492, Transgender Evaluation, and forward a copy to the facility PCM. The decision whether to assign a transgender, gender diverse, or intersex offender to a facility of their identified gender is considered on a case-by-case basis. Yes.

IDOC Policy 02-01-118 Inclusive Gender Practices for Incarcerated Individuals, Transgender, and Intersex Offenders (effective 03/01/2023) pages 1-6.

115.42 (g): The agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

	<p>During the audit, the Auditor interviewed the PREA Coordinator. The Auditor asked how the agency ensures against placing lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings solely on the basis of their sexual orientation. The PREA Coordinator states offender placement is on a case-by-case basis and in accordance with IDOC Policy 02-01-118, Inclusive Gender Practices for Incarcerated Individuals.</p> <p>During an interview with the PCM, the Auditor asked if Edinburgh is subject to a consent decree, legal settlement, or legal judgment requiring it to establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex offenders. The PCM replied no.</p> <p>The facility identified zero transgender or intersex offenders. The medical practitioner confirmed this information.</p> <p>The Auditor interviewed two offenders who self-identified as gay. Each was asked if they were placed in a housing unit specifically for gay/lesbian, bisexual, transgender, or intersex offenders. Each responded no.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. PAQ</li> <li>2. IDOC Policy 02-01-118, Inclusive Gender Practices for Incarcerated Individuals (effective 03/01/2023) pages 1-6</li> <li>3. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VII, Screening for Risk of Sexual Victimization and Abusiveness, Subsection C, Use of Screening Information, (effective 02/01/2020) page 25</li> <li>4. Interview with gay offenders (2)</li> <li>6. Interview with staff responsible for risk screening</li> <li>7. Interview with the PREA Coordinator</li> <li>8. Interview with the PREA Compliance Manager</li> <li>9. Health Care Directive 2.17A, Health Services for Transgender and Gender Diverse Patients</li> <li>12. State Form 56492</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence used to determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

115.43 (a): Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

115.43 (a)-1 The agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Yes.

115.43 (a)-2 The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0.

According to a memo dated 06/01/2024, Edinburgh does not utilize segregation. Offenders would be transferred to a facility that can provide alternative means of separating the victim from a likely abuser.

115.43 (b): Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations.

According to a memo dated 06/01/2024, Edinburgh does not utilize segregation. Offenders would be transferred to a facility that can provide alternative means of separating the victim from a likely abuser.

Zero staff supervise offenders in segregation. According to a memo dated 06/01/2024, Edinburgh does not utilize segregation. Offenders would be transferred to a facility that can provide alternative means of separating the victim from a likely abuser.

115.43 (c): The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. 0.

According to a memo dated 06/01/2024, Edinburgh does not utilize segregation. Offenders would be transferred to a facility that can provide alternative means of separating the victim from a likely abuser.

115.43 (d): If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the inmate's safety; and (2) The reason why no alternative means of separation can be arranged.

According to a memo dated 06/01/2024, Edinburgh does not utilize segregation.

	<p>Offenders would be transferred to a facility that can provide alternative means of separating the victim from a likely abuser.</p> <p>115.43 (d)-1 From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 0.</p> <p>115.43 (e): Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.</p> <p>According to a memo dated 06/01/2024, Edinburgh does not utilize segregation. Offenders would be transferred to a facility that can provide alternative means of separating the victim from a likely abuser.</p> <p>15.43 (e)-1 If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. Not applicable.</p> <p>According to a memo dated 06/01/2024, Edinburgh does not utilize segregation. Offenders would be transferred to a facility that can provide alternative means of separating the victim from a likely abuser.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. PAQ</li> <li>2. According to a memo dated 06/01/2024, Edinburgh does not utilize segregation. Offenders would be transferred to a facility that can provide alternative means of separating the victim from a likely abuser.</li> <li>3. Interview with the Warden</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

115.51 (a): The agency shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

115.51 (a)-1 The agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention (effective 04/01/2020) pages 1-47.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VIII. Reporting, Subsection A., Offender Reporting (effective 04/01/2020), pages 27-28.

IDOC, Sexual Abuse Prevention and Reporting, Offender/Student Information Brochure (effective 9/2019).

IDOC Offender Handbook 2016

IDOC Ombudsman Posters

A random sample of staff (12) were interviewed by the Auditor and asked how offenders privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. Staff responded in the following ways with multiple examples of ways to privately report sexual abuse and sexual harassment such as:

1. Any staff
2. Use the kiosk
3. Tell the officer-on-duty
4. Tell a trusted staff member
5. #80 hotline (12)
6. Use the app on their tablet to report (7)
7. Third-party reporting, family (7)
8. Contact the Indiana Ombudsman Office
9. Anonymously (1)
10. File a grievance (1)
11. Send a yellow letter (1)

The Auditor interviewed a select sample of offenders (26); the offenders were asked if there was someone who did not work at this facility to whom they could report sexual abuse or sexual harassment. All responded yes. How would you report any sexual abuse or sexual harassment that happened to you or someone else? The offenders responded in the following ways:

1. Tell trusted staff (10)



2. Call the PREA Hotline (10)
3. Use the app on my tablet (26)
4. Submit a "yellow request form" (2)
5. Tell family (9)
6. Tell a correctional officer (7)
7. Tell a Shift Supervisor, Lieutenant, Captain, or First-Line Supervisor (2)
8. Letter to the Warden (2)
9. Tell the PCM/Deputy Warden (3)
10. File a grievance (3)
11. Tell a medical practitioner (1)
12. From the living unit, dial #80 (10)
13. Tell a Case Manager (4)
14. Kiosk (1)
15. GTL Messenger (1)
16. Look at the posted information on the living unit (1)
17. Submit an anonymous note (1)

### **PREA Audit Site Review**

During the facility tour and site review, this Auditor observed:

- PREA educational signage consisted of posters in both English and Spanish in each living unit.
- Information on how to report sexual abuse and harassment
- Guidance on whom to report sexual abuse and harassment to
- Details for the PREA Hotline
- Resources for emotional support in the community
- Contact information for the IDOC Ombudsman
- PREA education is provided in areas familiar to offenders, including education, recreation, food service, medical, administration, and visitation.
- PREA information was presented clearly and concisely
- Displayed PREA information was free of graffiti
- The Auditor's contact information was current and included relevant details.
- Test reports were submitted electronically and confirmed by the PREA Coordinator within 24 hours.

### **RECORD STORAGE**

During the site review, the Auditor:

- Examine the physical storage space for any documentation collected and held in hard copy according to PREA Standards (for instance, risk screening information, medical records, and sexual abuse allegations).
- Noted locations such as medical, administration, and intake where Personally Identifiable Information (PII) is secured (for example, using key cards, locks, and keys).
- Assess electronic security measures (such as password protection, access restricted to specific areas, and role-based security) for any information/documentation gathered and stored electronically under PREA Standards (such as risk screening information).

115.51 (b): The agency shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency and that can receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

115.51 (b)-1 The agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office not part of the agency. Yes.

- IDOC Ombudsman Posters, 402 West Washington Street, W479, Indianapolis, IN. 46204.
- Sexual Abuse Report on Viapath (GTL) tablet, GTL Request app, Indiana Ombudsman's Office.

According to my online research, the IDOC Ombudsman Office is a state agency dedicated to investigating and addressing complaints related to certain state agencies. You can utilize this website to contact the Ombudsman and access available resources. During this audit period, the Auditor communicated with multiple representatives from the Ombudsman Office, who confirmed their process of accepting reports from IDOC facilities and promptly forwarding complaints to the PREA Coordinator. Additionally, the Auditor sent a test message from an offender's table to the Ombudsman's office. Within 24 hours, the office informed the IDOC PREA Coordinator about the Auditor's message.

115.51 (b)-2 The agency has a policy requiring inmates detained solely for civil immigration purposes to be provided information on how to contact relevant consular officials and relevant Department of Homeland Security officials. No.

IDOC does not detain offenders solely for civil immigration purposes according to the PREA Coordinator.

During this audit, the Auditor interviewed the PREA Compliance Manager. The Auditor

inquired about how the facility allows offenders to report abuse or harassment to an office outside the agency. The PCM explained that offenders have easy access to individually issued electronic tablets, enabling them to communicate with the Ombudsman's Office in the community and to send and receive emails to family and friends. The Auditor also observed that each living unit displays contact information for the Ombudsman's Office. Are these procedures effective in ensuring the receipt and immediate forwarding of inmate reports related to sexual abuse and sexual harassment to agency officials while allowing inmates to maintain anonymity? Yes.

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

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

IDOC Policy 02-01-115 Sexual Abuse Prevention (effective 04/01/2020) pages 1-47.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VIII. Reporting, Subsection A., Offender Reporting (effective 04/01/2020), pages 27-28.

IDOC Sexual Abuse Prevention and Reporting, Offender/Student Information Brochure (effective 9/2019).

IDOC Offender Handbook 2016

IDOC Ombudsman Posters

115.51 (c)-2 Staff are required to document verbal reports. If "Yes", please provide the time frame required to document the reports in the comments section. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VIII. Reporting, Subsection A., Offender Reporting (effective 04/01/2020), pages 27-28.

During the onsite portion of this audit, the Auditor interviewed a select sample of random staff (12) and asked if an offender could allege sexual abuse or sexual harassment verbally, in writing, anonymously, and through third parties. All staff answered affirmatively. When asked, "Do you document verbal reports?" all replied yes, immediately, but no later than the end of the shift.

In the on-site phase of this audit, the Auditor interviewed a sample of 26 offenders. The Auditor asked if offenders could report incidents of sexual abuse or harassment, either verbally or in writing. All offenders responded positively. They were then asked if they could have someone else, such as a friend or relative, report on their behalf to avoid being identified. Once more, the answer was affirmative, confirming that a family member or friend could handle the reporting.

115.51 (d): The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates.

115.51 (d)-1 The agency has established procedures for staff to privately report

sexual abuse and sexual harassment of inmates. Yes.

Through examination, IDOC distributes a Sexual Prevention Reporting brochure to its employees and displays the same information in common administrative areas for employees and visitors. The brochure offers prevention tips, informs staff about the agency's Zero Tolerance Policy, outlines types of sexual abuse and harassment to help recognize such behaviors, provides reporting methods for sexual abuse and harassment, and directs staff to IDOC Policy 02-01-115 for further information.

115.51 (d)-2 Staff are informed of these procedures in the following ways:  
PREA Brochure.

Through examination, IDOC distributes a Sexual Prevention Reporting brochure to its employees and displays the same information in common administrative areas for both employees and visitors. The brochure offers prevention tips, informs staff about the agency's Zero Tolerance Policy, outlines types of sexual abuse and harassment to help recognize such behaviors, provides reporting methods for sexual abuse and harassment, and directs staff to IDOC Policy 02-01-115 for further information.

During the onsite portion of this audit, the Auditor interviewed a select sample of random staff (12) and asked how staff can privately report sexual abuse and sexual harassment of inmates. Staff responded in the following manner:

- Telephone a supervisor, (9)
- Call the PREA Hotline (5)
- Email (2)

**Evidence relied upon:**

1. PAQ
2. Facility tour and site review
3. Interview with random staff (12)
4. Interview with offenders (26)
5. Internet search - IDOC Ombudsman Office
6. Interview with the IDOC Ombudsman Office
7. Interview with the PREA Compliance Manager
8. Testing of the IDOC Ombudsman Office
9. IDOC Policy 02-01-115 Sexual Abuse Prevention (effective 04/01/2020) pages 1-47.
10. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VIII. Reporting, Subsection A., Offender Reporting (effective 04/01/2020), pages 27-28.
11. IDOC, Sexual Abuse Prevention and Reporting, Offender/Student Information Brochure (effective 9/2019).
12. IDOC Offender Handbook 2016
13. IDOC Ombudsman Posters

**Conclusion:**

The narrative above includes a thorough discussion of all the evidence considered when making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.

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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.52 (a): An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.</p> <p>115.52 (a)-1 The agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B., Exhaustion of Administrative Remedies (effective 04/01/2020), pages 28-30.</p> <p>IDOC Policy 00-02-301 Offender Grievance Process (effective 09/01/2020), pages 1-15.</p> <p>115.52 (b): (1) The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.</p> <p>115.52 (b)-1 Agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Yes.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B., Exhaustion of Administrative Remedies (effective 04/01/2020), page 28.</p> <p>115.52 (b)-2 Agency policy requires an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. No.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B., Exhaustion of Administrative Remedies (effective 04/01/2020), page 29.</p> <p>115.52 (c): The agency shall ensure that— (1) An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.</p>

115.52 (c)-1 The agency's policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B., Exhaustion of Administrative Remedies (effective 04/01/2020), page 29.

115.52 (c)-2 The agency's policy and procedure requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B., Exhaustion of Administrative Remedies (effective 04/01/2020), page 29.

115.52 (d): (1) The agency issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. (2) Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. (4) At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level.

115.52 (d)-1 The agency's policy and procedure require a decision on the merits of any grievance or portion of a grievance alleging sexual abuse within 90 days of the filing of the grievance. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B., Exhaustion of Administrative Remedies (effective 04/01/2020), page 29.

115.52 (d)-2 In the past 12 months, the number of grievances filed that alleged sexual abuse: 0.

Edinburgh provided an incorrect response to question 115.52 (d)-2. According to investigative records, two grievances were initiated: one regarding sexual abuse and the other concerning sexual harassment. However, neither of these grievances filed by offenders during this reporting period was classified as an emergency grievance.

115.52 (d)-3 In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0.

115.52 (d)-4 In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0.

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

applicable. See 115.52 (d)-2.

115.52 (d)-6 If YES, the number of grievances that took longer than a 70-day extension period to resolve: 0.

See 115.52 (d)-2.

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

See 115.52 (d)-2. Not applicable.

**One** incident of sexual abuse was alleged during this reporting period. The offender was discharged from the facility before the onsite portion of this audit.

Two samples of grievances from the 12 months preceding the audit that alleged sexual abuse and their final decision were reviewed by the Auditor. See 115.52 (d)-2.

115.52 (e): (1) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and shall also be permitted to file such requests on behalf of inmates. (2) If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agrees to have the request filed on his or her behalf and may also require the alleged victim to pursue any subsequent steps in the administrative remedy process personally. (3) If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.

115.52 (e)-1 Agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B., Exhaustion of Administrative Remedies (effective 04/01/2020), page 30.

According to a memo provided by the Edinburgh Warden on 06/01/2024, zero third-party grievances were filed during this reporting period. The Auditor confirmed this by examining three investigations.

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

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B., Exhaustion of Administrative Remedies (effective 04/01/2020), page 30.

115.52 (e)-3 The number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline: 0.

## **PREA Audit Site Review**

During the facility tour, the Auditor observed that signage related to the Prison Rape Elimination Act (PREA) was prominently displayed in common areas for both staff and visitors, as well as throughout all living units and food service areas. This signage provided specific contact information for external emotional support services and detailed the procedures for reporting incidents of sexual abuse and harassment, both internally and externally. The information on the posters and signs was accurate and consistently presented throughout the facility, with text sizes that were manageable for most individuals. Signage was available in both English and Spanish and was located near telephones and in areas frequently accessed by offenders and staff. Information regarding access to confidential emotional support services was posted in the common areas of each living unit. The Edinburgh Correctional Facility allows offenders to submit third-party reports, and relevant details were visible in all living units and common areas used by staff and visitors. The Auditor also evaluated the third-party reporting process.

The agency's website offers information on how friends, family members, and advocates can submit third-party reports regarding incidents of sexual abuse or harassment at the Edinburgh Correctional Facility. During the audit, the Auditor reviewed the telephone system in the living units and noted that offenders were actively making calls. Most of the telephones in each unit were operational, providing offenders with several working phones for their calls. Many offenders informally preferred using tablets to communicate with family and friends or to connect with reporting entities as needed.

The Auditor observed that the internet connectivity was slow during the audit. However, discussions with the phone vendor indicated that the company was in the process of upgrading its statewide system, which contributed to the sluggish access. Writing materials were accessible in common areas, and mail receptacles were available to all offenders. Most offenders interviewed reported using personal tablets to communicate with family and friends, rather than relying on the postal system.

Physical file storage was secure, with files kept in locked cabinets and rooms. Access to these file rooms was restricted according to personnel roles, responsibilities, and authorizations.

115.52 (f): (1) The agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision document the agency's determination of whether the inmate is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.



115.52 (f)-1 The agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B., Exhaustion of Administrative Remedies (effective 04/01/2020), page 30.

On June 1, 2024, the facility warden sent a memo to the auditor regarding emergency allegations of sexual abuse or harassment that had occurred over the past 12 months. The memo confirmed that there were no emergency allegations of sexual abuse or harassment during that period.

115.52 (f)-2 The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B., Exhaustion of Administrative Remedies (effective 04/01/2020), page 30.

115.52 (f)-3 The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0.

115.52 (f)-4 The number of those grievances in 115.52(e)-3 that had an initial response within 48 hours: 0.

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

115.52 (f)-6 The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0.

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

115.52 (g)-1 The agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. Yes.

The facility Warden provided a memo to the Auditor on 06/01/2024 regarding ADP Violations for Bad Faith Reports during the past 12 months. The memo confirmed zero ADP Violations for Bad Faith Reports in the prior 12-month period.

115.52 (g)-2 In the past 12 months, the number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith: 0.

The Auditor did not find documentation of any such disciplinary actions.

**Evidence relied upon:**

	<ol style="list-style-type: none"> <li>1. PAQ</li> <li>2. Facility tour and site review</li> <li>3. IDOC Policy 02-04-101 Administrative Disciplinary Procedure (effective 03/01/2020) 122 Asserting and/or Filing a false Lien or Judgement or Complaint page</li> <li>3. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VIII, Reporting, Subsection B, Exhaustion of Administrative Remedies (effective 04/01/2020), pages 28 - 30.</li> <li>5. IDOC Policy 00-02-301 Offender Grievance Process (Effective 09/01/2020) Section D., PREA Grievances, (effective 09/01/2020) pages 5-6.</li> <li>6. Examination of investigative reports (3).</li> <li>7. Examination of assurance letters written by the Warden regarding Standard 115.52.</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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115.53	Inmate access to outside confidential support services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.53 (a): The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.</p> <p>115.53 (a)-1 The facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. Yes.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention Section C. Offender Access to Outside Confidential Support Services (effective 04/01/2020) page 30-31.</p> <p>115.53 (a)-2 The facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. Yes.</p> <p>Indiana Coalition Against Domestic Violence, 1915 West 18th Street, Indianapolis, IN. 46202 or from the living units, offenders call dial #66.</p> <p>During the facility tour and site observation, the Auditor noticed signage for the</p>

Indiana Coalition Against Domestic Violence. The signage included the coalition's physical address and an ICADV Hotline form, allowing offenders using the telephone call system in the living unit to contact ICADV by dialing #66.

115.53 (a)-3 The facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes. Yes.

See 115.53 (a)-2.

During the facility tour and site observation, the Auditor noticed signage for the Indiana Coalition Against Domestic Violence. The signage included the coalition's physical address and an ICADV Hotline form, allowing offenders using the telephone call system in the living unit to contact ICADV by dialing #66.

115.53 (a)-4 The facility provides inmates with access to such services by enabling reasonable communication between them and these organizations in a confidential manner.

See 115.53 (a)-2.

During the onsite phase of this audit, the Auditor interviewed a sample of 26 offenders. They were asked if the facility provided mailing addresses and phone numbers for external emotional services. Four offenders responded negatively. Of the 26 who said yes, only one offender recalled the services available. However, everyone knew where to find the contact information for community emotional support services within the living unit. Among the 26 offenders, everyone knew they could contact ICADV from the residing unit by dialing #66, and they understood that the call was toll-free. All sampled offenders (26) also knew when phones in the living unit were accessible. When asked if they believed their conversations with ICADV remained private, the majority (20 offenders) thought their calls were recorded; four were private, and two did not know. During the facility tour, the Auditor tested the telephones in each living unit. All phone tests began with a recorded message informing offenders that their calls might be recorded.

One incident of sexual abuse was alleged, but this offender was discharged from the facility before the onsite portion of this audit.

### **PREA Audit Site Review**

During the facility tour, the Auditor noted that PREA-related signs were displayed in common areas for staff and visitors, all living units, and food service areas. These signs included clear contact information for external emotional support services and outlined procedures for reporting sexual abuse and harassment, both internally and externally. The information on the posters and signs was consistent throughout the facility, and the print sizes were designed to be easily readable by most individuals. Bilingual signage was available for both offenders and staff in English and Spanish, and it was strategically placed near telephones and in high-traffic areas. Notably,

during random interviews, the majority of offenders expressed a preference for reporting incidents of sexual abuse or harassment through their tablets, as this method provided them with greater privacy.

### **Outside Emotional Support via Phone**

Confidential emotional support service information was displayed in shared areas of all living units associated with #66. The Auditor conducted a test with an offender's assistance by contacting an external emotional support service provider:

- The phone number listed on the signage in each living unit, #66, connects to the organization that provides emotional support services.
- The number is toll-free.
- The Indiana Coalition Against Domestic Violence answered the call.
- The provider is prepared to offer regional services for callers from the facility, redirecting calls outside designated areas to the appropriate region.
- A representative detailed the services offered by the coalition.

The Unit Team Manager noted that the case manager or the unit team would schedule calls requiring additional privacy or specific arrangements.

The Auditor also evaluated the telephone system within the living units. Most phones were functional, offering offenders various options for making calls. Some offenders preferred using tablets to communicate with family and friends and to contact reporting entities if needed. The audit revealed slow internet connectivity. However, conversations with the telephone vendor indicated that the slow access was due to upgrades being implemented across the statewide system. It was also noted that writing materials were easily accessible in common areas, and mail receptacles were available to all offenders.

### **Physical Storage**

- File storage was found in locked rooms, with files secured in locked filing cabinets.
- Access to these file rooms was restricted based on the personnel's roles, responsibilities, and authorizations.

115.53 (b): The facility shall inform inmates, 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.

115.53 (b)-1 The facility informs inmates of the extent to which such communications will be monitored prior to giving them access to outside support services. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention Section C. Offender Access to Outside Confidential Support Services (effective 04/01/2020) page 30-31.

115.53 (b)-2 The facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention Section C. Offender Access to Outside Confidential Support Services (effective 04/01/2020) page 30-31.

During the facility tour and site observation, the Auditor noticed signage for the Indiana Coalition Against Domestic Violence (ICADV). The signage included the coalition's physical address and provided a hotline form, allowing offenders in the living unit to contact ICADV by dialing #66 on the telephone. The posted signage informed offenders that their calls could be monitored. Additionally, when testing the telephones, each offender is alerted before placing a call, ensuring they are aware that their call may be monitored.

During the on-site portion of this audit, the Auditor asked a sample of 26 offenders if they understood that their communications with the Indiana Coalition Against Domestic Violence or other victim advocacy organizations would remain confidential. Nineteen offenders indicated that the telephone system informs all callers before a call is made and that all calls may be recorded. Two offenders responded with, "I don't know," and five stated that the calls were private.

The Auditor then asked the five offenders under what circumstances Edinburgh might share what they told the Coalition and when others might be able to listen to those conversations. The five offenders provided examples such as situations involving harm to themselves or others, threats made over the phone, or inappropriate conversations.

One incident of sexual abuse was alleged, but this offender was discharged from the facility before the onsite portion of this audit.

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

115.53 (c)-1 The agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse. Yes.

115.53 (c)-2 If YES to 115.53(c)-1, the agency or facility maintains copies of those agreements. Yes.

By examination, IDOC extended a contract for services dated 06/21/2023, with the Indiana Coalition Against Domestic Violence, Inc. The contract expired 09/30/2024.

	<p>115.53 (c)-3 If NO to 115.53(c)-1, the agency or facility has attempted to enter into MOUs or other agreements with community service providers that are able to provide such services. If "Yes", please explain why these attempts have not been successful in the comments section. Not applicable.</p> <p>115.53 (c)-4 If YES to 115.53(c)-3, the agency maintains documentation of attempts to enter into such agreements. Yes.</p> <p>See 115.53 (c)-2.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. PAQ</li> <li>2. Facility tour and site review</li> <li>3. Examination of Indiana Coalition Against Domestic Violence Poster</li> <li>4. Examination of the contractual agreement between IDOC and Indiana</li> <li>5. Coalition Against Domestic Violence E-Contract 48021-A2</li> <li>6. Interview with offenders (26)</li> <li>7. Interview with a representative from ICADV.</li> <li>8. Examination of investigative reports of sexual abuse and sexual harassment (3).</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence used to determine compliance or non-compliance, the auditor's analysis and reasoning, and the auditor's conclusions.</p>
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115.54	Third-party reporting
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.54 (a): The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute public information on how to report sexual abuse and sexual harassment on behalf of an inmate.</p> <p>115.54 (a)-1 The agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D. Third-party reporting (effective 04/01/2020) page 31.</p> <p>115.54 (a)-2 The agency or facility publicly distributes information on how to report</p>

inmate sexual abuse or sexual harassment on behalf of inmates. Yes.

Examination of the IDOC webpage

Examination of the Sexual Abuse Prevention and Reporting, Visitor Information Brochure.

- IDOC Zero Tolerance Policy
- Prevention
- Methods of Reporting Sexual Abuse and Sexual Harassment
- Categories of Sexual Abuse and Sexual Harassment
  - Make a report to any staff
  - Call the IDOC sexual assault hotline at 1 (877) 385-5877
  - Email IDOCPREA @idoc.in.gov.
  - Call the facility Warden
  - Anonymous reporting

### **PREA Audit Site Review**

During the facility tour, the Auditor noted that PREA-related signs were present in common areas for staff and visitors, all living units, and food service zones. These signs included precise contact information for external emotional support services and detailed procedures for reporting sexual abuse and harassment, both internally and externally. The information on the posters and signs was accurate throughout the facility, with print sizes suitable for most individuals. Bilingual signage was displayed in English and Spanish, thoughtfully near telephones and in high-traffic areas for offenders and staff. It's important to highlight that during random interviews, most offenders indicated a preference for reporting incidents of sexual abuse or harassment through their tablets, as it provided them with more privacy.

### **Outside Emotional Support via Phone**

Information about the confidential emotional support service was displayed in shared areas of all housing units using #66. The Auditor conducted a test in collaboration with an offender, calling the external emotional support service provider:

- The phone number listed on the signage at the #66 housing unit connects directly to the organization that provides external emotional support services.
- This number is either local or toll-free.
- The Indiana Coalition Against Domestic Violence answered the call from the provider.
- The service provider can offer region-specific services to callers from the facility, while calls made outside the assigned areas are redirected to the correct regional call center.

- A representative explained the array of services offered by the coalition.

The Unit Team Manager noted that calls requiring extra privacy or special arrangements would be arranged by either the case manager or the Unit Team Manager. Additionally, the Auditor assessed the phone system in the living units. Most phones were functional, allowing offenders various options for making calls. Some offenders preferred using tablets to communicate with family and friends or contact reporting entities when needed. During the audit, it was observed that the internet connectivity was slow. However, discussions with the telephone vendor revealed that upgrades to the statewide system were causing the slow access. Observations also indicated that writing materials were easily accessible in common areas, and mail receptacles were available to all offenders.

### **Physical Storage**

File storage was found in locked rooms, with files secured in locked filing cabinets. Access to these file rooms was restricted based on the personnel's roles, responsibilities, and authorizations.

### **TESTING THIRD-PARTY REPORTING**

During the audit process, this Auditor:

- Complete and submit a test third-party report using the same method(s) provided to the public (e.g., via the agency/facility website) from an offender's tablet.
- Confirm that the method(s) for submitting third-party reports is accessible and understandable and can be found in reasonably conspicuous and appropriate locations (e.g., the facility/agency website).
- Confirm that the third-party reporting method is not the general contact information for the facility but is specific to reporting sexual abuse and sexual harassment in the facility.
- Confirmed from the PREA Coordinator that he had been contacted by the third-party reporting source regarding the test submission.
- Verify the facility has a process for receiving third-party reports through the PREA Coordinator.

#### **Evidence relied upon:**

1. PAQ
2. Facility tour and site review
3. IDOC Policy 02-01-115 Sexual Abuse Prevention, section D., Third-party reporting (effective 04/01/2020), page 31.
4. Testing third-party reporting
5. Interview with the PREA Coordinator
7. IDOC, Sexual Prevention Reporting, and Visitor Information Brochure
8. Examination of the IDOC Webpage

#### **Conclusion:**

The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's



	analysis and reasoning, and the Auditor's conclusions.
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<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.61 (a): The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>115.61 (a)-1 The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Yes.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section IX, Official Response Following an Offender Report, Subsection A., Staff and Indiana Department of Correction reporting duties (effective 04/01/2020), pages 31-33.</p> <p>115.61 (a)-2 The agency requires all staff to report immediately and according to agency policy any retaliation against inmates or staff who reported such an incident. Yes.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section IX, Official Response Following an Offender Report, Subsection A., Staff and Indiana Department of Correction reporting duties (effective 04/01/2020), pages 31-33.</p> <p>115.61 (a)-3 The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Yes.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section IX, Official Response Following an Offender Report, Subsection A., Staff and Indiana Department of Correction reporting duties (effective 04/01/2020), page 31.</p> <p>During the onsite audit, the Auditor interviewed a selected group of 12 Edinburgh staff. The Auditor asked if the agency mandates all staff to report any knowledge, suspicion, or information about incidents of sexual abuse or harassment within a facility, retaliation against inmates or staff reporting such incidents, and any instances of staff neglect or violations of responsibilities that may have contributed to these incidents or retaliation. All sampled staff confirmed positively. The Auditor also asked about the agency or facility's procedure for reporting any information</p>

concerning an offender; all staff replied that the main steps are to protect the victim, inform a supervisor, safeguard usable evidence, and document the situation incident.

115.61 (b): Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

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

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section IX, Official Response Following an Offender Report, Subsection A., Staff and Indiana Department of Correction reporting duties (effective 04/01/2020), pages 31-33.

During the onsite portion of this audit, the Auditor interviewed a select random sample (12) of Edinburgh staff. The Auditor asked if the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, retaliation against inmates or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff sampled responded yes. What is the agency/facility policy or procedure for reporting any information related to an offender? All responded by safeguarding the victim, notifying a supervisor, and protecting usable evidence.

During the onsite portion of this audit, the Auditor interviewed a select random sample (12) of Edinburgh Correctional Facility staff. The Auditor asked whether agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. All sampled staff responded yes.

115.61 (c): Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

Mental health services are provided via Telemedicine. The practitioners are contractors and vary. During this audit, the Auditor interviewed a medical practitioner (1). The Auditor asked the medical practitioner if, at the initiation of services to an inmate, you disclosed the limitations of confidentiality and your duty to report. The practitioner responded yes. Are you required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it? The practitioner responded yes. Have you ever become aware of such an incident? The medical practitioner responded no.

115.61 (d): If the alleged victim is under 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

During this audit, the Auditor interviewed the Warden. The Auditor inquired how he responds when someone under the age of 18, or a person classified as a vulnerable adult under state or local law, makes an allegation of sexual abuse or sexual harassment. He responded that they protect the victim by separating him from the abuser and activating the response team, which includes SART. They initiate an investigation and monitor the offender for any retaliation. It should be noted that this facility is an adult male facility with zero youthful offenders. To confirm the absence of offenders under 18, the Auditor reviewed the offender roster by living units.

During this audit, the auditor spoke with the PREA Coordinator to understand how the facility reacts when someone under 18 or a vulnerable adult, as defined by state or local law, alleges sexual abuse or harassment. The PREA Coordinator explained that he actively monitors the facility to ensure it adheres to all PREA standards, specifically 115.61. He provides necessary training and re-training for IDOC staff to fulfill PREA requirements. Additionally, he conducts quarterly meetings with all PREA Compliance Managers to review standards and provide training and support at the agency level.

115.61 (e): The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

During this audit, the Auditor interviewed the Warden. The Auditor asked if all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) were reported directly to designated facility investigators. The Warden responded yes, all.

This Auditor examined a sample of reports sent to investigators. The investigations document offenders who reported (3) sexual abuse for this reporting period. All were investigated; two (unfound) and one (1) were unsubstantiated.

**Evidence relied upon:**

1. PAQ
2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section XI., Official Response Following An Offender Report, Subsection A., Staff, and Indiana Department of Correction reporting duties (effective 04/01/2020) pages 31-33.
3. Interview with the Warden
4. Interview with the PREA Coordinator
5. Interview with a medical practitioner (1)
6. Examination of investigative reports (3)
7. Interview a random sample of staff (12)

	<p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.62 (a): When an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection B, Indiana Department of Correction Protection Duties (effective 04/01/2020), page 33, states that when staff learns that an offender is subject to a substantial risk of imminent sexual abuse, they take immediate action to protect the offender. This may include placing the offender in Protective Custody, Administrative Restrictive Status housing, Isolation, or any other appropriate action.</p> <p>115.62 (a)-1 When the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). Yes.</p> <p>115.62 (a)-2 In the past 12 months, the number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse: 0.</p> <p>115.62 (a)-3 If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) passed before taking action is not applicable.</p> <p>115.62 (a)-4 The longest time passed (in hours or days) before taking action (please note if the response is in hours or days).</p> <p>Through an interview with the Agency Head, she indicated that the agency would take immediate steps to protect any offender believed to be subject to a substantial risk of imminent sexual abuse.</p> <p>In an interview with the facility Warden, it was reported that in the current reporting</p>

	<p>period, no offenders claimed they faced a significant risk of imminent sexual abuse. Should an offender report such a risk, the facility is prepared to take swift action to ensure the individual's sexual safety and well-being. Notably, Edinburgh lacks a segregation unit. Potential protective measures might involve relocating the aggressor to a facility with a segregation unit while an investigation is conducted. Other options include moving the aggressor away from the victim, job assignment change, transferring the abuser to a different housing unit, or implementing any suitable action to mitigate the threat of imminent sexual abuse.</p> <p>During an interview with a random sample of staff (12) at Edinburgh Correctional Facility, each staff member was asked if they learned an inmate is at risk of imminent sexual abuse and how quickly they take such actions. All responded immediately. What actions would you take to protect the offender? Staff sample responded in the following manner:</p> <ul style="list-style-type: none"> <li>• 12 responded by relocating the victim to a safe place and ensuring their safety.</li> <li>• 2 Move the victim closer to the officer station</li> <li>• 1 responded isolate the threat</li> <li>• 10 responded to notify a supervisor</li> <li>• 1 Notify the bosses on the shift</li> </ul> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. PAQ</li> <li>2. Interview random staff (12)</li> <li>3. Interview with the Warden</li> <li>4. Interview with the Agency Head</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.63 (a): Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.</p> <p>115.63 (a)-1 The agency has a policy requiring that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the</p>

facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B. Indiana Department of Corrections Protections Duties (effective 04/01/2020), page 33.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection C, Reporting to Other Confinement Facilities, (effective 04/01/2020) page 33, indicates that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred. The notification shall be provided as soon as possible but no later than seventy-two hours (72) after receiving the allegation. The department shall document the notification. The Warden that receives the notification shall ensure that the allegation is investigated following the PREA standards and this policy and administrative procedure.

115.63 (a)-2 In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 0.

115.63 (a)-2 In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: Not applicable.

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

115.63 (b)-1 Agency policy requires that the facility head provide such notification as soon as possible but no later than 72 hours after receiving the allegation. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B. Indiana Department of Corrections Protections Duties (effective 04/01/2020), page 33.

115.63 (c)-1 The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. Yes.

According to a memorandum from the Warden, on June 1, 2024, Edinburgh Correctional Facility has had no incarcerated offenders of sexual abuse while confined at another during the past 12 months.

Zero documentation of notifications to verify that they occurred within 72 hours of receiving the allegation.

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

115.63 (d)-1 The agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B. Indiana Department of Corrections Protections Duties (effective 04/01/2020), page 33.

During the audit, the Auditor questioned the Warden about the protocol for handling allegations of sexual abuse or harassment from another facility or agency regarding incidents at her facility. The Warden indicated that an investigation was promptly launched. The Auditor then inquired if any other facilities or agencies had reported such allegations, to which the Warden replied that there were none. Edinburgh Correctional Facility had zero documentation of allegations from other facilities and no documentation of responses.

The Auditor interviewed the Agency Head. The Auditor asked the Agency Head if another agency or a facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within one of your facilities and whether there is a designated point of contact. The Agency Head responded with the PREA Coordinator, PREA Compliance Manager, and the Warden. What occurs when your agency (or a facility within your agency) receives such allegations? Edinburgh would initiate an investigation into the reported sexual abuse. Are there examples of a facility within another agency that refers to allegations of sexual abuse or sexual harassment that occurred at Edinburgh Correctional Facility? The Warden responded no.

**Evidence relied upon:**

1. PAQ
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection C, Reporting to Other Confinement Facilities, (effective 04/01/2020) page 33.
3. Interview with the Agency Head
4. Interview with the Warden
5. Letter of assurance dated 06/1/2024. The letter confirms that zero allegations were received from other facilities and agencies.

**Conclusion:**

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

<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.64 (a): Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p>115.64 (a)-1 The agency has a first responder policy for allegations of sexual abuse. Yes.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D., Staff First Responder Duties (effective 04/01/2020), page 33.</p> <p>This Auditor examined the IDOC Staff Development and Training, SART First Responders, Evidence Protocols, and Investigations training curriculum, which supports IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection D, Staff First Responder Duties, page 33 - 34; the training objectives include identification of the First Responder's Responsibilities: define evidence, identify victim and alleged perpetrator evidentiary concerns identifies crime scene evidence considerations, explores the different types of sexual assault investigations and identifies and lists investigative considerations.</p> <p>IDOC Staff Development and Training, SART First Responders, Evidence Protocols and Investigations (effective 08/20/19) Powerpoint slides 1-13.</p> <ul style="list-style-type: none"> <li>• Identify the first responder's duties. <ul style="list-style-type: none"> <li>◦ Separate the alleged victim and abuser</li> <li>◦ Preserve and protect the crime scene</li> <li>◦ If the abuse occurred within a period that allows for the collection of physical evidence, request that the victim not take actions such as brushing their teeth, washing, etc.</li> </ul> </li> <li>• Define evidence</li> <li>• Identify victim and alleged perpetrator evidentiary concerns</li> <li>• Identify the crime scene</li> </ul> <p>115.64 (a)-2 The policy requires that, upon learning of an allegation that an inmate</p>



was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D., Staff First Responder Duties (effective 04/01/2020), page 33.

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

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D., Staff First Responder Duties (effective 04/01/2020), page 33.

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

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D., Staff First Responder Duties (effective 04/01/2020), page 33.

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

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D., Staff First Responder Duties (effective 04/01/2020), page 33.

115.64 (a)-6 In the past 12 months, the number of allegations that an inmate was sexually abused: 0.

115.64 (a)-7 Of these allegations of sexual abuse in the past 12 months, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0.

115.64 (a)-8 In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0.

115.64 (a)-9 Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0.

115.64 (a)-10 Of these allegations in the past 12 months where staff were notified

within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0.

115.64 (a)-11 Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D., Staff First Responder Duties (effective 04/01/2020), page 33.

During the onsite portion of this audit, the Auditor interviewed (1) the security shift supervisor and (1) the non-security staff first responders, including the counselor. The security staff first responder was asked to describe actions he would take as a first responder to an allegation of sexual abuse. The security shift supervisor responded by saying to protect the victim, separate the victim from the abuser, notify a supervisor, request that the victim not brush their teeth, change clothes, or shower, notify my supervisor, alert medical and mental health, and protect the crime scene. Document the incident.

Documentation of responses to allegations: a review of investigative reports of sexual abuse reported during this reporting period found zero incidents of the collection of physical evidence. Zero offenders were transported to a hospital for a SANE examination. Two investigations were unfounded, and one incident of sexual harassment was unsubstantiated.

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

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

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

115.64 (b)-3 Of the allegations that an inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0.

115.64 (b)-4 Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0.

115.64 (b)-5 Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0.

During the onsite audit, the Auditor spoke with (1) security staff first responders. The security staff member articulated the steps he would take as a first responder to a sexual abuse allegation. He outlined the importance of safeguarding the victim, isolating them from the abuser, informing a supervisor, advising the victim against brushing their teeth, changing clothes, or showering, notifying my supervisor, contacting medical and mental health services, and preserving the crime scene. The incident was documented.

In the same onsite audit, the Auditor interviewed (1) non-security staff first responders. The non-security staff member described the actions he would take as a first responder to a sexual abuse allegation, echoing similar procedures. He emphasized protecting the victim, separating them from the abuser, notifying a supervisor, advising against specific actions like brushing teeth, changing clothes, or showering, reaching out to my supervisor, alerting medical and mental health services, and safeguarding the crime scene. The incident was documented.

Documentation of responses to allegations: a review of investigative reports of sexual abuse reported during this reporting period found zero incidents of the collection of physical evidence. Zero offenders were transported to a hospital for a SANE examination. Two investigations were unfounded, and one incident of sexual harassment was unsubstantiated.

During an interview with a random sample of staff (12) at Edinburgh, each staff member was asked if you are the first person to be alerted that an inmate had allegedly been the victim of sexual abuse and what their responsibility was in that situation. Staff sample responded in the following manner:

During an interview with a random sample of staff (12) at Edinburgh Correctional Facility, each staff member was asked if they learned an inmate is at risk of imminent sexual abuse and how quickly they take such actions. All responded immediately. What actions would you take to protect the offender? Staff sample responded in the following manner:

- 12 responded by relocating the victim to a safe place and ensuring their safety.
- 2 Move the victim closer to the officer station
- 1 responded isolate the threat
- 10 responded to notify a supervisor
- 1 Notify the bosses on the shift

**Evidence relied upon:**

1. PAQ
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection D, Staff First Responder Duties, (effective 04/01/2020) pages 33 - 34.

	<p>IDOC Staff Development and Training, SART First Responders, Evidence Protocols, and Investigations training curriculum.</p> <ol style="list-style-type: none"> <li>3. Interview with Security and Non-Security First Responders (2)</li> <li>4. Interview with offenders who reported sexual abuse</li> <li>5. Interview with a random sample of staff (12)</li> <li>6. Examination of documentation from investigative documents (3) responses to allegations of sexual abuse and sexual harassment</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence used to determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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<b>115.65</b>	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.65 (a): The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>115.65 (a)-1 The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Yes.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section E., Coordinated Response (effective 04/01/2020), pages 34-37.</p> <p>IDOC/Edinburgh, Facility Directive, Directive Number JCU 20-01, Sexual Assault Response Team, (effective 08/31/20), pages 1-2.</p> <p>During the audit process, the Auditor interviewed the Warden. She asked if the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The Warden responded that the facility has a written institutional plan to coordinate actions among first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.</p> <p>By examination, this Auditor confirms that Edinburgh Correctional Facility has a</p>

written institutional plan for the facility to coordinate a response to sexual abuse. Immediately upon the report of a sexual assault, the shift supervisor shall be notified, and the first staff member to report to the site of the incident will secure the scene.

- As first responders, the shift supervisor and yard officer will ensure the victim is taken to the administration building for prompt medical attention, the perpetrator is taken to a classroom where there will be no contact with the victim, and the scene is secured.
- Both the victim and the perpetrator must have staff supervision at all times. Movement of facility offenders shall be restricted to maintain the safety of the victim, crime scene, and perpetrator.
- Medical Staff: If facility medical staff are on-site during a report of sexual assault, they shall ensure the victim receives immediate medical attention.
- PREA Compliance Manager: Upon notification of a sexual assault, the facility PREA Compliance Manager will report to the scene and assist in the response. The facility SART team will be activated by the PREA Compliance Manager immediately upon the report of a sexual assault occurring within a 96-hour window.
- Internal Affairs Investigator: At the notification of a sexual assault, the Internal Affairs Investigator will report to the area of the sexual assault. The Internal Affairs Investigator will oversee any evidence collection by SART team members, having been trained in sexual assault response, and will ensure that all documentation has been properly provided.
- The victim advocate, alongside the PREA Compliance Manager, will ensure a victim advocate is provided to the victim upon request. The PREA Compliance Manager shall ensure that all PREA requirements are met and report directly to the Facility Head.

**Evidence relied upon:**

1. PAQ
2. IDOC Policy 02-01-115, Sexual Abuse Prevention, Section E., Coordinated Response (effective 04/01/2020), pages 34-38.
3. IDOC/Edinburgh, Facility Directive, Directive Number JCU 20-01, Sexual Assault Response Team, (effective 08/31/20), pages 1-2.

**Conclusion:**

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

	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.66 (a): Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>115.66 (a)-1 The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. No.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section F., Preservation of Ability to Protect Offenders from Contact with Abusers (effective 04/01/2020), page 37.</p> <p>During the audit process, this Auditor interviewed the Agency Head. The Auditor asked if the agency, or any governmental entity responsible for collective bargaining on your behalf, entered into or renewed any collective bargaining agreements or other agreements since August 20, 2012. The Agency Head responded no. IDOC does not participate in collective bargaining.</p> <p>115.66 (b): Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.72 and 115.76; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>Auditor is not required to audit this provision</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. PAQ</li> <li>2. Interview with the Agency Head</li> <li>3. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section F., Preservation of Ability to Protect Offenders from Contact with Abusers (effective 04/01/2020), page 37.</li> </ol>

<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

115.67 (a): The agency shall establish a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and shall designate which staff members or departments are charged with monitoring retaliation.

115.67 (a)-1 The agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. Yes.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection G, Protection Against Retaliation, (effective 04/01/2020), pages 37 - 38.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection G, Protection Against Retaliation, (effective 04/01/2020), pages 37 - 38, indicates the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.

115.67 (a)-2 The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. Yes.

115.67 (b): The agency shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

According to Edinburgh Correctional Facility, the agency-designated staff member in charge of monitoring for possible retaliation is the PREA Compliance Manager.

From a review of investigation (3) from this reporting period, one offender reported sexual abuse, but it was unfounded. Two offenders reported sexual harassment allegations; one allegation was determined to be unsubstantiated.

Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse). Edinburgh does not have a segregation unit. Offenders requiring segregation would be transferred to another facility.

During the audit period, this Auditor asked the Agency Head how she protects inmates and staff from retaliation for allegations of sexual abuse or sexual harassment. The Agency Head responded by detailing efforts such as retaliation monitoring, which includes tracking negative program or work assignments, disciplinary reports, and housing assignments. Retaliation monitoring consists of face-to-face observation of a victim for at least 90 days.

During the audit, the Auditor interviewed the Warden regarding allegations of sexual abuse or sexual harassment. The Auditor inquired about the measures implemented by the Warden to ensure the protection of inmates and staff from potential retaliation.

In response, the Warden detailed several strategies, including monitoring the victim for signs of retaliation, adjusting housing arrangements, and transferring the alleged perpetrator to a different facility.

Designated Staff Member Responsible for Oversight. During the audit, the Auditor interviewed the Designated Staff Member Responsible for Monitoring Retaliation. The question posed was: "What role do you play in preventing retaliation against inmates and staff who report incidents of sexual abuse or sexual harassment or who cooperate with investigations related to such matters?" The individual responsible for monitoring retaliation indicated that she observes the victim for any negative transformations regarding programming, alterations in housing, and disciplinary actions. Furthermore, she noted that offenders are monitored for a minimum of 90 days following the determination that an investigation is unfounded or until the victim is discharged or transferred from Branchville. This monitoring process encompasses face-to-face interactions throughout the monitoring period, occurring at least monthly.

One incident of sexual abuse was alleged, but this offender was discharged from the facility before the onsite portion of this audit.

115.67 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, program changes, or negative performance reviews or staff reassignments. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

115.67 (c)-1 The agency/facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. Yes.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection G, Protection Against Retaliation, (effective 04/01/2020), pages 37 - 38.

115.67 (c)-2 If YES, the agency/facility monitors the conduct or treatment for 90 days.

Edinburgh Retaliation Monitor confirmed that the facility would monitor a victim of sexual abuse for a minimum of 90 days, or completion of an investigation is determined to be unfounded, or the victim is discharged or transferred from the facility.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection G3, Protection Against Retaliation, (effective



04/01/2020), page 37.

Examination of one of sexual abuse allegation; this Auditor found no evidence of retaliation monitoring.

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

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection G, Protection Against Retaliation, (effective 04/01/2020), pages 37 - 38.

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

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection G3, Protection Against Retaliation, (effective 04/01/2020), pages 37

115.67 (c)-5 The number of times an incident of retaliation occurred in the past 12 months: 0.

During the audit, the Auditor interviewed the Warden to inquire about the measures that are implemented when a victim reports an incident of sexual abuse. The Warden indicated that a retaliation monitor, who is the PREA Compliance Manager/DW, is assigned to the victim. This monitor observes the victim for a minimum duration of 90 days, during which they assess any adverse programming, disciplinary actions, and changes in housing status. Furthermore, the monitor is required to maintain frequent meetings with the victim throughout the monitoring period.

Based on investigative reports, Edinburgh reported two allegations of sexual abuse during this reporting period and one sexual harassment allegation against staff. Retaliation monitoring documentation was absent for both offenders. According to the investigation:

John Doe #1 reported abuse on 04/22/2024 (grievance). The case was closed on 05/03/2024. Offenders suspected of smoking in the bathroom were strip-searched. The officer did not call for assistance. The offender is upset that he was stripped and searched before another offender. The Auditor is requesting retaliation monitoring documents from 04/22/2024 to 05/03/2024.

John Doe #2 reported abuse on 10/11/2023 (grievance). The case closed on 10/16/2023. This offender grieves an officer for failure to provide him with sufficient despite the officer making an opposite-gender announcement before entering the latrine area. He was naked.

During the audit, the Auditor interviewed the Retaliation Monitor to gather insights regarding the parameters that the designated staff member responsible for monitoring retaliation considers to identify potential instances of retaliation. The Retaliation Monitor elucidated that her observations focus on negative alterations in the victim's programming, changes in housing arrangements, and disciplinary

measures taken. Furthermore, the Retaliation Monitor stated that she will monitor offenders for a minimum of 90 days if an investigation is deemed unfounded or the victim is discharged or transferred from another facility. The monitoring process encompasses face-to-face interactions throughout the entire monitoring period, occurring at least once per month. Additionally, in cases where she suspects retaliation, she will promptly notify the investigator to commence an investigation and to safeguard the victim, which may necessitate the transfer of the alleged abuser and the notification of the warden. If there exists a concern regarding the potential for retaliation, the monitor indicated that monitoring would be prolonged beyond the initial 90 days, extending for as long as necessary.

Documentation of monitoring efforts was not provided for the one investigative report where the offender reported sexual abuse during this reporting period. This requires corrective action.

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

Designated Staff Member Charged with Monitoring Retaliation confirmed during her interview that retaliation monitoring would include periodic status checks.

Based on investigative reports, Edinburgh reported two allegations of sexual abuse during this reporting period and one sexual harassment allegation against staff. Retaliation monitoring documentation was absent for both offenders. According to the investigation:

John Doe #1 reported sexual harassment on 04/22/2024 (grievance). The case was closed on 05/03/2024. Offenders suspected of smoking in the bathroom were strip-searched. The officer did not call for assistance. The offender is upset that he was stripped and searched before another offender.

John Doe #2 reported sexual harassment on 10/11/2023 (grievance). The case closed on 10/16/2023. This offender grieves an officer for failure to provide him with sufficient despite the officer making an opposite-gender announcement before entering the latrine area. He was naked.

John Doe #3 reported sexual abuse on 8/24/23. The case was closed on 9/01/23. Edinburgh did not conduct retaliation monitoring. This requires corrective action.

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

During the audit, the Auditor interviewed the Agency Head. The Auditor asked the Agency Head if an individual who cooperates with an investigation expresses a fear of retaliation and how the agency protects that individual against retaliation. The Agency Head responded by saying to monitor the individual for retaliation and document measures taken by the agency.

During the audit, the Auditor interviewed the Warden. The Auditor inquired about the

	<p>various measures he intends to implement to safeguard victims and staff from potential retaliation in instances involving allegations of sexual abuse or sexual harassment. The Warden responded that a retaliation monitor had been assigned to the victim or staff member. This individual is to be monitored for a minimum duration of 90 days. The monitor observes for any adverse programming, unfavorable shift alterations, disciplinary actions taken against the victim or staff, and adverse housing modifications concerning the victim.</p> <p>Additionally, the monitor must regularly meet with the victim or staff member throughout the monitoring period. What actions do you take when you suspect retaliation? If I suspect retaliation, I would initiate an investigation and monitor the retaliation monitor for signs of retaliation.</p> <p>115.67 (f): An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p>Auditor is not required to audit this provision.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. PAQ</li> <li>2. Facility tour and site review</li> <li>3. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection G, Protection Against Retaliation, (effective 04/01/2020) pages 37 - 38.</li> <li>4. Interview with the Agency Head</li> <li>6. Interview with the Retaliation Monitor</li> <li>7. Interview with the Warden</li> <li>8. Review of investigative reports of offenders who reported sexual abuse</li> <li>9. Examination of documentation of protective measures</li> </ol> <p><b>Corrective Action</b></p> <p>This Auditor found no evidence of retaliation monitoring based on investigative reports, which requires corrective action. The PREA Coordinator will retrain the PCM/ Retaliation Monitor regarding this standard and the expectations for monitoring victims of sexual abuse.</p> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

115.68 (a): Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.43.

15.68 (a)-1 The agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section H., Post-Allegation Protective Custody (effective 04/01/2020), page 38.

IDOC Edinburgh, Current Offender Likely PREA Victim/predator roster dated 06/18/2024.

A memo from the Warden dated 06/01/2021 regarding 30-day segregation documents confirms that Edinburgh does not house offenders in segregation. Based on the facility tour, this Auditor found no evidence of a restricted housing unit on the grounds.

115.68 (a)-2 The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0.

115.68 (a)-3 The number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement: 0.

115.68 (a)-4 From a review of case files of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 0.

115.68 (a)-5 If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

A memo from the Warden dated 06/01/2021 regarding 30-day segregation documents confirms that Edinburgh does not house offenders in segregation. Based on the facility tour, this Auditor found no evidence of a restricted housing unit on the grounds.

**Evidence relied upon:**

1. PAQ
2. Facility tour and site review.
3. IDOC Policy 02-01-115 Sexual Abuse Prevention Section H., Post-Allegation Protective Custody (effective 04/01/2020), page 38.

	<p>4. Interview with the Warden.</p> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence used to determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.71 (a): When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p>115.71 (a)-1 The agency/facility has a policy related to criminal and administrative agency investigations. Yes.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section X. Investigations, Subsection A., criminal and Administrative Indiana Department of Correction Investigations (effective 04/01/2020), pages 38-39.</p> <p>IDOC Policy 00-01-103 Investigations and Intelligence (effective 06/01/2022), pages 1-40.</p> <p>Sample of investigative records/reports for allegations of sexual abuse or sexual harassment. Edinburgh investigative files (1) sexual abuse (2) sexual harassment.</p> <p>During the audit process, the Auditor interviewed an investigator. The Auditor inquired about the duration required to initiate an investigation after an allegation of sexual abuse or sexual harassment. The investigator indicated that as soon as I was made aware of an allegation, The Auditor further questioned, "How are anonymous or third-party reports of sexual abuse or sexual harassment managed?" The investigator clarified that third-party and anonymous reports are subjected to the same investigative procedures without distinction.</p> <p>115.71 (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34.</p> <p>During an interview with an investigator, the Auditor asked the investigator if she had received training specific to conducting sexual abuse investigations in confinement settings. The investigator responded yes. The investigator confirmed that her training included the following topics:</p> <ul style="list-style-type: none"> <li>• Techniques for interviewing sexual abuse victims.</li> <li>• Proper use of Miranda and Garrity warnings.</li> </ul>

- Sexual abuse evidence collection in confinement settings.
- What criteria and evidence are required to substantiate a case for administrative or prosecution referral.

Edinburgh omitted evidence of all persons who completed administrative investigations from Edinburgh. This requires corrective action.

115.71 (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

During an interview with an investigator, the Auditor asked the investigator what the first steps would be in initiating an investigation and how long they would take. Protect the victim. Collect evidence. Interview the victim, abuser, and witnesses. Review any video footage of the incident. Document my findings. The Auditor asks the investigator to describe any direct and circumstantial evidence he would be responsible for gathering in an investigation of an incident of sexual abuse. The investigator responded with clothing, DNA, medical forensic evidence, video footage, witness statements, and a review of prior complaints of sexual abuse.

This Auditor reviewed three (3) investigative reports of sexual abuse (1) and sexual harassment (2) from the previous 12 months. Documentation of prior sexual abuse complaints was omitted from the investigative reports; however, this Auditor for information regarding prior complaints of sexual abuse contained in the PREA checklist.

115.71 (d): When the quality of evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors about whether compelled interviews may be an obstacle to subsequent criminal prosecution.

During the onsite portion of this audit, the Auditor interviewed an investigative staff member. The Auditor asked, "When you discover evidence that a prosecutable crime may have occurred, do you consult with prosecutors before conducting compelled interviews? Yes. IDOC has investigators with police powers. I would consult with OII to consult with an IDOC-certified police Officer before proceeding with that interview.

A sample of (0) criminal and administrative (3) investigation reports was reviewed. The three (3) investigative reports were comprised of sexual abuse (1) and sexual harassment (2) from the previous 12 months. Documentation of prior sexual abuse complaints was omitted from the investigative reports.

115.71 (e): The credibility of an alleged victim, suspect, or witness shall be assessed individually and shall not be determined by the person's status as an inmate or staff member. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

During the onsite portion of this audit, the Auditor interviewed an investigative staff member. The Auditor asked an investigative staff member on what basis you judge the credibility of an alleged victim, suspect, or witness. The investigator replied with evidence and facts.

After reviewing investigative reports (3) regarding one case of sexual harassment and (1) allegations of sexual abuse from this reporting period, the Auditor determined that no offenders were subjected to a polygraph test as a condition for proceeding with an investigation into sexual abuse.

115.71 (f): Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

What efforts do you make during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse? As an investigator, "I look at everything, video footage, witness statements, DNA, staff statements, and SANE results to make a finding of unsubstantiated, substantiated or unfound in an investigation. Do you document administrative investigations in written reports? Yes. What information do you include in those reports? Witness statements, forensic evidence, victim and perpetrator statements, video footage, relative phone conversations, and any offender history of sexual abuse or sexual harassment allegations made against the perpetrator.

## **PREA Audit Site Review**

### **RECORD STORAGE**

During the site review, the Auditor:

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

- Casework's Offices

A sample of administrative investigation reports (3) was reviewed regarding one (2) unsubstantiated investigation of sexual harassment and (1) unfounded allegations of sexual abuse from this reporting period. Zero cases were referred for prosecution that might be criminal, and zero samples of cases involving substantiated allegations were reviewed to ensure they were referred for prosecution.

115.71 (g): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

During the onsite portion of this audit, the Auditor interviewed a member of the investigative staff. The Auditor inquired whether criminal investigations were documented. The investigator replied affirmatively, stating that they were 100% documented. When asked what was included in that report, the investigator detailed that it encompassed physical evidence used to support findings, witness statements, victim statements, perpetrator statements, video footage, and any evidence collected at the crime scene.

Zero cases were referred for prosecution that might be criminal. Zero samples of cases involving substantiated allegations were reviewed to ensure they were referred for prosecution.

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

Zero cases were referred for prosecution that might be criminal. Zero samples of cases involving substantiated allegations were reviewed to ensure they were referred for prosecution.

115.71 (h)-1 Substantiated allegations of conduct that appear criminal are referred for prosecution. Yes.

115.71 (h)-2 The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0.

Zero cases were referred for prosecution that might be criminal. Zero samples of cases involving substantiated allegations were reviewed to ensure they were referred for prosecution.

During the onsite portion of this audit, the Auditor interviewed a member of the investigative staff. The Auditor inquired when you refer cases for prosecution. IDOC refers all substantiated cases for prosecution.

115.71 (i): The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.



115.71 (i)-1 The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section X., Investigations, Subsection A. Criminal and Administrative Indiana Department of Correction Investigations (effective 04/01/2020) pages 38-39.

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

During the onsite portion of this audit, the Auditor interviewed a member of the investigative staff. The Auditor inquired about how you proceed when a staff member alleged to have committed sexual abuse leaves employment before a completed investigation into their conduct. I would continue with my investigation.

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

Auditor is not required to audit this provision.

115.71 (l): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

During the on-site portion of this audit, the Auditor interviewed the Warden and asked how he would remain informed about the progress of an investigation. The Warden responded through the PREA Compliance Manager, the investigator, and the agency PREA Coordinator.

During the on-site portion of this audit, the Auditor interviewed the PREA Compliance Manager (PCM). The Auditor asked the PCM how the facility stays informed about the progress of a sexual abuse investigation. The PCM mentioned that she is an administrative PREA investigator. She contacts the PREA Coordinator and OII through email and phone calls.

During the current audit cycle, the Auditor interviewed the PREA Coordinator (PC). The Auditor inquired if an external agency investigates allegations of sexual abuse and how the agency remains apprised of the progress of such investigations. The PC indicated that, as the agency's PREA Coordinator, he would facilitate communication between the facility and any external investigative entity.

During the onsite portion of this audit, the Auditor interviewed a member of the investigative staff. The Auditor asked when an outside agency investigating an incident of sexual abuse in this facility what role would you play. The investigator replied to cooperate fully, although IDOC conducts administrative and criminal investigations of sexual abuse and sexual harassment.

	<p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. PAQ</li> <li>2. Facility tour and site review <ol style="list-style-type: none"> <li>1. Storage areas <ol style="list-style-type: none"> <li>1. Electronic safeguards</li> <li>2. Locking file cabinets</li> <li>3. Locking doors</li> <li>4. Limited access</li> </ol> </li> </ol> </li> <li>3. Interview with the Warden</li> <li>4. Interview with the PREA Coordinator</li> <li>5. Interview with the PREA Compliance Manager</li> <li>6. Interview with investigative staff</li> <li>7. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section X. Investigations, Subsection A., criminal and Administrative Indiana Department of Correction Investigations (effective 04/01/2020), pages 38-39.</li> <li>8. IDOC Policy 00-01-103 Investigations and Intelligence (effective 06/01/2022), pages 1-40.</li> <li>9. Review of investigative reports (3)</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above thoroughly discusses all the evidence considered in making the compliance or non-compliance determination, along with the auditor's analysis, reasoning, and conclusions.</p>
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115.72	Evidentiary standard for administrative investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.72 (a): The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>115.72 (a)-1 The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B., Evidentiary Standard for Administrative Investigations (effective 04/01/2020), page 39.</p> <p>During the onsite portion of this audit, the Auditor asked an investigative staff member what standard of evidence she required to substantiate allegations of sexual abuse or sexual harassment. The investigator responded with a preponderance of evidence.</p>

	<p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. PAQ</li> <li>2. Interview with an investigator</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence used to determine compliance or non-compliance, the auditor's analysis and reasoning, and the auditor's conclusions.</p>
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115.73	Reporting to inmates
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.73 (a): Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>115.73 (a)-1 The agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Yes.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C., Reporting to Offenders (effective 04/01/2020), page 39.</p> <p>Examined IDOC/Edinburgh PREA Notice of Outcome (3).</p> <p>115.73 (a)-2 The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months: 0.</p> <p>115.73 (a)-3 Of the alleged sexual abuse investigations completed in the past 12 months, zero inmates were notified, verbally or in writing, of the investigation results. 0.</p> <p>During the onsite portion of this audit, the Auditor asked the Warden if his facility notifies an inmate who has made an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The Warden responded, "Yes, we notify the offender of the outcome of</p>

each investigation."

During the onsite portion of this audit, the Auditor interviewed an investigative staff member. The Auditor asked, "Does your agency procedure require that an inmate who makes an allegation of sexual abuse be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation?" The investigator responded yes.

By examination: This Auditor examined additional samples of alleged sexual abuse investigations completed by the agency from Madison, Branchville, Miami, and Pendleton. This Auditor also confirmed that Edingburgh informed offenders of the outcome of their investigation into sexual abuse or sexual harassment.

- John Doe#1 reported sexual harassment on 4/22/24. The investigation closed on 5/03/23. He was informed in writing on 5/03/23.
- John Doe #2 reported sexual harassment on 10/11/23. The investigation closed on 10/16/23. He was informed in writing on 10/16/23.
- John Doe #3 reported sexual abuse on 8/24/23. The investigation closed on 9/1/23. He was informed in writing on 9/01/23.

One incident of sexual abuse was alleged, but this offender was discharged from the facility before the onsite portion of this audit.

115.73 (c): Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility, or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.73 (c)-1 Yes. Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever:

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

115.73 (c)-2 There has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 months. No.

By examining the investigations from this reporting period, zero investigations were substantiated, one was unsubstantiated, and two were unfounded.

115.73 (c)-3 Is not applicable. If YES, in each case, the agency subsequently informed the inmate whenever:

The staff member was no longer posted within the inmate's unit;

The staff member was no longer employed at the facility;

The agency learned that the staff member has been indicted related to sexual abuse within the facility; or

The agency learned that the staff member had been convicted on a charge related to sexual abuse within the facility.

One incident of sexual abuse was alleged, but this offender was discharged from the facility before the onsite portion of this audit.

115.73 (d): Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.73 (d)-1 Following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: Yes.

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

This substandard is not applicable. Zero investigations were substantiated. Of the investigations from this reporting period, zero were substantiated, one was unsubstantiated, and two were unfounded.

One incident of sexual abuse was alleged, but this offender was discharged from the facility before the onsite portion of this audit.

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

115.73 (e)-1 The agency has a policy to document all notifications to inmates described under this standard. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C., Reporting to Offenders (effective 04/01/2020), page 39.

This Auditor also confirmed that Edingburgh informed offenders of the outcome of their investigation into sexual abuse or sexual harassment.

John Doe#1 reported sexual harassment on 4/22/24. The investigation closed on 5/03/23. He was informed in writing on 5/03/23.

John Doe #2 reported sexual harassment on 10/11/23. The investigation closed on 10/16/23. He was informed in writing on 10/16/23.

	<p>John Doe #3 reported sexual abuse on 8/24/23. The investigation closed on 9/1/23. He was informed in writing on 9/01/23.</p> <p>115.73 (e)-2 In the past 12 months, the number of notifications to inmates provided pursuant to this standard has been 0.</p> <p>115.73 (e)-3 The number of documented notifications made in the past 12 months is 0.</p> <p>115.73 (f): An agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.</p> <p>Auditor is not required to audit this provision.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. PAQ</li> <li>2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C., Reporting to Offenders (effective 04/01/2020), page 39.</li> <li>3. Examined IDOC/Edinburgh PREA Notice of Outcome (3).</li> <li>4. Interview with the Warden</li> <li>5. Interview with investigative staff</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above 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.</p>
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.76 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>115.76 (a)-1 Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section XI., Discipline, Subsection A., Disciplinary sanctions for staff (effective 04/01/2020), pages 40-41.</p> <p>IDOC Policy 04-03-103 Information and Standards of Conduct for Departmental Staff (effective 04/01/2024), pages 1-37.</p> <p>115.76 (b): Termination shall be the presumptive disciplinary sanction for staff who</p>

have engaged in sexual abuse.

115.76 (b)-1 In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0.

According to investigative records, during this reporting period, zero investigations resulted in the termination, resignation, or other sanctions for violation of sexual abuse or sexual harassment policy.

IDOC Policy 04-03-103 Information and Standards of Conduct for Departmental Staff (effective 04/01/2024), pages 1-37.

115.76 (b)-2 In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

115.76 (c): Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

115.76 (c)-1 The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Yes.

IDOC Discipline Policy Statement, Discipline (effective 08/01/2012), pages 1-4 regarding staff discipline of classified IDOC employees.

115.76 (c)-2 In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): 0.

The Auditor reviewed zero records of disciplinary sanctions taken against staff for violations of the agency's sexual abuse or sexual harassment policies in the past 12 months. See 115.76 (b)-2.

115.76 (d): All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

115.76 (d)-1 All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. Yes.

IDOC Policy 04-03-103 Information and Standards of Conduct for Departmental Staff

	<p>(effective 04/01/2024), pages 1-37.</p> <p>115.76 (d)-2 In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.</p> <p>Zero reports to law enforcement for violations of agency sexual abuse or sexual harassment policies during this reporting period. See 115.76 (c)-2.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. PAQ</li> <li>2. IDOC Policy 04-03-103 Information and Standards of Conduct for Departmental Staff (effective 04/01/2024), pages 1-37.</li> <li>3. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section XI., Discipline, Subsection A., Disciplinary sanctions for staff (effective 04/01/2020), pages 40-41.</li> <li>4. IDOC Discipline Policy Statement, Discipline (effective 08/01/2012), pages 1-4 regarding staff discipline of classified IDOC employees.</li> <li>5. Examination of investigative reports (3) for this reporting period.</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence used to determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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115.77	Corrective action for contractors and volunteers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.77 (a): Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>115.77 (a)-1 Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Yes.</p>



IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B., Corrective Action for Contractors and Volunteers (effective 04/01/2020), page 41.

115.77 (a)-2 Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. Yes.

115.77 (a)-3 In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates. No.

115.77 (a)-4 In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates: 0.

According to a memo issued by the Warden of Edinburgh Correctional Facility dated 06/01/2024 which confirmed that zero contractors or volunteers were reported for engaging in sexual abuse with an offender.

Based on a review of investigative reports (3) from this reporting period. Zero contractors or volunteers were investigated for engaging in sexual abuse with an offender. This Auditor found zero referrals to law enforcement or relevant licensing bodies.

115.77 (b): The facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

115.77 (b)-1 The facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Yes.

During the onsite portion of this audit, the Auditor interviewed the Warden and asked, "What remedial measures does your facility implement in the event of violations of agency policies regarding sexual abuse or sexual harassment by a contractor or volunteer?" The Warden responded that the allegations would be investigated, a gate closure would be issued, and if the allegations were substantiated, the contractor or volunteer would be prosecuted. The Auditor also asked if the facility would consistently prohibit any further contact between the violator and the offenders. The Warden confirmed that they would prohibit any further contact between the violator and the offenders.

**Evidence relied upon:**

1. PAQ
2. Interview with the Warden
3. Examination of investigative reports for this reporting period.
4. A memo issued by the Warden of Edinburgh Correctional Facility dated 06/01/2024 confirmed that zero contractors or volunteers were reported for engaging in sexual abuse with an offender.
5. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B., Corrective Action

for Contractors and Volunteers (effective 04/01/2020), page 41.

**Conclusion:**

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

<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
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	<b>Auditor Discussion</b>
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115.78 (a): Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

115.78 (a)-1 Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. Yes.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C., Disciplinary Sanctions for Offenders (effective 04/01/2020), pages 41- 42.

IDOC Adult Disciplinary Process, Appendix I: Offenses, Major Offenses, (effective 03/01/2020) pages 1-8.

IDOC Adult Disciplinary Process, Adult Disciplinary Process, Offenses and Sanctions, Class A offenses (effective 03/01/2020) pages 1-4.

IDOC Adult Disciplinary Process, Adult Disciplinary Process, Offenses and Sanctions, Class B offenses (effective 03/01/2020) pages 1-4.

IDOC Adult Disciplinary Process, Adult Disciplinary Process, Offenses and Sanctions, Class C offenses (effective 03/01/2020) pages 1-4.

115.78 (a)-2 Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse. Yes.

See 115.78 (a)-1.

115.78 (a)-3 In the past 12 months, the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: 0.

115.78 (a)-4 In the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: 0.

115.78 (b): Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

During the onsite portion of this audit, the Auditor interviewed the Warden to inquire about the disciplinary sanctions that offenders may face after an administrative or criminal finding of inmate-on-inmate sexual abuse. The Warden referred to:

- IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C., Disciplinary Sanctions for Offenders (effective 04/01/2020), pages 41- 42.
- IDOC Adult Disciplinary Process, Appendix I: Offenses, Major Offenses, (effective 03/01/2020) pages 1-8.

The Auditor inquired if the sanctions imposed were proportionate to the nature and circumstances of the abuses committed and the inmates' disciplinary histories. The Auditor also asked if similar offenses received comparable sanctions for inmates with similar histories. The Warden confirmed that the sanctions are appropriate. Additionally, the Auditor asked whether mental disabilities or mental illnesses are considered when determining sanctions. The Warden affirmed that these factors are taken into account when deciding on a sanction. Investigative reports and documentation of sanctions imposed were not found by the Auditor in the investigative reports.

115.78 (c): The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The Auditor inquired if the sanctions imposed were proportionate to the nature and circumstances of the abuses committed and the inmates' disciplinary histories. The Auditor also asked if similar offenses received comparable sanctions for inmates with similar histories. The Warden confirmed that the sanctions are appropriate. Additionally, the Auditor asked whether mental disabilities or mental illnesses are considered when determining sanctions. The Warden affirmed that these factors are taken into account when deciding on a sanction. Investigative reports and documentation of sanctions imposed were not found by the Auditor in the investigative reports.

115.78 (d): If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

115.78 (d)-1 The facility offers therapy, counseling, or other interventions designed to

address and correct the underlying reasons or motivations for abuse. No.

The Warden states that the facility's mission is to support the Air Force Base. Offenders are assessed to determine their suitability for placement at Edinburgh. If an offender needs therapy, counseling, or other interventions to address and correct the underlying causes of abuse, they will be transferred to a facility that can better meet their treatment needs.

115.78 (d)-2 If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Not applicable.

The Warden states that the facility's mission is to support the Air Force Base. Offenders are assessed to determine their suitability for placement at Edinburgh. If an offender needs therapy, counseling, or other interventions to address and correct the underlying causes of abuse, they will be transferred to a facility that can better meet their treatment needs.

During the onsite portion of this audit, the Auditor interviewed a medical practitioner. The Auditor asked the medical practitioner if Edinburgh provides therapy, counseling, or other intervention services aimed at addressing and correcting the underlying reasons or motivations for sexual abuse, does the facility consider offering these services to the offending inmate? The medical practitioner responded no. Edinburgh has limited access to mental practitioners through Telemedicine.

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

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

A review of investigative reports found no evidence of any record of disciplinary actions against inmates for sexual conduct with staff.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C., Disciplinary Sanctions for Offenders (effective 04/01/2020), pages 41- 42.

IDOC Adult Disciplinary Process, Appendix I: Offenses, Major Offenses, (effective 03/01/2020) pages 1-8.

IDOC Adult Disciplinary Process, Adult Disciplinary Process, Offenses and Sanctions, Class A offenses (effective 03/01/2020) pages 1-4.

IDOC Adult Disciplinary Process, Adult Disciplinary Process, Offenses and Sanctions, Class B offenses (effective 03/01/2020) pages 1-4.

IDOC Adult Disciplinary Process, Adult Disciplinary Process, Offenses and Sanctions, Class C offenses (effective 03/01/2020) pages 1-4.

115.78 (f): For the purpose of disciplinary action, a report of sexual abuse made in

good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

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

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C., Disciplinary Sanctions for Offenders (effective 04/01/2020), pages 41- 42.

IDOC Adult Disciplinary Process, Appendix I: Offenses, Major Offenses, (effective 03/01/2020) pages 1-8.

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

115.78 (g)-1 The agency prohibits all sexual activity between inmates. Yes.

See 115.78 (a)-1.

115.78 (g)-2 If the agency prohibits all sexual activity between inmates and disciplines inmates for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Yes.

See 115.78 (a)-1.

**Evidence relied upon:**

1. PAQ
2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C., Disciplinary Sanctions for Offenders (effective 04/01/2020), pages 41- 42.
3. IDOC Adult Disciplinary Process, Appendix I: Offenses, Major Offenses, (effective 03/01/2020) pages 1-8.
4. IDOC Adult Disciplinary Process, Adult Disciplinary Process, Offenses and Sanctions, Class A offenses (effective 03/01/2020) pages 1-4.
5. IDOC Adult Disciplinary Process, Adult Disciplinary Process, Offenses and Sanctions, Class B offenses (effective 03/01/2020) pages 1-4.
6. IDOC Adult Disciplinary Process, Adult Disciplinary Process, Offenses and Sanctions, Class C offenses (effective 03/01/2020) pages 1-4.
7. Interview with the Warden
8. Interview with a medical practitioner
9. Examination of investigative reports (3) from this reporting period.

**Conclusion:**

The narrative above includes a comprehensive discussion of all the evidence used to

	determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.
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<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.81 (a): If the screening pursuant to § 115.41 indicates that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>115.81 (a)-1 All inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner. Yes.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section XII., Medical and Mental Health Care, Subsection A., Medical and Mental Health Screenings/History of Sexual Abuse, (effective 04/01/2020), pages 42-43.</p> <p>IDOC Health Care Services Directive 4.03A (effective 04/01/22) pages 1-22.</p> <p>115.81 (a)-2 If YES, the follow-up meeting was offered within 14 days of the intake screening. Not applicable.</p> <p>115.81 (a)-3 In the past 12 months, the percentage of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 0.</p> <p>115.81 (a)-4 Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. Not applicable.</p> <p>During the onsite portion of the audit, the Auditor inquired about the procedures followed by the staff responsible for risk screening when a screening indicates that an offender has a history of prior sexual victimization, either in an institutional setting or in the community. The staff member confirmed that they offer a follow-up meeting with a medical and/or mental health practitioner. She explained that she would send an email to the PREA Compliance Manager (PCM) to schedule a Telemedicine referral with a mental health practitioner. If the inmate requires extensive or long-term treatment, they would be transferred to a facility capable of meeting their healthcare needs.</p> <p>During the onsite portion of this audit, the Auditor interviewed an offender with a history of sexual victimization. When you told someone here that you were sexually abused, did he or she ask if you wanted to meet with a medical or mental health care</p>

practitioner (a doctor)? Yes. About how long after you told them that you were sexually abused did you meet with a doctor? I think less than a week. Over a TV. No problems being discharged/paroled.

115.81 (b): If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

115.81 (b)-1 If the facility is a prison, all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section XII., Medical and Mental Health Care, Subsection A., Medical and Mental Health Screenings/History of Sexual Abuse, (effective 04/01/2020), pages 42-43.

IDOC Health Care Services Directive 4.03A (effective 04/01/22) pages 1-22.

During the on-site portion of the audit, the auditor inquired about the procedures followed by the staff responsible for risk screening when a screening indicates that an offender has a history of prior sexual abuse. The auditor asked if a follow-up meeting is offered with a mental health practitioner. The response was affirmative; however, offenders with a history of sexual abuse are rarely referred to this facility due to its specific mission. This facility operates as a work camp for the Air Force.

115.81 (b)-2 If YES, the follow-up meeting was offered within 14 days of the intake screening. Yes.

115.81 (b)-3 In the past 12 months, the percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow-up meeting with a mental health practitioner: 0.

115.81 (b)-4 Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above-required services. Not applicable.

During the on-site portion of the audit, the auditor inquired about the procedures followed by the staff responsible for risk screening when a screening indicates that an offender has a history of prior sexual abuse. The auditor asked if a follow-up meeting is offered with a mental health practitioner. The response was affirmative; however, offenders with a history of sexual abuse are rarely referred to this facility due to its specific mission. This facility operates as a work camp for the Air Force.

115.81 (c): See 115.81(a)

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

115.81 (d)-1 Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

115.81 (d)-2 If NO, the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. Not applicable.

### **PREA Audit Site Review**

During the site review, the Auditor:

- Observe the physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA Standards
  - risk screening information
  - medical records
  - sexual abuse allegations
- Observed secure storage (locked on doors with key entry) in:
  - Medical
  - Administration
  - Intake
- Observe electronic safeguards of any information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., Delta, risk screening information) to determine how access to the information is secured (e.g., password protected, accessible only in certain areas, role-based security).

IDOC Edinburg provided examples of offender (26) confinement records provided by the PCM.

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

115.81 (e)-1 Medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

See 115.41 sample risk screenings (26).

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section XII., Medical and Mental Health Care, Subsection A., Medical and Mental Health Screenings/History of Sexual Abuse, (effective 04/01/2020), pages 42-43.

IDOC Health Care Services Directive 4.03A (effective 04/01/22) pages 1-22.

During the onsite portion of this audit, the Auditor interviewed a staff member responsible for conducting risk assessments related to victimization and abusive behavior. The Auditor inquired whether the agency had specified who could access an



	<p>inmate's risk assessment within the facility to safeguard sensitive information from potential exploitation. The staff member confirmed that they had. Access to electronic files in Delta is password-protected and restricted to authorized personnel only password-protected and restricted to authorized personnel only.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. PAQ</li> <li>2. Facility tour and site review.</li> <li>3. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section XII., Medical and Mental Health Care, Subsection A., Medical and Mental Health Screenings/History of Sexual Abuse, (effective 04/01/2020), pages 42-43.</li> <li>4. Interview with staff responsible for risk screenings</li> <li>5. Interview with an offender with a history of victimization.</li> <li>6. IDOC Health Care Services Directive 4.03A (effective 04/01/22) pages 1-22.</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence used to determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.82 (a): Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p>115.82 (a)-1 Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B., Access to Emergency Medical and Mental Health Services (effective 04/01/2020), page 43.</p> <p>IDOC Health Services Division, Sexual Assault Manual (effective 04/01/2022) pages 1-6.</p> <p>115.82 (a)-2 The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Yes.</p>

115.82 (a)-3 Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Yes.

During this reporting period, which covers the previous 12 months, there were no offenders who received emergency medical treatment due to sexual abuse. Additionally, a specific sample of secondary medical and mental health forms or logs related to inmates' access to services was unavailable for review. This was confirmed in the Pre-Assessment Questionnaire (PAQ) and during an interview with a medical practitioner.

During the onsite portion of this audit, the Auditor interviewed a medical practitioner (nurse). The Auditor asked if victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The nurse responded yes. How quickly does this typically occur? The nurse responded as soon as we were notified. Are the nature and scope of these services determined according to your professional judgment? Yes.

According to investigative documents, the offender who reported the sexual abuse was discharged from the facility shortly before the onsite portion of this audit. The records indicate that the offender alleges staff sexual misconduct occurred when a female custody staff member made an announcement before entering the shower to inspect the area. The offender felt that the staff did not give him enough time to dress and exit the shower. Additionally, the offender confirmed that he heard the announcement.

115.82 (b): If no qualified medical or mental health practitioners are on duty when a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

During the onsite portion of this audit, the Auditor interviewed a Lieutenant who serves as a first responder in the security staff. The Auditor asked the Lieutenant to describe the actions taken in response to an allegation of sexual abuse. The Lieutenant stated that the first steps include protecting the victim, notifying a supervisor, and advising the victim to avoid any actions that could destroy physical evidence. This includes refraining from washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, provided that the abuse occurred within a time frame that still permits the collection of physical evidence.

During the onsite portion of this audit, the Auditor interviewed a counselor, a non-security staff member, who could serve as a first responder. The Auditor asked the counselor to describe the actions taken in response to an allegation of sexual abuse. The counselor indicated that her first steps include protecting the victim, notifying a shift supervisor, and advising the victim to avoid any actions that could destroy physical evidence.

115.82 (c): Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

115.82 (c)-1 Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Yes.

During the onsite portion of the audit, the Auditor interviewed a medical practitioner. The Auditor asked if a victim of sexual abuse would receive timely information about access to emergency contraception and sexually transmitted infection prophylaxis. The medical practitioner, a nurse, responded affirmatively.

After reviewing three investigative reports from this reporting period, the Auditor found no evidence that offenders were transported to a hospital for forensic examinations. The facility's medical practitioner previously confirmed that healthcare providers do not conduct forensic examinations. The PAQ indicates that no forensic examinations were performed either onsite or in the community as a result of sexual abuse.

According to investigative documents, the offender who reported the sexual abuse was discharged from the facility shortly before the onsite portion of this audit. The records indicate that the offender alleges staff sexual misconduct occurred when a female custody staff member made an announcement before entering the shower to inspect the area. The offender felt that the staff did not give him enough time to dress and exit the shower. Additionally, the offender confirmed that he heard the announcement. This incident did not meet the criteria for a SANE examination as the offender was never physically touched.

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

115.82 (d)-1 Treatment services are provided to every victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B., Access to Emergency Medical and Mental Health Services (effective 04/01/2020), page 43.

IDOC Health Services Division, Sexual Assault Manual (effective 04/01/2022) pages 1-6.

**Evidence relied upon:**

1. PAQ
2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B., Access to

	<p>Emergency Medical and Mental Health Services (effective 04/01/2020), page 43.</p> <ol style="list-style-type: none"> <li>3. IDOC Health Services Division, Sexual Assault Manual (effective 04/01/2022) pages 1-6.</li> <li>4. Interview with a medical practitioner</li> <li>5. Review of investigative documents</li> <li>6. Interview with a Security Staff First Responders</li> <li>7. Interview with a Non-Security Staff First Responders</li> <li>8. Interview with a Medical Practitioner</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence used to determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.83 (a): The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>115.83 (a)-1 The facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Yes.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section XIII., Data Collection and Review, Subsection A., Sexual Abuse Incident Reviews (effective 04/01/2020), page 44.</p> <p>115.83 (b): The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p>According to investigative documents, the offender who reported the sexual abuse was discharged from the facility shortly before the onsite portion of this audit. The records indicate that the offender alleges staff sexual misconduct occurred when a female custody staff member announced before entering the shower to inspect the</p>

area. The offender felt that the staff did not give him enough time to dress and exit the shower. Additionally, the offender confirmed that he heard the announcement.

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

During the on-site portion of this audit, the Auditor interviewed a medical practitioner and a nurse. The Auditor asked whether medical and mental health services are provided in alignment with the community's level of care, and the medical practitioner replied yes.

No offenders have undergone forensic examinations in the past 12 months, whether in the facility or in the community. Additionally, there are no samples of medical records or secondary documentation showing that victims received medical and mental health services consistent with the level of care typically provided in the community.

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

115.83 (d)-1 Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. Not applicable.

115.83 (e): If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

115.83 (e)-1 If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Not applicable.

115.83 (f): Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

115.83 (f)-1 Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

According to investigative documents, the offender who reported the sexual abuse was discharged from the facility shortly before the onsite portion of this audit. The records indicate that the offender alleges staff sexual misconduct occurred when a female custody staff member made an announcement before entering the shower to inspect the area. The offender felt that the staff did not give him enough time to dress and exit the shower. Additionally, the offender confirmed that he heard the announcement. The offender was never physically touched by the custody staff member. This incident did not rise to a level that would require a forensic examination.

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

	<p>115.83 (g)-1 Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Yes.</p> <p>See 115.83 (f)-1.</p> <p>115.83 (h): All prisons attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>115.83 (h)-1 If the facility is a prison, it attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Yes.</p> <p>Edinburgh is a work camp that provides support to the public and the local Air Force Base. Individuals with known abusive behavior would be transferred to a different facility with a distinct mission. The PREA Coordinator stated that any necessary treatment would be offered in accordance with these standards.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. PAQ</li> <li>2. Interview with the PREA Coordinator</li> <li>3. Interview with a Medical Practitioner</li> <li>4. Review of investigative reports (3)</li> <li>5. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section XIII., Data Collection and Review, Subsection A., Sexual Abuse Incident Reviews (effective 04/01/2020), page 44.</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence used to determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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115.86	Sexual abuse incident reviews
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.86 (a): The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.</p> <p>115.86 (a)-1 The facility conducts a sexual abuse incident review at the conclusion of</p>

every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. Yes.

IDOC Policy 02-02-115 Sexual Abuse Prevention, Section XIII., Data Collection and Review, Subsection A., Sexual Abuse Incident Review (effective 04/01/2020), pages 44-45.

After careful review, Edinburgh's investigative outcomes (3) are as follows for this reporting period:

John Doe #1 sexual harassment -unfound

John Doe #2 sexual abuse -unfound

John Doe #3 sexual harassment- unsubstantiated

115.86 (a)-2 In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0.

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

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

After careful review, Edinburgh's investigative outcomes (3) are as follows for this reporting period:

John Doe #1 sexual harassment -unfound

John Doe #2 sexual abuse -unfound

John Doe #3 sexual harassment- unsubstantiated

Based on this standard, zero-incident reviews were required during this reporting period.

115.86 (b)-2 In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 0.

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

115.86 (c)-1 The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. Yes.

IDOC Policy 02-02-115 Sexual Abuse Prevention, Section XIII., Data Collection and Review, Subsection A., Sexual Abuse Incident Review (effective 04/01/2020), pages

44-45.

According to the Warden, Edinburgh has a sexual abuse incident team. The team includes upper management officials and allows input from supervisors, investigators, and medical or mental health practitioners. Edinburgh was required to conduct zero-incident reviews during the previous 12 months; however, this standard did not mandate the documentation of review team minutes or reports.

After careful review, Edinburgh's investigative outcomes (3) are as follows for this reporting period:

John Doe #1 sexual harassment -unfounded

John Doe #2 sexual abuse -unfounded

John Doe #3 sexual harassment- unsubstantiated

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

115.86 (d)-1 The facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. Yes.

This Auditor did not review select reports of findings from sexual abuse incident reviews. Edinburgh was required to conduct zero-incident reviews during the previous 12 months; however, this standard did not mandate the documentation of review team minutes or reports.

After careful review, Edinburgh's investigative outcomes (3) are as follows for this reporting period:

John Doe #1 sexual harassment -unfounded

John Doe #2 sexual abuse -unfounded

John Doe #3 sexual harassment- unsubstantiated



During the onsite portion of the audit, the Auditor interviewed the Warden. The Auditor asked, "How does your team utilize the information from the sexual abuse incident review?" The Warden explained that, based on the evidence and circumstances of each investigation and recommendations from the incident review team, the actions taken could include training, policy changes, modifications to practices or procedures, or enhancements to video monitoring.

During the onsite portion of the audit, the Auditor interviewed the PREA Compliance Manager (PCM). The Auditor asked the PCM if the facility conducts reviews of sexual abuse incidents and whether it prepares reports of its findings from these reviews, including any determinations according to Standard 115.86 (d)-1 through (d)-5, as well as recommendations for improvement. The PCM confirmed that the facility does conduct these reviews.

When the PCM was asked if the incident review reports were sent to her for review, she stated that she is a member of the incident review teams. The Auditor also asked if she had observed any trends from the reviews, to which she responded that she had not.

Finally, the Auditor asked what actions, if any, are taken after the report is submitted. The PCM explained that they review the incidents to determine if any changes are needed in policy, practice, or video monitoring enhancements to ensure offenders' safety. Recommendations are then made to the Warden where applicable.

The Auditor asked several questions:

1. Does the team assess whether the incident or allegation was motivated by factors such as race, ethnicity, gender identity, sexual orientation (including lesbian, gay, bisexual, transgender, or intersex identification), gang affiliation, or any other group dynamics present at the facility? The Warden responded affirmatively.
2. Would the team examine the area in the facility where the incident allegedly occurred to determine if physical barriers in that area may have contributed to enabling abuse? The Warden responded yes.
3. Does the team evaluate the adequacy of staffing levels in that area across different shifts? The Warden responded yes.
4. Finally, does the team consider whether monitoring technology should be deployed or enhanced to supplement staff supervision? The Warden answered in the affirmative. In summary, the Warden confirmed that the Incident Review Team takes these important factors into account during their assessments.

During the onsite portion of the audit, the Auditor interviewed a member of the Incident Review Team regarding their evaluative processes. The Auditor asked several questions:

1. Does the team assess whether the incident or allegation was motivated by factors such as race, ethnicity, gender identity, sexual orientation (including lesbian, gay, bisexual, transgender, or intersex identification), gang affiliation, or any other group

dynamics present at the facility? The Lieutenant responded affirmatively.

2. Would the team examine the area in the facility where the incident allegedly occurred to determine if physical barriers in that area may have contributed to enabling abuse? The Lieutenant confirmed this as well.

3. Does the team evaluate the adequacy of staffing levels in that area across different shifts? The Lieutenant replied yes.

4. Finally, does the team consider whether monitoring technology should be deployed or enhanced to supplement staff supervision? The Lieutenant answered in the affirmative. In summary, the Lieutenant confirmed that the Incident Review Team takes these important factors into account during their assessments.

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

115.86 (e)-1 The facility implements the recommendations for improvement or documents its reasons for not doing so. Yes.

This Auditor did not review select reports of findings from sexual abuse incident reviews. Edinburgh was required to conduct zero-incident reviews during the previous 12 months; however, this standard did not mandate the documentation of review team minutes or reports.

After careful review, Edinburgh's investigative outcomes (3) are as follows for this reporting period:

John Doe #1 sexual harassment -unfound

John Doe #2 sexual abuse -unfound

John Doe #3 sexual harassment- unsubstantiated

**Evidence relied upon:**

1. PAQ
2. Interview with the Warden or Designee
3. Interview with the PREA Compliance Manager
4. Interview with an Incident Review Team member
5. Documentation of completed criminal or administrative investigations of sexual abuse (1).
6. Edinburgh Incidents
7. Edinburgh Corrective action notification from the PREA Coordinator

**Conclusion:**

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

115.87	Data collection
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.87 (a): The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>115.87 (a)-1 The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Yes.</p> <p>115.87 (a)-1 The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Yes.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection B, Data Collection, (effective 04/01/2020) pages 45 – 46.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section III., Definitions (effective 04/01/2020) pages 2-6. During an interview with the PREA Coordinator/Director, he confirmed for the Auditor that he collects accurate data from each IDOC facility, including uniform data for every allegation of sexual abuse at facilities under its direct control, using a standardized instrument and set of definitions. The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection B, Data Collection, pages 45 – 46, all sexual abuse and sexual harassment incidents are documented on form SSV-2, Adult Survey of Sexual Victimization State Prison Systems Summary Form (2022).</p> <p>115.87 (b): The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p>115.87 (b)-1 The agency aggregates the incident-based sexual abuse data at least annually. Yes.</p> <p>The Auditor examined a sample of aggregated data for Edinburgh from 2022.</p> <p>115.87 (c): The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>115.87 (c)-1 The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. Yes.</p>

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection B, Data Collection (effective 07/01/2020), pages 45 – 46, states that all sexual abuse and sexual harassment incidents are documented on form SSV-2, Adult Survey of Sexual Victimization State Prison Systems Summary Form. The PREA Compliance Manager submits a sexual incident report for each PREA-related allegation via the Sexual Incident Reporting System. The agency shall aggregate the incident-based abuse data at least annually.

Examination of Adult SSV Reports 2019, 2018, 2017, 2016, 2015, 2014, 2013, 2012 and 2011. Survey of Sexual Victimization (adult), Form SSV2, OMB No. 1121-0292 (effective 06/07/2022).

115.87 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.87 (d)-1 The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Yes.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection B, Data Collection, (effective 07/01/2020), pages 45 – 46, indicates the agency shall also maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.87 (e): The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

115.87 (e)-1 The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Yes.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection B, Data Collection, pages 45 – 46, the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

115.87 (e)-2 The data from private facilities complies with SSV reporting regarding content. Yes.

Examination of Adult SSV Reports 2019, 2018, 2017, 2016, 2015, 2014, 2013, 2012 and 2011. Survey of Sexual Victimization (adult), Form SSV2, OMB No. 1121-0292 (effective 06/07/2022).

115.87 (f): Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

115.87 (f)-1 The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.

	<p>The Auditor examined a sample of aggregated data for Edinburgh from 2022, 2019, 2018, 2017, 2016, 2015, 2014, 2013, 2012 and 2011</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. PAQ</li> <li>2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)</li> <li>3. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section III., Definitions (effective 04/01/2020) pages 2-6.</li> <li>4. SSV-2, Adult Survey of Sexual Victimization State Prison Systems Summary Form (2022). Data collection instrument</li> <li>5. IDOC PREA Report App. "Delta."</li> <li>6. Survey of Sexual Victimization (adult), Form SSV2, OMB No. 1121-0292 (effective 06/07/2022)</li> <li>7. Examination of Adult SSV Reports 2019, 2018, 2017, 2016, 2015, 2014, 2013, 2012 and 2011</li> <li>8. Examination of the IDOC Sexual Abuse Prevention Program Annual Report, 2023, 2022, 2021</li> <li>9. Internet search IDOC webpage</li> </ol> <p><b>Conclusion:</b></p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This facility complies with this standard in all material requirements for the relevant reporting period.</p>
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<b>115.88</b>	<b>Data review for corrective action</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.88 (a): The agency shall review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p>115.88 (a)-1 Yes. The agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:</p> <ul style="list-style-type: none"> <li>• Identifying problem areas;</li> <li>• Taking corrective action on an ongoing basis; and</li> <li>• Prepare an annual report of findings from its data review and any corrective actions for each facility and the agency as a whole.</li> </ul> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and</p>

Review, Subsection C, Data Review for Corrective Action, (effective 04/01/2020) pages 46 – 47, and Memos – 2023 Sexual Abuse Prevention Program Annual Report, the agency shall review data collected and aggregated pursuant to § 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Prepare an annual report of its findings and corrective actions for each facility and the agency as a whole.

Further, a review of the agency's formal website provided this Auditor with evidence that IDOC (1) Identifies problem areas, (2) Takes corrective action on an ongoing basis, and (3) Prepares an annual report of its findings and corrective actions for each facility, as well as the agency. The PREA Coordinator/Director of PREA also confirmed that the report is reviewed and approved by the IDOC Commissioner before being posted on the agency's website.

Examining the IDOC Sexual Abuse Program Annual Reports for 2023, 2022, and 2021 confirmed compliance with the relevant standards. These annual reports include evidence of corrective action plans and findings from data reviews. During an interview with the Agency Head, it was confirmed that she reviews and approves the IDOC Sexual Abuse Program Annual Report, which contains corrective action plans and summaries of the findings.

The examination of the 2023 Sexual Abuse Prevention Annual Report for the Edinburgh Correctional Facility shows that Branchville collects and compiles data to submit to the PREA Coordinator. This data is used to create the agency's sexual abuse prevention report. In an interview with the PREA Coordinator/Director, it was confirmed that he gathers information from all state and private facilities. He analyzes the data collected under § 115.87 to assess and improve the effectiveness of policies, practices, and training related to the prevention, detection, and response to sexual abuse. This process includes (1) identifying problem areas, (2) implementing ongoing corrective actions, and (3) producing an annual report that details findings and corrective measures for each facility, as well as for the agency as a whole.

During an interview with the PREA Compliance Manager, she confirmed her role as the PCM; she also confirmed that in her role as PCM she assesses the facility and the agency's progress in addressing sexual abuse.

115.88 (b): Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

115.88 (b)-1 The annual report includes a comparison of the current year's data and corrective actions with those from prior years. Yes.

Examining the annual reports for 2022 and 2023, this Auditor confirmed that the IDOC yearly report provides an assessment of the agency's progress in addressing sexual abuse.

Moreover, the IDOC confirmed that the annual report compares the current year's data and corrective actions with those of the prior years.

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

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

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

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

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

During her interview, the Agency Head confirmed that she reviewed the annual report before it was distributed. IDOC publishes its annual report for public access on its website at least once a year. This Auditor reviewed the agency's website and verified the availability of the annual report.

115.88 (d): The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

115.88 (d)-1 When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the facility's safety and security. Yes.

115.88 (d)-2 The agency indicates the nature of the material redacted. Yes.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection C, Data Review for Corrective Action (effective 04/01/2020) pages 46 - 47 indicates the PREA Coordinator/Director of PREA may redact specific material from the report when publication would present a clear and specific threat to the safety and security of a facility. Still, it must indicate the nature of the material redacted.

The IDOC confirmed that when the agency redacts material from an annual report for publication, the redactions are restricted to specific information where publication could present a clear and significant threat to the facility's safety and security. During an interview with the PREA Coordinator/Director, it was confirmed that any redactions would focus solely on those materials that pose a clear and specific risk. An examination of the IDOC Sexual Abuse Prevention Program Annual Reports from 2023, 2022, and 2021 revealed no evidence of any redactions.

**Evidence relied upon:**

	<ol style="list-style-type: none"> <li>1. PAQ</li> <li>2. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection C, Data Review for Corrective Action (effective 04/01/2020) pages 46 - 47.</li> <li>3. IDOC Annual PREA Report 2023</li> <li>4. IDOC Annual PREA Report 2022</li> <li>5. IDOC Annual PREA Report 2021</li> <li>6. Documentation of corrective action 2023</li> <li>7. Interview with the IDOC Commissioner</li> <li>8. Interview with the PREA Coordinator/Director of PREA</li> <li>9. Interview with the PREA Compliance Manager</li> <li>10. Internet search agency website where annual report is available</li> </ol> <p><b>Conclusion:</b></p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant reporting period.</p>
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115.89	Data storage, publication, and destruction
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.89 (a): The agency shall ensure that data collected pursuant to § 115.87 are securely retained.</p> <p>115.89 (a)-1 The agency ensures that incident-based and aggregate data are securely retained. Yes.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection D, Data Storage, Publication, and Destruction, (effective 04/01/2020) page 47, the agency shall ensure that data collected under § 115.87 are securely retained. IDOC, the agency, ensures that incident-based and aggregated data is securely retained.</p> <p>During a discussion with the PREA Coordinator/Director, he explained that his responsibilities include gathering and analyzing data collected under standard 115.87 to assess and improve the effectiveness of policies and training related to the prevention, detection, and response to sexual abuse. The Auditor noted that physical</p>



documents are secured behind locked doors in locked file cabinets, with access restricted. Additionally, some files are maintained on an electronic system called Delta.

Access to the Delta System is restricted by password protection and is limited to individuals based on their specific roles and responsibilities. Furthermore, when facilities undergo audits for compliance with PREA standards and any issues are identified, training may be implemented either as a revision of policy or as a disciplinary measure, as determined by the PREA Coordinator or the Director of PREA.

### **RECORD STORAGE**

During the site review, the Auditor:

Examine the physical storage area for any information or documentation collected and maintained in hard copy in compliance with the PREA Standards (such as risk screening information, medical records, and sexual abuse allegations) to ensure that it is secured. This includes using door and file cabinet locks (e.g., medical, counselor's offices, administration, and intake).

The Auditor also examined the electronic safeguards in place for information and documentation collected and maintained under the PREA Standards. This includes risk screening information stored in the electronic platform known as Delta. The Auditor observed how this information is accessed and protected through various measures, such as password protection, restricted access to specific areas, and the use of role-based security controls.

115.89 (b): The agency shall make all aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts readily available to the public at least annually through its website or, if it does not have one, through other means.

115.89 (b)-1 Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection D, Data Storage, Publication, and Destruction, (effective 04/01/2020) page 47, the agency shall ensure that data collected under § 115.87 are securely retained.

IDOC states that agency policy requires the public to access aggregated sexual abuse data from both its facilities and those of private contractors at least once annually through its website.

After review, the Auditor determined that sexual abuse data from both facilities under its control and private facilities it contracts with should be easily accessible on the agency's website.

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

applicable.

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

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

IDOC confirmed that before making aggregated sexual abuse data public, the agency ensures all personal identifiers are removed. A review of the agency's website revealed that this Auditor did not find any personal identifiers.

115.89 (c)-2 The agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection unless federal, state, or local law requires otherwise. Yes.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection D, Data Storage, Publication, and Destruction, page 47, indicates the agency shall maintain sexual abuse data collected under 115.87/387 for at least ten (10) years after the date of the initial collection.

IDOC indicates that the agency must keep sexual abuse data collected under §115.87 for a minimum of 10 years after the initial collection date unless otherwise required by federal, state, or local laws.

The Auditor examined the agency's website data to confirm that personal identifiers had been removed. This Auditor found no evidence of any personal identifiers.

**Evidence relied upon:**

1. PAQ
2. IDOC Internet search
3. Facility tour and site review
  1. Storage
    1. Medical
    2. Counselors offices
    3. Administration
    4. Intake
4. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection D, Data Storage, Publication, and Destruction, page 47.
5. Interview with the PREA Coordinator/Director of PREA
6. Interview with the IDOC Commissioner
7. Interview with the PREA Compliance Manager
8. An Internet search for a website with a sample of publicly available sexual abuse data confirms that personal identifiers have been removed
9. Review a sample of historical data since August 20, 2012

**Conclusion:**

	Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant reporting period.
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>By examining the IDOC website, this Auditor ensured that each facility had been audited. The agency's Auditor confirms that IDOC met this standard during the prior three-year audit cycle.</p> <p>115.401 (b): Starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency or by a private organization on behalf of the agency is audited during each one-year period.</p> <p>After conducting an internet search on the IDOC website, the Auditor found that the facility guarantees that at least one-third of each type of facility operated by the agency or by a private organization on behalf of the agency undergoes an audit.</p> <p>115.401 (h): The auditor shall have access to, and shall observe, all areas of the audited facilities. The Auditor confirmed she had access to and observed all areas of the facility.</p> <p>115.401 (i): The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information). The Auditor confirmed that she was allowed to request and receive copies of any relevant documents, including electronically stored information.</p> <p>115.401 (m): The auditor shall be permitted to conduct private interviews with inmates. The auditor confirmed that she was authorized to conduct private interviews with offenders.</p> <p>115.401 (n): Inmates shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>The Auditor observed PREA audit notices posted in all living units and common areas accessible to offenders, guests, and staff. This Auditor received no confidential letters from this facility. The information given to offenders was displayed in large font and included accurate details about the confidential nature of any correspondence, as well as instructions on how to send communication to the Auditor. The agency/facility offered offenders a way to send confidential information</p>

	<p>or correspondence to the Auditor.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. PAQ</li> <li>2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)</li> <li>3. Offender interviews</li> <li>4. Staff Interviews</li> <li>5. Facility tour and observations</li> </ol> <p><b>Conclusion:</b></p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
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115.403	Audit contents and findings
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.403 (f): The agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public.</p> <p>During the previous audit cycle, this Auditor noted that PREA reports for all audited facilities were published on the agency's website.</p> <p>Based on the evidence used to determine compliance with this standard, along with the Auditor's analysis, reasoning, and conclusions, this standard is deemed compliant. It meets all material requirements for the relevant period.</p> <p>The agency audit reports were completed 90 days prior to the audit and fall within the appropriate review period. Web links to each of these reports, or evidence that they have been made publicly available (in cases where the agency does not have a website), have been provided.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Final reports for the previous cycle</li> <li>2. An internet search of the IDOC website</li> </ol>

**Appendix: Provision Findings****115.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
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Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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**115.11 (b) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

Has the agency employed or designated an agency-wide PREA Coordinator?	yes
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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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
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**115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
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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
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**115.12 (a) Contracting with other entities for the confinement of inmates**

If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to 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 inmates.)	yes
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**115.12 (b) Contracting with other entities for the confinement of inmates**

Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes
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	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 inmates.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	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
	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
	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
	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 inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency 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?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency 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?	yes

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na



	facility does not have female inmates.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</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 inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency 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 §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone 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)?	yes
	Does the agency prohibit 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?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit 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 (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with 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?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, 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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency 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?	yes
	Does the agency ask 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?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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 inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</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 inmates 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
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</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
	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
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b) Policies to ensure referrals of allegations for investigations</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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c) Policies to ensure referrals of allegations for investigations</b>		
	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 115.21(a).)	na
<b>115.31 (a) Employee training</b>		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes



	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates 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 inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious 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.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</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
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (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
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
<b>115.42 (a) Use of screening information</b>		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b) Use of screening information</b>		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c) Use of screening information</b>		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes



	present management or security problems?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate'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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d) Protective Custody</b>		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e) Protective Custody</b>		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a) Inmate reporting</b>		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.51 (b) Inmate reporting</b>		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate 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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate 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	yes

	this standard.)	
	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
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	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.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, 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
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate 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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes



<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate 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
<b>115.64 (b)</b>	<b>Staff first responder duties</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
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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	yes

	response to an incident of sexual abuse?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	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?	
	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 inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	yes

	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 115.21(a).)	
	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 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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 inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate'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
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, 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?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</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 inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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	yes



	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate 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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate 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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	

	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate 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 inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(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 inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
<b>115.87 (f)</b>	<b>Data collection</b>	
	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
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 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?	
<b>115.88 (b)</b>	<b>Data review for corrective action</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
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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
	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.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403</b>	<b>Audit contents and findings</b>	

(f)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>