

# PREA Facility Audit Report: Final

**Name of Facility:** Indiana State Prison

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 11/21/2025

**Date Final Report Submitted:** 12/08/2025

## 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 Love

**Date of Signature:** 12/08/2025

## AUDITOR INFORMATION

**Auditor name:** Love, Sonya

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

**Start Date of On-Site Audit:** 06/02/2025

**End Date of On-Site Audit:** 06/04/2025

## FACILITY INFORMATION

**Facility name:** Indiana State Prison

**Facility physical address:** 1 Park Row, Michigan City, Indiana - 46360

**Facility mailing address:**

## Primary Contact

<b>Name:</b>	Warden Ron Neal
<b>Email Address:</b>	RNeal@idoc.in.gov
<b>Telephone Number:</b>	219-874-7256

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

<b>Name:</b>	Ron Neal
<b>Email Address:</b>	RNeal@idoc.in.gov
<b>Telephone Number:</b>	219-874-7256

#### Facility PREA Compliance Manager

<b>Name:</b>	Jason Nowatzke
<b>Email Address:</b>	jnowatzke@idoc.in.gov
<b>Telephone Number:</b>	219-363-7142
<b>Name:</b>	Rhonda Brennan
<b>Email Address:</b>	rbrennan@idoc.in.gov
<b>Telephone Number:</b>	(219) 874-7256 x2310

#### Facility Health Service Administrator On-site

<b>Name:</b>	Jen Selke
<b>Email Address:</b>	JSelke@idoc.in.gov
<b>Telephone Number:</b>	219-874-7256

#### Facility Characteristics

<b>Designed facility capacity:</b>	2486
<b>Current population of facility:</b>	2432
<b>Average daily population for the past 12 months:</b>	2402

<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>	Men/boys
<b>Age range of population:</b>	18-81
<b>Facility security levels/inmate custody levels:</b>	Maximum and medium
<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>	482
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	70
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	160

#### AGENCY INFORMATION

<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

#### Agency Chief Executive Officer Information:

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

**Agency-Wide PREA Coordinator Information****Name:** Matthew Bishir**Email Address:** mbishir@idoc.in.gov**Facility AUDIT FINDINGS****Summary of Audit Findings**

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

**Number of standards exceeded:**

0

**Number of standards met:**

45

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-06-02
2. End date of the onsite portion of the audit:	2025-06-04

### 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:	2486
15. Average daily population for the past 12 months:	2402
16. Number of inmate/resident/detainee housing units:	15
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>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	2403
<b>25. 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>	50
<b>26. 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>27. 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>28. 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>	2
<b>29. 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>	21
<b>30. 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>	34

<b>31. 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>	9
<b>32. 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>	7
<b>33. 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>	33
<b>34. 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>	1
<b>35. 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>	This Auditor oversampled the vulnerable population.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>36. 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>	465
<b>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	160

<b>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	70
<b>39. 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:</b>	Staff and specialized interviews were conducted with staff who worked on the days of the on-site audit. Some specialized administrative staff were interviewed telephonically.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	19
<b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input checked="" type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>



<b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	<ul style="list-style-type: none"> <li>• The Auditor requested a general inmate roster, by living unit, on the first day of the audit.</li> <li>• The Auditor requested and obtained a roster of vulnerable inmates by category and living unit (e.g., LEP, blind, physical disabilities, transgender)</li> <li>• The Auditor asked for a diagram of the facility.</li> <li>• The Auditor conducted a facility tour and site visit, including segregation.</li> <li>• Formal and informal conversations with staff</li> <li>• Formal and informal discussions with inmates</li> </ul>
<b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>44. 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>Participants in the random interview were chosen based on their housing unit. Targeted interview participants were randomly selected by category. Three inmates were interviewed in response to letters or requests to be interviewed during the Auditors' facility tour.</p>
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	23

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".

<b>47. 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>	4
<b>48. 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>	1
<b>49. 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>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div data-bbox="815 1615 1469 1776"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="815 1823 1469 1904"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	Interviewed a medical practitioner to confirm that no inmates are currently assigned blind or low-vision.
<b>50. 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>	4
<b>51. 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>	2
<b>52. 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>	4
<b>53. 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>	4
<b>54. 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>	4

<b>55. 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>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div data-bbox="818 454 1469 616"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="818 665 1469 745"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<ul style="list-style-type: none"> <li>• The inmate roster by living unit</li> <li>• The roster of targeted inmates by living and category</li> <li>• Interviews with medical and mental health practitioners</li> <li>• Facility tour, including segregation. Formal and informal conversations with staff and inmates</li> </ul>
<b>56. 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>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div data-bbox="818 1695 1469 1856"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="818 1906 1469 1986"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<ul style="list-style-type: none"> <li>• Facility tour and site visit</li> <li>• Interview with medical and mental health practitioners</li> <li>• The Auditor obtained rosters of:</li> <li>• Vulnerable inmates by living unit and category</li> <li>• A roster of inmates by living units</li> </ul>
<b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	The targeted population was oversampled.
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>58. Enter the total number of RANDOM STAFF who were interviewed:</b>	12
<b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<div> <input checked="" type="checkbox"/> Length of tenure in the facility         </div> <div> <input checked="" type="checkbox"/> Shift assignment         </div> <div> <input checked="" type="checkbox"/> Work assignment         </div> <div> <input checked="" type="checkbox"/> Rank (or equivalent)         </div> <div> <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)         </div> <div> <input type="checkbox"/> None         </div>
<b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<div> <input checked="" type="radio"/> Yes         </div> <div> <input type="radio"/> No         </div>
<b>61. 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>	Random staff were selected on the first day of the audit.

### Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

**62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):**

14

**63. Were you able to interview the Agency Head?**

☒ Yes

☐ No

**64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?**

☒ Yes

☐ No

**65. Were you able to interview the PREA Coordinator?**

☒ Yes

☐ No

**66. Were you able to interview the PREA Compliance Manager?**

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

**67. 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>68. 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>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. 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>69. 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>a. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>b. 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 type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other



<b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	Specialized staff were selected based on role, responsibility, and availability. Some specialized administrative staff were interviewed by telephone.
<b>SITE REVIEW AND DOCUMENTATION SAMPLING</b>	
<b>Site Review</b>	
<p>PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.</p>	
<b>71. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>72. 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)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>73. 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)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No

<b>75. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>76. 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>	The facility allowed access to all areas. This allowed the Auditor to test critical functions in all living units.
<b>Documentation Sampling</b>	
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>77. 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
<b>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b>	Certain groups of the targeted population were oversampled.
<b>SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</b>	
<b>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</b>	
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.	

**79. 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>	6	6	0	0
<b>Staff-on-inmate sexual abuse</b>	1	1	0	0
<b>Total</b>	7	7	0	0

**80. 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>	0	0	0	0
<b>Total</b>	0	0	0	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

#### 81. 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	1	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	1	0	0	0	0

#### 82. 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.

**83. 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

**84. 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	0	0	0
<b>Total</b>	0	0	0	0

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

**Sexual Abuse Investigation Files Selected for Review**

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

7

<b>86. Did your selection of SEXUAL ABUSE 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 abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	6
<b>88. Did your sample of INMATE-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 inmate-on-inmate sexual abuse investigation files)
<b>89. Did your sample of INMATE-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 inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
<b>91. 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>92. 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>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>a. Explain why you were unable to review any sexual harassment investigation files:</b>	ISP reported none during this reporting period.
<b>94. Did your selection of SEXUAL HARASSMENT 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 harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>96. 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>97. 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)
<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT 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 staff-on-inmate sexual harassment investigation files)
<b>100. Did your sample of STAFF-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 staff-on-inmate sexual harassment investigation files)
<b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	ISP reported zero allegations of sexual harassment during this reporting period. This information was verified with the PREA Coordinator.



## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

**102. 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

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

☒ Yes

☐ No

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

2

## AUDITING ARRANGEMENTS AND COMPENSATION

**108. 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><b>115.11 (a): The agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.</b></p> <p>115.11 (a)-1 The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.</p> <p>An analysis of the Indiana Department of Correction (IDOC) Policy 02-01-115 on Sexual Abuse Prevention (effective 08/15/2024, pages 1-48) shows that the IDOC enforces a strict zero-tolerance policy regarding sexual abuse and harassment among inmates. This policy applies to all employees, inmates, contractors, volunteers, vendors, and visitors. Any violations can lead to both administrative and criminal penalties. Each facility is required to have procedures in place to prevent and address inmate sexual abuse and harassment. The written policy details how the agency</p>

prevents, detects, and responds to such incidents and includes its strategy for implementing the Prison Rape Elimination Act (PREA).

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

IDOC Policy 02-01-115 (Sexual Abuse Prevention), effective 08/15/2024, pages 1-48

115.11 (a)-3 Indiana State Prison (ISP) confirmed during this audit that the IDOC Policy 02-01-115 (Sexual Abuse Prevention), effective 08/15/2024, pages 1-48, includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

IDOC Policy 02-04-101 The Disciplinary Code for Adults (effective 3/1/2020) page 1-40.

115.11 (a)-4 Indiana State Prison (ISP) confirmed during this audit that the IDOC Policy 02-01-115 (Sexual Abuse Prevention), effective 08/15/2024, pages 1-48, includes sanctions for those found to have participated in prohibited behaviors.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), effective 08/15/2024, pages 1-48

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.

Indiana State Prison (ISP) confirmed during this audit that the IDOC Policy 02-01-115 (Sexual Abuse Prevention), effective 08/15/2024, pages 1-48, includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

**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.

The Indiana State Prison enforces a zero-tolerance policy toward all forms of sexual abuse and harassment, as outlined in the IDOC Policy 02-01-115. The policy ensures comprehensive prevention, detection, and response strategies aligned with PREA standards. Each facility designates a PREA Compliance Manager with sufficient authority and time to oversee compliance, while an agency-wide PREA Coordinator manages efforts across all locations. These measures are supported by organizational charts, audits, and interviews, demonstrating strong leadership commitment to PREA compliance.

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

facilities.

The Indiana State Prison, operated by the Indiana Department of Correction (IDOC), enforces a zero-tolerance policy on sexual abuse and harassment, in accordance with Policy 02-01-115 and the Prison Rape Elimination Act (PREA). The agency maintains compliance through designated PREA Coordinators and Compliance Managers at both the organizational and facility levels, supported by clear structures and routine audits. Leadership is strongly committed to PREA standards, ensuring that all staff and stakeholders are responsible for preventing, detecting, and responding to sexual misconduct.

During this audit, the Auditor interviewed the PREA Coordinator. The PREA Coordinator confirmed that he has sufficient time and authority to develop, implement, and oversee agency-wide efforts to comply with the PREA standards across all facilities.

115.11 (b)-3 IDOC confirmed during this audit reporting period that the position of the PREA Coordinator is in the agency's organizational structure.

Moreover, in the interview, the IDOC PREA Coordinator stated that he has enough time and authority to ensure agency compliance with PREA standards. The Coordinator reports up a chain from the Director of Investigations and Intelligence, through the Executive Director of Field Operations and Deputy Commissioner of Operations, to the IDOC Commissioner—making him five steps below the top of the agency.

During the interview, the PREA Coordinator for the Indiana Department of Correction (IDOC) affirmed that he has sufficient time and authority to oversee and ensure the agency's compliance with PREA standards. The Coordinator's reporting structure demonstrates a clear chain of command: he reports directly to the Director of Investigations and Intelligence, who in turn reports to the Executive Director of Field Operations. This position is further supported by oversight from the Deputy Commissioner of Operations, ultimately culminating with the IDOC Commissioner. As a result, the PREA Coordinator occupies a place five levels below the top executive within the agency, reflecting his significant responsibility and the agency's commitment to maintaining PREA compliance.

The Auditor examined the IDOC Leadership Team Organization Chart and Departmental Organizational Chart. The PREA Coordinator indicates that he reports to the Director.

**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 ISP confirmed during this audit that the facility has designated a PREA Compliance Manager.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), effective August 15, 2024, pages 1-2, aligns with this standard. Audits at multiple IDOC facilities revealed that each site designated a PREA Compliance Manager, as mandated. A review of the Indiana State Prison (ISP) organizational chart shows that its PREA Compliance Manager reports directly to the Warden. Past PREA audits further verify compliance with Standard 115.11(c). The Auditor confirmed that during this audit cycle, every facility had a designated PREA Compliance Manager, fulfilling the requirements of the PREA standards.

The Auditor examined the ISP Organizational Chart and confirmed that the PCM reports directly to the Warden.

On January 31, 2025, the Warden issued a memorandum to the PREA auditing committee indicating that the PCM reports directly to him on all PREA-related issues.

115.11 (c)-2 The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

During this audit, the Auditor interviewed the PCM/Deputy Warden. The PCM confirmed having sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

115.11 (c)-3 ISP confirmed during this audit that the position of the PREA Compliance Manager is in the agency's organizational structure.

115.11 (c)-4 The person to whom the PREA Compliance Manager reports: Warden.

**Evidence relied upon**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention), effective 08/15/2024, pages 1-48
3. IDOC Policy 02-01-115 (Sexual Abuse Prevention), effective August 15, 2024, pages 1-2.
4. IDOC Policy 02-04-101 The Disciplinary Code for Adults (effective 3/1/2020) page 1-40.
5. Examined the ISP Organizational Chart.
6. IDOC Leadership Team Organization Chart and Departmental Organizational Chart.
7. Interviewed the PREA Coordinator
8. Interview with the PCM

**Conclusion:**

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

115.12	Contracting with other entities for the confinement of inmates
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>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.</b></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.</p> <p>IDOC confirmed during their audit that their agency has entered into or renewed a contract for the confinement of inmates on or after August 20, 2012, or since their last PREA audit, whichever is later.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), effective 08/15/2024, pages 1-48.</p> <p>115.12 (a)-2 All of the above contracts require contractors to adopt and comply with PREA standards.</p> <p>IDOC confirmed during this reporting period that all of its above contracts require contractors to adopt and comply with PREA standards.</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: 4.</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><b>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.</b></p> <p>115.12 (b)-1 IDOC confirmed during this audit that all of the above contracts require the agency to monitor the contractor's compliance with PREA standards.</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 this cycle, the Auditor interviewed the Contract Administrator. The Contract Administrator stated that the PREA Coordinator oversees all new and renewed contracts for confinement services to ensure contractor compliance with PREA practices by conducting site visits and reviewing audit and compliance documents as reported by contract facilities outlined in contractual agreements. The PREA Coordinator confirmed that all PREA compliance results for each contract agreed upon within the past 12 months have been completed. PREA compliance results were</p>

	<p>completed for each contract entered into within the past 12 months. All contract facilities completed and submitted PREA compliance results to IDOC.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. IDOC Policy 02-01-115 (Sexual Abuse Prevention), effective 08/15/2024, pages 1-48.</li> <li>3. Interview with the Contract Administrator</li> <li>4. Interview with the PREA Coordinator</li> <li>5.</li> </ol>
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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><b>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 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.</b></p> <p>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.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention Section C. Supervision and Monitoring (effective 8/15/2024) pages 8-10.</p> <p>115.13 (a)-2 Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates: 2402.</p>

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: 2434.

Upon examination, ISP 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) 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) 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.

During the audit, the Auditor interviewed the Warden. The Warden confirmed that the facility has a staffing plan and reviews staffing levels at least once a year to ensure adequate staffing. Additionally, the Warden stated that facility security management assesses all factors outlined in this standard, including the physical plant, staff assignments, and any identified blind spots, and uses electronic video monitoring to monitor inmate activity and movement throughout the facility.

During this audit, the Auditor interviewed the PREA Compliance Manager (PCM), who confirmed that ISP has a staffing plan. The facility takes into account multiple factors, including (1) generally accepted detention and correctional practices; (2) judicial findings of inadequacy; (3) findings from Federal investigative agencies; (4) assessments from internal or external oversight bodies; (5) all aspects of the physical plant, including "blind spots" or areas where staff or inmates might be isolated; (6) the composition of the inmate population; (7) the number and placement of supervisory staff; (8) programs occurring during a specific shift; (9) relevant State or local laws, regulations, or standards; and (10) the prevalence of substantiated and unsubstantiated issues incidents of sexual abuse; and (11) Any other relevant factors.

#### **Site Review and Facility Tour**

During the facility tour, the Auditor observed the facility's staffing plan and POST Analysis. The staffing plan specifies staffing levels for each shift, including weekends.

- Shift roster 2024 (weekdays and weekends)

The Auditor observed the staffing levels, including both staff and contractors, covering security and non-security roles, as well as staffing patterns during the shift. Areas inspected included housing units, segregation units, programming zones, recreational and educational spaces, the library, work areas, staff sight lines, and other locations where sexual abuse risk was assessed based on informal talks with custody staff. No volunteers were on site during this audit.



Furthermore, observations also included:

- The level of supervision
- Frequency of cell checks in housing
- Sight lines from internal security posts to showers and upper tiers in the housing units
- Direct and indirect supervision from the control rooms and floor supervision
- Camera placement from the control room.

The Auditor held informal discussions with both custody and non-custody staff, who confirmed that the current hiring freeze is a concern and that supervision practices are adequate, considering the population decline and the shift in the facility's culture.

**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 ISP confirmed during this audit that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. ISP indicates not applicable.

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

During an interview with the Warden, he confirmed that the Shift Supervisor reviews the staffing plan for each shift, comparing it to the security staff scheduled to work that shift, absent those on approved leave, or in training.

**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 Sexual Abuse Prevention Section C. Supervision and Monitoring (effective 8/15/2024) pages 8-10.

Upon examination of the ISP 2024 Sexual Abuse Prevention Annual Report, generated by the Warden at ISP and submitted to the Executive Director of PREA, the PREA Coordinator dated January 21, 2025, this Auditor confirmed that the facility consulted with the PREA Coordinator. The PC confirmed the review of the facility's staffing plan.

- ISP 2022 Sexual Assault Prevention Annual Report (Standard 115.88 (a))
- ISP 2023 Sexual Assault Prevention Annual Report (Standard 115.88 (a))
- ISP 2024 Sexual Assault Prevention Annual Report (Standard 115.88 (a))
- ISP Sexual Abuse Prevention Program Annual Report

**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 both night and 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 ISP confirmed during this audit that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

IDOC Policy 02-01-115 Sexual Abuse Prevention Section C. Supervision and Monitoring (effective 8/15/2024) pages 8-10.

115.13 (d)-2 ISP confirmed during this reporting period that the facility documents unannounced rounds.

- Daily Shift Report-Unannounced Rounds
  - 7/7/24
  - 7/8/24
  - 7/9/24
  - 7/10/24
  - 7/11/24
  - 7/12/24
  - 7/13/24
  - 9/01/24
  - 9/02/24
  - 9/03/24
  - 9/05/24
  - 9/06/24
  - 9/07/24
- Sample Housing Log- General Housing Log 1/19/24 (6 pm-6 am)
- Visitor's Restrictive Status Log
  - PREA Rounds example (1/29/24)
  - PREA Rounds example (2/2/24)

115.13 (d)-3 ISP confirmed during this audit that over time, the unannounced rounds cover all shifts.

115.13 (d)-4 ISP confirmed during this audit that the facility prohibits staff from

	<p>alerting other staff of the conduct of such rounds.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. IDOC Policy 02-01-115 Sexual Abuse Prevention Section C. Supervision and Monitoring (effective 8/15/2024) pages 8-10.</li> <li>3. Site Review and Facility Tour</li> <li>4. Interview with the Warden</li> <li>5. Interview with the PCM</li> <li>6. Interview with the PC</li> <li>7. ISP 2022 Sexual Assault Prevention Annual Report (Standard 115.88 (a))</li> <li>8. ISP 2023 Sexual Assault Prevention Annual Report (Standard 115.88 (a))</li> <li>9. ISP 2024 Sexual Assault Prevention Annual Report (Standard 115.88 (a))</li> <li>10. ISP Sexual Abuse Prevention Program Annual Report</li> <li>11. Sample Housing Log- General Housing Log 1/19/24 (6 pm - 6 am)</li> <li>12. Visitor's Restrictive Status Log PREA Rounds example (1/29/24)</li> <li>13. PREA Rounds example (2/2/24)</li> <li>14. Daily Shift Report-Unannounced Rounds</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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115.14	Youthful inmates
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>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 use of a shared dayroom or other common space, shower area, or sleeping quarters.</b></p> <p>115.14 (a)-1 The facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section D. Youthful Incarcerated Individuals, effective 08/15/2024, page 10.</p> <p>ISP does not house Youthful Inmates, according to the PCM. A review of the facility population report on the first day of the audit confirmed that ISP did not have Youthful</p>

Inmates in the population.

115.14 (a)-2 The facility 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.

ISP does not house Youthful Inmates, according to the PCM. A review of the facility population report on the first day of the audit confirmed that ISP did not have Youthful Inmates in the population.

115.14 (a)-3 The facility places youthful inmates in the SAME HOUSING UNIT as adults.

ISP does not house Youthful Inmates, according to the PCM. A review of the facility population report on the first day of the audit confirmed that ISP did not have Youthful Inmates in the population.

115.14 (a)-4 Youthful inmates who are placed in the SAME HOUSING UNIT as adults have sight, sound, or physical contact with any adult inmate through use of shower area, sleeping quarters, shared dayroom, or other common space.

ISP does not house Youthful Inmates, according to the PCM. A review of the facility population report on the first day of the audit confirmed that ISP did not have Youthful Inmates in the population.

115.14 (a)-5 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 In the past 12 months, the number of youthful inmates placed in SAME HOUSING UNIT as adults at this facility: 0.

**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 The facility maintains sight, sound, and physical separation between youthful inmates and adult inmates in areas OUTSIDE HOUSING UNITS.

ISP does not house Youthful Inmates, according to the PCM. A review of the facility population report on the first day of the audit confirmed that ISP did not have Youthful Inmates in the population.

115.14 (b)-2 IDOC confirmed during this audit 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.

ISP does not house Youthful Inmates, according to the PCM. A review of the facility population report on the first day of the audit confirmed that ISP did not have Youthful Inmates in the population.

	<p><b>115.14 (c): IDOC confirmed during this reporting period that the agency shall make its 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 special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible.</b></p> <p>ISP does not house Youthful Inmates, according to the PCM. A review of the facility population report on the first day of the audit confirmed that ISP did not have Youthful Inmates in the population.</p> <p>115.14 (c)-1 The facility documents 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 was denied.</p> <p>ISP does not house Youthful Inmates, according to the PCM. A review of the facility population report on the first day of the audit confirmed that ISP did not have Youthful Inmates in the population.</p> <p>115.14 (c)-2 In the past 12 months, the number of youthful inmates who have been placed in isolation in order to separate them from adult inmates: 0.</p> <p>ISP does not house Youthful Inmates, according to the PCM. A review of the facility population report on the first day of the audit confirmed that ISP did not have Youthful Inmates in the population.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section D. Youthful Incarcerated Individuals, effective 08/15/2024, page 10.</li> <li>3. Interview with the PCM</li> <li>4. Examination of the population roster</li> <li>5. Facility tour and sight review.</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>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**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.**

115.15 (a)-1 The facility conducts cross-gender strip or cross-gender visual body cavity searches of inmates.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section E. Limits to Cross-Gender Viewing and Searches, effective 08/15/2024, pages 10-13.

IDOC Policy and Administrative Procedures, 02-03-101, Searches, effective 6/01/2019, pages 1-20.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section E., Limits to Cross Gender Viewing and Searches (effective 8/15/2024), page 10 states Staff shall not conduct cross-gender strip searches or cross-gender visual searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. No staff shall conduct cross-gender strip searches except in emergency circumstances. Body cavity searches shall only be performed by medical personnel under IDOC Policy and Administrative Procedures, 02-03-101, Searches, effective 6/01/2019, pages 1-20.

115.15 (a)-2 ISP confirmed during this audit that in the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates: 0.

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

During the site review, the Auditor:

- Observed the location where strip searches are conducted.
- Zero opposite gender staff were allowed to watch or conduct an opposite-gender strip search, absent exigent circumstances

#### **Documentation Review**

- ISP reports zero logs of cross-gender strip searches and cross-gender visual body cavity searches in the past 12 months.

**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 ISP confirmed during this audit that 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). The facility's rated capacity exceeds 50 inmates.

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.

ISP is an adult male facility. This substandard is not applicable.

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

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. ISP is an adult male facility. This substandard does not apply to the population type, as confirmed by the population roster on the first day of the audit.

During the on-site portion of this audit, the Auditor interviewed a select sample of random staff (13). All staff interviewed confirmed that the facility does not permit cross-gender pat-down searches except under exigent circumstances such as a medical or life-threatening emergency. ISP 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.**

ISP is an adult male facility. This substandard is not applicable.

115.15 (c)-1 ISP confirmed during this audit that the IDOC/facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section E. Limits to Cross-Gender Viewing and Searches, effective 08/15/2024, pages 10-13. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section E., Limits to Cross Gender Viewing and Searches (effective 8/15/2024), page 10 states staff shall not conduct cross-gender strip searches or cross-gender visual searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. No staff shall conduct cross-gender strip searches except in emergency circumstances, body cavity searches shall only be performed by medical personnel under IDOC 02-03-101 Policy and Administrative Procedure, Searches (effective 6/01/2019).

IDOC Policy and Administrative Procedures, 02-03-101, Searches, effective 6/01/2019, pages 1-20.

115.15 (c)-2 Facility policy requires that all cross-gender pat-down searches of female inmates be documented.

ISP is an adult male facility. This substandard is not applicable.

**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.**

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section E. Limits to Cross-Gender Viewing and Searches, effective 08/15/2024, pages 10-13.

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).

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section E. Limits to Cross-Gender Viewing and Searches, effective 08/15/2024, pages 10-13.

ISP Inmate Handbook, Section 20, Housing Rules, pages 21-23, identifies where inmate should change their clothes in their cells or bathroom/shower area.

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

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section E. Limits to Cross-Gender Viewing and Searches, effective 08/15/2024, pages 10-13.

During this audit, the Auditor interviewed 42 inmates. All inmates interviewed during this audit indicated they are never naked in full view of female staff when using the toilet, showering, or changing their clothes. Six of the 42 inmates interviewed confirmed that opposite-gender staff announce their presence when entering the housing unit. This requires corrective action.

During this audit, the Auditor interviewed a random sample of 13 staff members. All random staff interviewed confirmed that the agency has a policy to train staff to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs, ask staff: (115.15), and have you 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.

**PREA Audit Site Review**

**CROSS-GENDER VIEWING**

During the site review, the Auditor:

- Observe all areas where confined persons may be in a state of undress, such as showers, toilets, and/or changing areas. All areas include: Inside housing



units.

- Observed areas outside of the housing units (e.g., medical areas, intake cells/showers/areas, transport holding areas, recreation areas).
- Observe if any nonmedical staff of the opposite gender can view confined persons in a state of undress, including from different angles and via mirror placement. In multi-tier facilities, observe spaces from multiple perspectives and vantage points, including from the floor and any other tiers, as applicable.
- Observed where mirrors were present, and observed the placement and angle of mirrors.
- Observe electronic surveillance monitoring areas such as control rooms or other spaces where staff monitor live or recorded video feeds of confined persons (e.g., via camera feed)
- Observed if opposite-gender staff are assigned to monitor video surveillance (recorded or live) (e.g., female staff viewing male inmates).
- From the control room, video monitoring technology provides point, tilt, and zoom (PTZ) capabilities, allowing staff to see inmates in a state of undress. Male staff assigned to the control room to monitor male inmates.
- Assessed the opposite-gender alert system whereby the control room makes the announcements.

**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.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section E. Limits to Cross-Gender Viewing and Searches, effective 08/15/2024, pages 10-13.

115.15 (e)-2 ISP denied that such searches (described in 115.15(e)-1) occurred in the past 12 months.

On January 31, 2025, the Warden issued a memo regarding Standard 115.15 (e) indicating that during the past 12 months, ISP has not searched or physically examined a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. During the on-site portion of this audit, the Warden again confirmed that since January 31, 2025, ISP has not searched or physically examined a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

During the audit, the Auditor interviewed a select sample of Random Sample of Staff (13). All confirmed that the facility prohibits staff from searching or physically examining a transgender or intersex inmate solely to determine their genital status.

Further, all staff confirmed an awareness of the policy prohibiting staff from searching or physically examining a transgender person.

During this audit, the Auditor interviewed a select group of transgender/Intersex inmates (7). All denied placement in a housing area only for transgender or intersex inmates. These same seven inmates denied having any reason to believe that they were strip-searched for the sole purpose of determining their genital status. During this audit, zero intersex inmates were identified by medical practitioners or the PCM.

**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 ISP confirmed that 100% of all security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner that aligns with security needs.

IDOC Staff Development & Training, PAT, Frisk, and Modified Frisk Searches of Adult Male Offenders.

- Page 3 - PAT, Frisk, and Modified Frisk Searches of Adult Male Offenders

All staff are conducting searches. All staff shall communicate and interact with offenders professionally at all times. Staff conducting searches, especially personal searches, shall perform them in a manner that demonstrates respect for individuals' privacy while balancing the scope of the search with the safe and orderly operation of the facility.

At no time will staff use jargon, derogatory, or uncomplimentary language to address or refer to an offender/student. Staff shall be aware of their own biases and shall not allow them to interfere with the performance and/or execution of their duties, especially as they relate to the individual's race, religion, ethnic background, gender, or sexual orientation.

**Page 5 - PAT, Frisk, and Modified Frisk Searches of Adult Male Offenders, Opposite Pat Search, Gender Identification**

Staff shall not search or physically examine a transgender (person whose gender identity and/or expression does not conform to the gender role assigned to them at birth) or intersex (condition usually present at birth that involves reproductive, genetic, or sexual autonomy that does not seem to fit the typical definitions of female or male) offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it shall be determined during conversations with the offender by reviewing, with proper access and authorization, medical records, or if necessary, by learning that information as part of a broader medical examination conducted in private by a qualified medical practitioner.

- When a staff member determines that exigent circumstances exist, a pat search of an adult female or juvenile student is necessary. If a staff member of the same gender is not available, staff shall securely escort the adult male to an area where a same gender staff member of the same gender is available to conduct the pat search. If neither of these options is available, the staff member may perform the search.
- Staff shall document all cross-gender searches of adult males by completing and submitting an Incident Report to the Custody Supervisor or designee.

Sexual Assault Prevention and Reporting, Indiana Coalition Against Domestic Violence #66.

IDOC Staff Development & Training, Legal Authority of Searches, slides 1-13, lesson plan.

- Sample- IDOC, Staff Development and Training Security Skills, Use of Mechanical Restraints with Incarcerated Adults Evaluation Form.
- Sample- IDOC, Staff Development and Training Security Skills, Strip and Cavity Searches (PP) slides 1-11.

During this audit, the Auditor interviewed a select sample of Random Sample of Staff (13). All confirmed that the facility prohibits staff from searching or physically examining a transgender or intersex inmate solely to determine their genital status. Further, all staff confirmed an awareness of the policy prohibiting staff from searching or physically examining a transgender person.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section E. Limits to Cross-Gender Viewing and Searches, effective 08/15/2024, pages 10-13.
3. IDOC Policy 02-03-101, Searches, effective 6/01/2019, pages 1-20.
4. ISP Inmate Handbook, Section 20, Housing Rules, pages 21-23.
5. Sexual Assault Prevention and Reporting, Indiana Coalition Against Domestic Violence #66.
6. IDOC Staff Development & Training, Legal Authority of Searches, slides 1-13, lesson plan.
7. Sample- IDOC, Staff Development and Training Security Skills, Use of Mechanical Restraints with Incarcerated Adults Evaluation Form.
8. Sample- IDOC, Staff Development and Training Security Skills, Strip and Cavity Searches (PP) slides 1-11.

**Corrective Action:**

115.15 (d)-2 Policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. During this audit, the Auditor interviewed 42 inmates. All inmates interviewed during this audit indicated they are

	<p>never naked in full view of female staff when using the toilet, showering, or changing their clothes. Six of the 42 inmates interviewed confirmed that opposite-gender staff announce their presence when entering the housing unit. This requires corrective action. The facility Warden issued a memorandum to all shifts.</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>115.16</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><b>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 to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that facilitate effective communication with inmates with disabilities, including those with intellectual disabilities, limited reading skills, or blindness or low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.</b></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.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section F. Incarcerated individuals with Disabilities and Incarcerated Individuals who are Limited English Proficient, effective 08/15/2024, pages 12-13 indicates that IDOC, 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</p>

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

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

IDOC Communication Board is written material for effective communication with residents with disabilities. It is a pictorial communication board that helps staff communicate with residents with special needs and limited vocabulary. This Auditor confirmed that IDOC has a contract with an online interpretive service to provide translation services for residents with limited language challenges who have disabilities. Two inmates were identified as LEP during the on-site portion of this audit.

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

During this audit, the Auditor interviewed a selected sample of LEP inmates (2) using interpretive online services. The interpretive services did not require an inmate's PIN. The interviews took place in a private setting. Each LEP inmate confirmed that ISP provides information about sexual abuse and sexual harassment that they can understand. Furthermore, ISP helps with someone explaining information about sexual abuse, how to report an incident, and the rights within this facility.

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

During the site review, the Auditor:

- Test the facility's process for securing interpretation services on demand.
- The Auditor tested the online service to assess whether the phones for accessing the language line work correctly.

- Determine that an Inmate was not required to self-identify (e.g., enter pin, provide name/ID number) to access interpretation services.
- Assessed the availability of interpretation services (e.g., ability to access immediate interpretation services).
- Assess the accessibility of interpretation services (i.e., whether they are available to all inmates in the facility who need an interpreter, including persons confined in restricted housing).
- Observe the location where interpretation services are provided (e.g., an administrative office ) that provides some privacy.

**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.

IDOC Division of Workforce Engagement, slides 1-43, Preservice academy, Working with Incarcerated Individuals Having Special Needs (effective 7/01/2023). The lesson plan was designed to aid staff in effectively supervising incarcerated individuals with special needs. IDOC Communication Board is written material for effective communication with residents with disabilities. It is a pictorial communication board that helps staff communicate with residents who have special needs and limited vocabulary.

- Examined the IDOC PREA informational brochure (Spanish).

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

- ISP has also identified bilingual staff who speak Spanish, German, Vietnamese, Yoruba, and Arabic to assist inmates with limited language skills.

**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 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)-1 IDOC confirmed during this audit that the agency's 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.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section F., Incarcerated Individuals with Disabilities and Incarcerated Individuals Who are Limited English Proficient (effective 8/15/2024), pages 12-13, indicated that the Department shall not rely on incarcerated interpreters, incarcerated readers, or other types of incarcerated individual assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the incarcerated individual's safety, the performance of the first-response duties under 115.64/364, or the investigation of the incarcerated individual's allegations. Incarcerated interpreters shall not be used to provide the PREA education to incarcerated individuals at intake to a facility.

115.16 (c)-2 ISP confirmed during this audit that the agency or facility documents the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used.

115.16 (c)-3 IDOC/ISP confirmed during this audit that in the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used. 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 this audit, the Auditor interviewed a random sample of 13 staff members. All 12 staff interviewed confirmed that the agency or facility never permits the use of inmate interpreters or inmate readers to assist LEP individuals when reporting sexual abuse or harassment, except in urgent cases like medical emergencies.

During this audit, the Auditor interviewed a selected sample of LEP inmates (2) using interpretive online services. The interpretive services did not require an inmate's PIN. The interviews took place in a private setting. Each LEP inmate confirmed that ISP provides information about sexual abuse and sexual harassment that they can understand. Furthermore, ISP helps by explaining information about sexual abuse, how to report an incident, and the rights within this facility.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Facility tour and site review
3. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section F., Incarcerated

	<p>Individuals with Disabilities and Incarcerated Individuals Who are Limited English Proficient (effective 8/15/2024), pages 12-13.</p> <ol style="list-style-type: none"> <li>4. IDOC Lesson Plan, WORKING WITH INCARCERATED INDIVIDUALS HAVING SPECIAL NEEDS (PP).</li> <li>5. IDOC Communication Board Booklet (pictorial)</li> <li>6. IDOC Inmate Handbook</li> <li>7. Inmate PREA Brochure (Spanish/English)</li> <li>8. Interview with LEP (2)</li> <li>9. Interview with the Agency Head</li> <li>10. Purchase Agreement for Interpreting Services (in person)</li> <li>11. Propio Language Services, Overland Park, KS. Invoice #0034730724</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>115.17</b>	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>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.</b></p> <p>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.</p> <p>115.17 (a)-1 IDOC confirmed during this audit that the agency policy prohibits hiring</p>



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

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section G., Hiring and Promotion Decisions (effective 8/15/2024), pages 13-15.

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

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

By examination, the Auditor reviewed (14) files of persons hired or promoted in the past 12 months to determine whether proper criminal background checks had been conducted.

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

115.17 (b)-1 IDOC confirmed during this audit that the agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section G., Hiring and Promotion Decisions (effective 8/15/2024), pages 13-15.

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

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

- Sample Criminal background check- rehire AC-Jr.
  - onboarding orientation documents
- Sample Promotion background check - Lieutenant AC-Jr.
  - verification documents
- Sample Promotion background check - Major LRC

During this audit, the Auditor interviewed Administrative (Human Resources) Staff, who confirmed that the agency has a policy that requires consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates.

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

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section G., Hiring and Promotion Decisions (effective 8/15/2024), pages 13-15.

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

115.17 (c)-2 ISP confirmed during this audit that in the past 12 months, the number of persons hired who may have contact with inmates who have had criminal background record checks: 330.

During this audit, the Auditor interviewed an Administrative (Human Resources) Staff member. The staff member confirmed that ISP performs criminal record background checks or considers relevant civil or administrative adjudications for all newly hired employees who may have contact with inmates, and for all employees considered for promotion.

#### **Documentation Review**

Files of personnel hired in the past 12 months to determine that the agency has completed checks consistent with 115.17(c). By examination, the Auditor reviewed (14) files of persons hired or promoted in the past 12 months to determine whether proper criminal background checks had been conducted.

**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 IDOC confirmed during this audit that the agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section G., Hiring and Promotion Decisions (effective 8/15/2024), pages 13-15.

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

115.17 (d)-2 IDOC confirmed during this audit that 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: 6.

During this audit, the Auditor interviewed an Administrative (Human Resources) Staff member. The staff member confirmed that ISP conducts criminal background checks or reviews relevant civil or administrative adjudications for all newly hired employees who may contact inmates, as well as for all employees considered new hires, promotion candidates, and contractors. A criminal background record check must be completed before engaging any contractor who may have contact with inmates.

The Auditor reviewed a sample of two contractor records of criminal background checks for individuals who may come into contact with inmates to confirm compliance with this standard.

**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 be in place for otherwise capturing such information for current employees.

During this audit, the Auditor interviewed the Administrative (Human Resources) Staff. The staff member indicated that the agency uses IDAC as the system for conducting criminal background checks of current employees and contractors who may have contact with inmates.

Documentation of background records checks of current employees and contractors at five-year intervals when applicable. Corrective action.

- Request for Information Form
  - PREA

**115.17 (f): IDOC confirmed that the agency asks 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.**

During this audit, the Auditor interviewed the Administrative (Human Resources) Staff. The staff member confirmed that IDOC/ISP asks all applicants and employees who may have contact with inmates about previous misconduct described in section (a)\* on written applications for hiring or promotions, and during any interviews or written self-evaluations conducted as part of reviews of current employees. Furthermore, IDOC/ISP imposes an affirmative duty on employees to disclose prior misconduct.

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

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

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section G., Hiring and Promotion Decisions (effective 8/15/2024), pages 13-15.

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

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

Upon examination of IDOC Mandatory Pre-Service PREA Questions (3), the Auditor confirmed that ISP agency policy states that material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination.

- Contractor (1)
- Employee (1)
- Volunteer (1)

**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.**

During this audit, the Auditor interviewed an Administrative (Human Resources) Staff member. The staff member confirmed that when a former employee applies for a job at another institution, the facility provides information on verified allegations of sexual abuse or sexual harassment involving that employee upon request from the institution, unless prohibited by law.

After reviewing an IDOC Request from a Future Correctional Officer, it was confirmed that IDOC/ISP, when a former employee applies for a position at another facility, provides information on verified allegations of sexual abuse or harassment involving that employee upon request, unless prohibited by law.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section G., Hiring and Promotion Decisions (effective 8/15/2024), pages 13-15.
3. IDOC Policy 04-03-102 Human Resources (effective 11/01/2020), pages 1-17.
4. IDOC Discipline Policy, effective 8/1/2012, pages 1-4.
5. IDOC Request from a Future Correctional Officer
6. Interview with an Administrative (Human Resource) Staff member (1)

	<p>7. Examination of IDOC Mandatory Pre-Service PREA Questions (3)</p> <p>8. Examination, (14) files of persons hired or promoted in the past 12 months to determine whether proper criminal background checks had been conducted.</p> <p><b>Corrective Actions:</b></p> <ol style="list-style-type: none"> <li>1. Documentation of background records checks of current employees and contractors at five-year intervals when applicable.</li> <li>2. Update: ISP provided a sample of 4-5-year background checks for existing staff, as requested. <ol style="list-style-type: none"> <li>1. Contractor</li> <li>2. Volunteer</li> <li>3. ISP Staff</li> <li>4. Former employee</li> </ol> </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>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>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.</b></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.</p> <p>115.18 (a): Whenever designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, their agency shall consider the effect of their design, acquisition, expansion, or modification upon their agency's ability to protect inmates from sexual abuse.</p> <p>115.18 (a)-1 Their agency/facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since their last PREA audit, whichever is later. The Warden, during their interview with the</p>

	<p>Auditor, confirmed that the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since their last PREA audit, whichever is later.</p> <p>During their reporting period, the Auditor interviewed their Agency Head. The Agency Head indicated that their agency is constructing several new facilities. In designing their latest facilities, their PREA Coordinator was a key stakeholder throughout their planning process. Enhancing technology was a critical factor for the sexual safety of all involved.</p> <p><b>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.</b></p> <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.</p> <p>During his interview, the Warden confirmed that their facility continues to install or update video monitoring systems, electronic surveillance systems, and other monitoring technologies to improve their supervision and management of inmates.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Interview with their Warden</li> <li>3. Interview with their Agency Head</li> <li>4. Facility tour and site review</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence they relied upon in making their compliance or non-compliance determination, their Auditor's analysis and reasoning, and their Auditor's conclusions.</p>
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<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>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</b>

**evidence for administrative proceedings and criminal prosecutions.**

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).

115.21 (a)-1 IDOC confirmed during this audit that the agency/facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct).

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section V. Responsive Planning, Subsection A. Evidence Protocol and Forensic Medical Examinations (effective 08/15/2024), pages 15-17, confirms that the agency is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct).

IDOC Policy 00-01-103 Investigations and Intelligence (effective 6/01/2022), pages 1-40, outlines procedures and guidelines for conducting investigations and intelligence-gathering activities by IDOC's Investigations and Intelligence staff.

115.21 (a)-2 The agency/facility is responsible for conducting criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct).

See 115.21 (a)-1.

115.21 (a)-3 If another agency has responsibility for conducting either administrative or criminal sexual abuse investigations, the name of the agency that has responsibility (if another agency has responsibility for conducting both administrative and criminal sexual abuse investigations, skip to 115.21(c)-1): Not applicable. See 115.21 (a)-1.

115.21 (a)-4 When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section V. Responsive Planning, Subsection A. Evidence Protocol and Forensic Medical Examinations (effective 08/15/2024), page 15, confirms that when conducting a sexual abuse investigation, IDOC agency investigators follow a uniform evidence protocol.

IDOC Staff Development and Training, Sexual Assault Response Team (SART), Lesson Plan, SART First Responders, Evidence Protocol, and Investigations (effective 3/03/2016) (PP) training focuses on:

- IDOC Policy 02-01-115 Sexual Abuse Prevention
- IDOC Policy 00-01-103 Investigations and Intelligence
- National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents 2nd ED 4/2013.

1. Public Law 108-79 (2003) Prison Rape Elimination Act
2. Evidence collection
3. Victim/Suspect Evidentiary Concerns
4. Recommendation for Health Care Providers
5. Crime Scene Evidence Consideration
6. Three Different Types of Sexual Assault Investigation
7. Understanding the three types of investigative findings

During the on-site portion of this audit, the Auditor interviewed a select sample of random staff (13) to determine if each staff member knows and understands the agency's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse. All staff confirmed participation in PREA training, which included training regarding the agency's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse. Staff sampled indicated that if they were the first responder, the responsibilities include:

1. Safeguard the victim, separate from the alleged abuser
2. Protecting the crime scene
3. Asking the victim/abuser not to brush their teeth, change clothes, or shower
4. Notify a supervisor, unless the supervisor is the subject of the allegation.
5. Document the incident
6. Alert the Sexual Assault Team (SART)

Furthermore, the same select sample of random staff all confirmed that IDOC Investigations and Intelligence (I & I) was responsible for conducting sexual abuse investigations.

The Auditor reviewed the uniform evidence protocol for evidence and determined that there is sufficient technical detail to aid responders in obtaining usable physical evidence.

**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. ISP is an adult male facility.

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. ISP is an adult male facility.

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



Subsection A. Evidence Protocol and Forensic Medical Examinations (effective 08/15/2024), page 15, confirms that when conducting a sexual abuse investigation, IDOC agency investigators follow a uniform evidence protocol.

IDOC Staff Development and Training, Sexual Assault Response Team (SART), Lesson Plan, SART First Responders, Evidence Protocol, and Investigations (effective 3/03/2016) (PP) training focuses on:

1. IDOC Policy 02-01-115 Sexual Abuse Prevention
2. IDOC Policy 00-01-103 Investigations and Intelligence
3. National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents 2nd ED 4/2013
4. Public Law 108-79 (2003) Prison Rape Elimination Act
5. Evidence collection
6. Victim/Suspect Evidentiary Concerns
7. Recommendation for Health Care Providers
8. Crime Scene Evidence Consideration
9. Three Different Types of Sexual Assault Investigation
10. Understanding the three types of investigative findings

**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 confirmed during this audit that it offers all inmates who experience sexual abuse access to forensic medical examinations.

Memorandum from Franciscan Health dated February 1, 2023, to the ISP Health Services Administrator confirms that Franciscan Health, located at 301 West Homer Street, Michigan City, Indiana, will supply emergency and routine medical services for inmates at ISP from January 31, 2023, to January 31, 2025.

IC 11-10-3-5 Copayment requirements; exceptions, Section C3-5 indicates that a person committed to the department (IDOC) is not required to make copayment under section (b) if:

1. The service is provided in an emergency
2. The service is provided as a result of an injury received in the correctional facility, or
3. The service is provided at the request of the correctional facility's administrator.

115.21 (c)-2 The facility does not offer inmates who experience sexual abuse access

to forensic medical examinations onsite.

115.21 (c)-3 The facility confirmed during this audit that it offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility.

115.21 (c)-4 The facility confirmed during this audit that forensic medical examinations are offered without financial cost to the victim.

115.21 (c)-5 ISP confirmed during this audit that, where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).

115.21 (c)-6 ISP confirmed during this audit that when SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

115.21 (c)-7 ISP confirmed during this audit that the facility documents efforts to provide SANEs or SAFEs.

115.21 (c)-8 The number of forensic medical exams conducted during the past 12 months: 2.

115.21 (c)-9 The number of exams performed by SANEs/SAFEs during the past 12 months: 2.

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

#### **Documentation Review**

Documentation to corroborate that all inmate victims of sexual abuse have access to forensic medical examinations.

1. Evidence transfer sheet (2)
2. Hospital transport document (2)

Any available documentation that delineates the responsibilities of outside medical and mental health practitioners.

1. Memorandum from Franciscan Health dated February 1, 2023, to the ISP Health Services Administrator confirms that Franciscan Health, located at 301 West Homer Street, Michigan City, Indiana, will supply emergency and routine medical services for inmates at ISP from January 31, 2023, to January 31, 2025.

**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 will make these services available by assigning a qualified staff member from a community-**

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

115.21 (d)-1 ISP confirmed during this audit that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means.

1. Indiana Coalition Against Domestic Violence

115.21 (d)-2 ISP confirmed during this audit that these efforts are documented.

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.

IDOC collaborates with the Indiana Medical Forensic Examination Providers (2024) for information and referral sites. Furthermore, in the absence of a forensically trained provider, which IDOC does not provide, agencies are directed to transfer or refer the victim to the nearest provider who is trained.

IDOC has established a SART team, which includes victim advocates. Before a staff member can become a SART victim advocate, they must complete the IDOC Staff Development and Training, Sexual Assault Response Team (SART), Lesson Plan, SART First Responders, Evidence Protocol, and Investigations (effective 3/03/2016) (PP) training.

1. ISP Sexual Assault Response Team Members (SART)
  1. I&I
  2. Medical
  3. First Response Advocates (H, I, J, K Group)
2. These staff are trained as first responders and/or advocates. SART training is good for three years. The Indiana Coalition conducted SART training for the trainers against domestic violence.
3. IDOC Staff Development & Training Victim Advocacy (PP) (revised 8/15/19) slides 1-16. The training focuses on the following:
  1. IDOC Policy 02-01-115 Sexual Abuse Prevention
  2. IDOC Policy 00-01-103 Investigations and Intelligence
  3. National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents 2nd ED 4/2013
  4. Public Law 108-79 (2003) Prison Rape Elimination Act

5. Evidence collection
6. Victim Evidentiary Concerns
7. Victim Advocacy
8. Recommendation for Health Care Providers
9. Crime Scene Evidence Consideration
10. Three Different Types of Sexual Assault Investigation
11. Understanding the three types of investigative findings
12. IDOC Sexual Assault Manual (effective 4/01/2022)
13. Clinical Evaluation
14. Explain your role
15. Intervention
16. Victim support

During this audit, the Auditor interviewed the PCM. The PCM confirmed that, if requested by the victim, a victim advocate, a qualified agency staff member, or a qualified community-based organization staff member may accompany the victim and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination and investigatory interviews. IDOC has a contractual agreement with the Indiana Coalition Against Domestic Violence, and the agency has developed SART teams in all facilities with members who can serve as trained victim advocates to provide emotional support to inmates as needed.

During this audit, the Auditor interviewed 7 Inmates who reported Sexual Abuse. All confirmed experiencing abuse during this period. Initially, the inmates denied contacting anyone outside the agency. Each inmate was assigned a SART member as a victim advocate for emotional support during the investigation and two SANE exams at a local hospital. They were also provided with contact information for the Indiana Coalition Against Domestic Violence, additional emotional support, and service referrals.

**115.21 (e): IDOC/ISP confirmed during this audit that, 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 IDOC/ISP confirmed during this audit that 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.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section V. Responsive Planning, Subsection A. Evidence Protocol and Forensic Medical Examinations (effective 08/15/2024), page 15, confirms that when conducting a sexual abuse investigation, IDOC agency investigators follow a uniform evidence protocol.

IDOC Staff Development and Training, Sexual Assault Response Team (SART), Lesson Plan, SART First Responders, Evidence Protocol, and Investigations (effective 3/03/2016) (PP).

Refer to 115.21 (d)-3

During the audit, the Auditor interviewed the PREA Compliance Manager (PCM). The PCM indicated that IDOC maintains trained SART members of every bracket to accompany a victim to the hospital for a forensic examination by a SANE or SAFE provider. The SART team member's role is to provide emotional support, crisis intervention, and information during the investigative process and forensic examination. If a rape crisis center provides victim advocacy services, the vendor is required by state law to meet the qualifications described in Standard 115.21(d).

During this audit, the Auditor interviewed inmates who reported sexual abuse (7) during this reporting period. All confirmed reporting sexual abuse allegations to authorities, and the allegations were investigated.

**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.**

115.21 (f)-1 If the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.21 (a) through (e) of the standards. Not applicable. IDOC conducts administrative and criminal investigations of sexual abuse.

**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.**

An 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.**

IDOC Staff Development and Training, Sexual Assault Response Team (SART), Lesson Plan, SART First Responders, Evidence Protocol, and Investigations (effective 3/03/2016) (PP). Refer to 115.21 (d)-3.

**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, Section V. Responsive Planning, Subsection A. Evidence Protocol and Forensic Medical Examinations (effective 08/15/2024), page 15</li> <li>3. IDOC Staff Development and Training, Sexual Assault Response Team (SART), Lesson Plan, SART First Responders, Evidence Protocol, and Investigations (effective 3/03/2016) (PP).</li> <li>4. Interview with Inmates who Reported Sexual Abuse (7)</li> <li>5. Interviewed the PREA Compliance Manager (PCM)</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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115.22	Policies to ensure referrals of allegations for investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>115.22 (a): The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</b></p> <p>115.22 (a)-1 The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse and staff sexual misconduct).</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B. Policies to Ensure Referrals of Allegations for Investigations (effective 08/15/2024), page 17, confirms that the Department (agency) shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>115.22 (a)-2 In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 7.</p> <p>115.22 (a)-3 In the past 12 months, the number of allegations resulting in an administrative investigation: 0.</p> <p>115.22 (a)-4 In the past 12 months, the number of allegations referred for criminal investigation: 7.</p> <p>115.22 (a)-5 According to ISP, referring to allegations received during the past 12 months, all administrative and/or criminal investigations were completed.</p>

During this reporting period, the Auditor interviewed the IDOC Agency Head. He stated that the agency conducts its investigations under IDOC Policy 00-01-103 Investigations and Intelligence (I&I) into allegations of sexual abuse and sexual harassment. Additionally, he confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.

- For documentation of reports of sexual abuse and harassment, refer to Standard 115.71
- For documentation of investigations, including complete investigative reports with findings, refer to Standard 115.71

**115.22 (b): The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency publishes such policy on its website or, if it does not have one, makes the policy available through other means. The agency documents all such referrals.**

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

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section X. Investigations, Subsection A. Criminal and Administrative Indiana Department of Correction Investigations (effective 08/15/2024), pages 39-48.

IDOC Policy 00-01-103 Investigations and Intelligence (effective 6/01/2022), pages 1-40, outlines procedures and guidelines for conducting investigations and intelligence-gathering activities by IDOC's Investigations and Intelligence staff.

115.22 (b)-2 IDOC confirmed during this audit that the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means.

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

During this audit, the Auditor interviewed Investigative Staff. She confirmed that the agency policy requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. IDOC performs its own administrative and criminal investigations. For documentation of referrals of allegations of sexual abuse and/or sexual harassment, refer to Standard 115.71.

The Auditor conducted an internet search of the IDOC website to verify that the policy is available under PREA standards.

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

This substandard is not applicable. IDOC performs its own administrative and criminal investigations. For documentation of referrals of allegations of sexual abuse and/or sexual harassment, refer to Standard 115.71.

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

The Auditor is not required to audit this provision.

115.22 (d)-1 If the agency is not responsible for conducting administrative or criminal investigations of alleged sexual abuse, and another state entity has that responsibility, this other entity has a policy governing how such investigations are conducted.

The Auditor is not required to audit this provision.

**115.22 (e): Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.**

An Auditor is not required to audit this provision

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section X. Investigations, Subsection A. Criminal and Administrative Indiana Department of Correction Investigations (effective 08/15/2024), pages 39-48.
3. IDOC Policy 00-01-103 Investigations and Intelligence (effective 6/01/2022), pages 1-40, outlines procedures and guidelines for conducting investigations and intelligence-gathering activities by IDOC's Investigations and Intelligence staff.
4. Interview with the Agency Head
5. Interview with Investigative Staff (1)
6. Conducted an internet search
7. Review of investigations found in Standard 115.71.

**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>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>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.</b></p> <p>115.31 (a)-1 The agency trains all employees who may have contact with inmates on the agency's zero-tolerance policy for sexual abuse and sexual harassment.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VI. Training and Education Subsection. Employee Training (effective 08/15/2024), pages 17-18, confirms that it has a mandate to 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>IDOC Staff Development and Training Prison Rape Elimination Act (PP) (revised 6/12/</p>

2020), slides 1-32.

IDOC Staff PREA Brochure

Sample employee training record (1)

Inservice Itinerary, Adult Facility In-Service Program – State, Education, Healthcare, Food Services 2024/2025 Agenda/Sign-Off Sheet, which includes PREA training to confirm the type of training staff are required to complete based on PREA standards.

115.31 (a)-2 IDOC confirmed during this audit 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.

115.31 (a)-3 IDOC confirmed during this audit 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.

115.31 (a)-4 IDOC confirmed during this audit that the agency trains 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.

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

115.31 (a)-6 IDOC confirmed during this audit that the agency trains all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims.

115.31 (a)-7 IDOC confirmed during this audit 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.

115.31 (a)-8 IDOC confirmed during this audit that the agency trains all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates.

115.31 (a)-9 IDOC confirmed during this audit that 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.

115.31 (a)-10 IDOC confirmed during this audit that 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.

During this audit, the Auditor interviewed a random sample of 13 staff members. All confirmed they completed PREA training or refresher courses under this standard. A review of 13 select training records confirms that ISP trains staff who may have

contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

**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 IDOC confirmed during this audit that training is tailored to the gender of the inmates at the facility.

The Auditor examined the IDOC Acknowledgement of Receipt of Training, Mandatory PREA-Questions, and the Indiana Department of Corrections, Inservice Itinerary, Adult Facility In-Service Program – State, Education, Healthcare, Food Services 2024/2025 Agenda/Sign-Off Sheet, which includes PREA training to confirm the type of training staff are required to complete based on PREA standards.

115.31 (b)-2 IDOC confirmed during this audit that employees who are reassigned from facilities housing the opposite gender are given additional training.

The Auditor examined the IDOC Acknowledgement of Receipt of Training, Mandatory PREA-Questions, and the Indiana Department of Corrections Adult Facility In-Service Program – State, Education, Healthcare, Food Services 2024/2025 Agenda/Sign-Off Sheet, which includes PREA training to confirm the type of training staff are required to complete based on PREA standards.

IDOC on-the-Job (OJT) Training, Session I and II. Include:

- Emergency procedures
- Offender Frisk Search
- Offender Strip Search

IDOC, Policy 02-03-101 Procedural Review Training Acknowledgement (Sample) pages 1-4.

**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, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.**

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

C2 PREA eLearning module

- What is PREA
- Zero tolerance
- Purpose of PREA
- Identify the dynamics of sexual abuse
- Identify common reactions of victims of sexual abuse
- Identify how to avoid inappropriate relationships and how to communicate effectively and professionally with LGBTI incarcerated individuals.
- Identify relevant laws related to mandatory reporting and the age of consent.
- Describe the difference in procedures for male vs. female, juvenile vs. adult, and LGBTI incarcerated individuals.

During this audit, the Auditor interviewed a random sample of 13 staff members. All confirmed they completed PREA training or refresher courses under this standard. The Auditor interviewed a random sample of 13 staff members. All confirmed they completed PREA training or refresher courses under this standard. A review of 13 select training records confirms that ISP trains staff who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

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

All confirmed they completed PREA training or refresher courses under this standard. Mandatory refresher training is required annually. The Auditor interviewed a random sample of 13 staff members. All confirmed they completed PREA training or refresher courses under this standard. A review of 13 select training records confirms that ISP trains staff who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

**115.31 (d): IDOC confirmed during this audit that the agency shall document, through employee signature or electronic verification, that employees understand the training they have received.**

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

The Auditor examined the IDOC Acknowledgement of Receipt of Training (13), Mandatory PREA-Questions (13), and the Indiana Department of Corrections Adult Facility In-Service Program – State, Education, Healthcare, Food Services 2024/2025 Agenda/Sign-Off Sheet, which includes PREA training to confirm the type of training staff are required to complete based on PREA standards.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VI. Training and

	<p>Education Subsection, Employee Training (effective 08/15/2024), pages 17-18.</p> <ol style="list-style-type: none"> <li>3. IDOC Staff Development and Training Prison Rape Elimination Act (PP) (revised 6/12/2020), slides1-3.</li> <li>4. C2 PREA eLearning module.</li> <li>5. Staff PREA Training Brochure</li> <li>6. Interview with a random sample of 13 staff members.</li> <li>7. Review of the Indiana Department of Corrections, Inservice Itinerary 2024-1025.</li> <li>8. IDOC on-the-Job (OJT) Training, Session I and II.</li> <li>9. IDOC, Policy 02-03-101 Procedural Review Training Acknowledgement (Sample) pages 1-4</li> <li>10. Examination of 13 Adult Facility In-Service Program – State, Education, Healthcare, Food Services 2024/2025 Agenda/Sign-Off Sheet.</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 and corrective action, the Auditor’s analysis and reasoning, and the Auditor’s conclusions.</p>
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<b>115.32</b>	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>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.</b></p> <p>115.32 (a)-1 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 02-01-115 Sexual Abuse Prevention, Section B. Volunteer and Contractor Training (effective 08/15/2024), page 19. IDOC confirmed during this audit that 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)-2 The number of volunteers and contractors, who may have contact with inmates, who have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 160.</p> <p>Volunteer(s) or Contractor(s) who have Contact with Inmates (160). During an</p>

interview with a volunteer, the volunteer confirmed being trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response per agency policy and procedure.

Sample of training records for volunteers (1) and contractors (1) who may have contact with inmates, as per PREA Standard 115.31, confirmed that volunteers (1) and contractors (9) who may have Contact with Inmates.

Inservice Itinerary, Adult Facility In-Service Program – State, Education, Healthcare, Food Services 2024/2025 Agenda/Sign-Off Sheet, which includes PREA training to confirm the type of training staff are required to complete based on PREA standards.

**115.32 (b): The level and type of training provided to volunteers and contractors shall be based on the services they offer and the 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.**

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

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VI. Training and Education Subsection., Employee Training (effective 08/15/2024), pages 17-18, confirms that it has a mandate to 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's 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.

IDOC Staff Development and Training Prison Rape Elimination Act (PP) (revised 6/12/2020), slides1-32.

## **C2 PREA eLearning module**

- What is PREA
- Zero tolerance
- Purpose of PREA
- Identify the dynamics of sexual abuse

- Identify common reactions of victims of sexual abuse
- Identify how to avoid inappropriate relationships and how to communicate effectively and professionally with LGBTI incarcerated individuals.
- Identify relevant laws related to mandatory reporting and the age of consent.
- Describe the difference in procedures for male vs. female, juvenile vs. adult, and LGBTI incarcerated individuals.

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.

During the audit, the Auditor interviewed two contractors, both of whom confirmed that they complete PREA training at least annually. They stated that the training covers the agency's zero-tolerance policy on sexual abuse and harassment and includes instructions on reporting incidents. For supporting documentation, see Standard 115.31.

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

115.32 (c)-1 IDOC confirmed during this audit that the agency maintains documentation confirming that volunteers and contractors understand the training they have received.

Refer to 115.32 (a)-2.

Inservice Itinerary, Adult Facility In-Service Program – State, Education, Healthcare, Food Services 2024/2025 Agenda/Sign-Off Sheet, which includes PREA training to confirm the type of training staff are required to complete based on PREA standards.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B. Volunteer and Contractor Training (effective 08/15/2024), page 19.
3. Inservice Itinerary, Adult Facility In-Service Program – State, Education, Healthcare, Food Services 2024/2025 Agenda/Sign-Off Sheet, which includes PREA training to confirm the type of training staff are required to complete based on PREA standards.
4. Interview with contractors (2), relevant documentation (e.g., signed acknowledgement of understanding by volunteers/contractors).
5. Examination of (1) volunteer and (1) contractor training acknowledgement form.

**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. This discussion must also include corrective action recommendations where the facility does not meet the

	standard.
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<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>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.</b></p> <p>115.33 (a)-1 Inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Incarcerated Individual Education (effective 08/15/2024), page 19, indicates that 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, and will be provided a copy of the PREA Brochure.</p> <p>Prison Rape Elimination Act (PREA) Offender Education Program (sample) dated 10/11/24.</p> <p>IDOC sexual Abuse Prevention and Reporting Brochure</p> <ol style="list-style-type: none"> <li>1. Zero Tolerance Policy</li> <li>2. Treatment and Counseling</li> <li>3. Prevention Tips</li> <li>4. What should you report?</li> <li>5. How to Report Sexual Abuse and Sexual Harassment</li> <li>6. IDOC sexual abuse hotline number (1-877-385-5877)</li> <li>7. How to report to the Ombudsman Bureau</li> <li>8. IDOC email contact information (idocprea@idoc.in.gov)</li> <li>9. Definitions</li> </ol> <p><b>When you are a victim</b></p> <ol style="list-style-type: none"> <li>1. Do not use the toilet</li> <li>2. Do not brush your teeth</li> <li>3. Do not shower</li> <li>4. Do not eat or drink</li> <li>5. Do not remove any clothing</li> </ol>



6. Do not destroy evidence

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

1. Treatment and Counseling
2. Tips for Prevention
3. What should you report
4. Abusive sexual contact
5. Nonconsensual sexual act
6. Sexual harassment
7. Staff/Volunteer/Contractor sexual misconduct
8. How to report sexual abuse/sexual harassment
9. Methods to report

- Verbally
- To any staff
- File a grievance
- Use hotline
- Use the offender's landline phone
- IDOC hotline
- email [idocprea@idoc.in.gov](mailto:idocprea@idoc.in.gov).
- Family/friend
- Ombudsman's Office

115.33 (a)-2 The number of inmates admitted during the past 12 months who were given this information at intake: 650.

During this audit, the Auditor interviewed Intake Staff (1). The staff person confirmed that during the intake process, all incoming inmates are provided with information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. To ensure all inmates receive the same information, it is provided to new and transferring inmates from other facilities, and they are all educated on the agency's zero-tolerance policy regarding sexual abuse or sexual harassment.

This Auditor conducted interviews with a select sample of inmates (42). All inmates were asked, Did you get information about the facility's rules against sexual abuse and harassment when you first came here? Inmates responded in the following manner:

31/42 confirmed receiving PREA education in the form of a PREA brochure, a PREA video, and a face-to-face meeting with ISP staff.

11/42 inmates responded by saying:

- Three inmates reported no; they did not receive information about the facility

rules against sexual abuse and harassment from ISP during the intake process.

- Four inmates indicated that their arrival (2002, 2007, and 2008, respectively) predate the implementation of PREA; however, their caseworker completes an assessment annually with questions related to sexual safety and PREA.
- One inmate reports arriving in September 2020 and states that ISP did not inform him about the facility's policies on sexual abuse and harassment during intake. However, he confirms that intake staff asked about his previous incarcerations, history of sexual abuse, and gender identity. He also mentions that since his arrival, his caseworker has annually inquired about his sexual safety and conducted risk assessments.
- Three inmates recall participating in the facility orientation process, but not in PREA education. His arrival was in 2016.

**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: 650.

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

The Intake Staff detailed a mock intake with a resident for the Auditor.

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

- Observed that all residents are put on notice that calls could be recorded
- Observed the braille brochure for inmates

### **INTERPRETATION SERVICES**

During the site review, the Auditor:

- Test the facility's process for securing on-demand interpretation services.
- Confirmed that services are provided via a language line.
- Tested the language line to assess whether the phones for accessing the

**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. Not applicable

115.33 (c)-2 If YES, by what date were they all educated by: Not applicable

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

115.33 (c)-4 IDOC 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 C. Incarcerated Individual Education (effective 08/15/2024), pages 19-20.

During this audit, the Auditor interviewed Intake Staff (1). The staff person confirmed that during the intake process, all incoming inmates are provided with information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. To ensure all inmates receive the same information, it is provided to new and transferring inmates from other facilities, and they are all educated on the agency's zero-tolerance policy regarding sexual abuse or sexual harassment.

**115.33 (d): IDOC confirmed during this audit that the agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills.**

115.33 (d)-1 IDOC confirmed during this audit that inmate PREA education is available in formats accessible to all inmates, including those who are limited English proficient.

115.33 (d)-2 IDOC confirmed during this audit that inmate PREA education is available in formats accessible to all inmates, including those who are deaf.

115.33 (d)-3 IDOC confirmed during this audit that inmate PREA education is available in formats accessible to all inmates, including those who are visually impaired.

115.33 (d)-4 IDOC confirmed during this audit that inmate PREA education is available in formats accessible to all inmates, including those who are otherwise disabled.

115.33 (d)-5 IDOC confirmed during this audit that inmate PREA education is available in formats accessible to all inmates, including those who are limited in their reading skills.

- Language Training Center purchase order (#50145) to provide written translation, court appearance translation
- Propio LS LLC provides over-the-phone interpreter services 24/7—purchase order (#50146).
- IDOC Sexual Assault Prevention and Reporting Offender/Student Information Brochure (2014) (Braille).

**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.

**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 IDOC confirmed that 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.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Facility Tour and Site Review
  1. PREA Posters
  2. Offender personal tablets
  3. Ombudsman's contact information
  4. Inmate PREA education brochures
  5. Email regarding placement of select policies on inmate tablets
3. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Incarcerated Individual Education (effective 08/15/2024), pages 19-20.
4. Language Training Center purchase order (#50145) to provide written

	<p>translation, court appearance translation</p> <ol style="list-style-type: none"> <li>5. Propio LS LLC provides over-the-phone interpreter services 24/7—purchase order (#50146).</li> <li>6. IDOC Sexual Assault Prevention and Reporting Offender/Student Information Brochure (2014) (Braille).</li> <li>7. Interview with Intake Staff</li> <li>8. Examination of inmate educational material</li> <li>9. Sample documentation of inmate participation</li> <li>10. Interview with a select sample of inmates (42)</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. This discussion must also include corrective action recommendations where the facility does not meet the standard.</p>
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<b>115.34 Specialized training: Investigations</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>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.</b></p> <p>115.34 (a)-1 Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D. Specialized Training: Investigations (effective 08/15/2024), page 21 outlines, in addition to the general PREA training, that all employees receive specialized training, and the Agency shall ensure all investigators have received training in conducting such investigations in confinement settings.</p> <p>During this audit, the Auditor interviewed Investigative Staff (1). She confirmed the completion of general and specialized training specific to conducting sexual abuse investigations in confinement settings.</p> <p><b>115.34 (b): IDOC confirmed during this audit that specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in</b></p>

**confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.**

During this audit, the Auditor interviewed Investigative Staff. The investigator confirmed that the specialized training topics completed included:

- Techniques for interviewing sexual abuse victims.
- Proper use of Miranda and Garrity warnings
- Sexual abuse evidence collection in confinement settings
- The criteria and evidence required to substantiate a case for administrative or prosecutorial referral.

During this audit, the Auditor interviewed Investigative Staff (1). She confirmed completion of general and specialized training specific to conducting sexual abuse investigations in confinement settings.

National Institute of Corrections, Investigations Curriculum, Section 2 PREA Investigative Standards.

IDOC Staff Development and Training, Conducting Sexual Assault Investigations, Presentation Guide (PP) (revised 3/3/36), slides 1-17.

For training logs, refer to Standard 115.34 (c)-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 IDOC confirmed during this audit that the agency maintains documentation showing that investigators have completed the required training.

- RB-Certificate of completion, Moss Group, PREA Specialized Investigator Training Program, February 28-March 2, 2018.
- RF-Certificate of completion, National Institute of Corrections, PREA Specialized Investigator Training Program, September 29, 2023.
- LH-Certificate of completion, National Institute of Corrections, PREA Specialized Investigator Training Program, July 27, 2022.
- JJ-Certificate of completion, National Institute of Corrections, PREA Specialized Investigator Training Program, June 2024.
- AJ-Certificate of completion, National Institute of Corrections, PREA Specialized Investigator Training Program, February 2, 2018.
- AM-Certificate of completion, National Institute of Corrections, PREA Specialized Investigator Training Program, November 30, 2021.
- MT-Certificate of completion, National Institute of Corrections, PREA Specialized Investigator Training Program, October 23, 2024.

See 115.34 (b) The investigators' training records sampled during the audit. PREA: Investigating Sexual Abuse in a Confinement Setting

115.34 (c)-2 The number of investigators currently employed who have completed

	<p>the required training: 6.</p> <p><b>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.</b></p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D. Specialized Training: Investigations (effective 08/15/2024), page 21</li> <li>3. The investigators' training records were sampled during the audit. PREA: Investigating Sexual Abuse in a Confinement Setting (7).</li> <li>4. Interview with Investigative Staff (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>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>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.</b></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.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section E. Specialized Training: Medical and Mental Health Care (effective 08/15/2024), pages 21-22 outlines, 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>

IDOC employs contract staff as medical and mental health practitioners in the facility. The vendor Centurion provided contract employees with mandatory PREA training. See the Centurion Adult Medical Training (revised 8/2021) module for more information. The objectives include:

- Understanding PREA
- Review of the PREA National Standards
- Review of expectations of the National Standards for medical and mental health practitioners
- Encourage familiarity with local policies related to PREA and the responsibilities associated with it
- Zero tolerances
- Abuse by another inmate
- Abuse by staff
- Sexual touching
- Indecent exposure
- Sexual harassment
- Voyeurism

Dynamics of abuse in confinement

- Consent to sexual relationship with staff (never)
- PREA requirements for IDOC
- Staff and agency reporting requirements, PREA training requirements
- Access to emergency medical and mental health services

During this audit, the Auditor interviewed a medical practitioner (1) and a psychologist (1), both assigned to the facility as contract staff. Each practitioner interviewed separately confirmed having received training on the agency's PREA policy. The Auditor confirmed that all required elements are addressed in the training.

Each practitioner confirmed completion of specialized training as required under this standard. Furthermore, the medical practitioner confirmed that the specialized training included topics such as:

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

Training records and personnel records were utilized to confirm that regular practitioners have received training (2).

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: 54.

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.



**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. Not applicable.

**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 health practitioners have completed the required training.

Training records and personnel records were utilized to confirm that regular practitioners have received training (3).

**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.**

During this audit, the Auditor interviewed one medical practitioner and one psychologist, both assigned to the facility as contract staff members. Each practitioner independently confirmed they received training on the agency's PREA policy, including, but not limited to, training required for employees under § 115.31 or for contractors and volunteers under § 115.32, depending on their status at the agency

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section E. Specialized Training: Medical and Mental Health Care (effective 08/15/2024), pages 21-22
3. Centurian Adult Medical Training (revised 8/2021) module.
4. Interview with a medical practitioner
5. Interview with a mental health practitioner

**Corrective Action:**

1. Training records and personnel records were utilized to confirm that regular practitioners have received training (2).
2. Training records and personnel records were utilized to confirm that regular practitioners have received training (3).
3. Training record of Armark/contract staff(1)

**Conclusion:**

The narrative below must include a comprehensive discussion of all the evidence

	relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions.
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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>
	<p><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.</b></p> <p>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.</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 to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Use of Screening Information (effective 08/15/2024), pages 25-27, indicates that IDOC/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>IDOC Policy 01-04-104, The Establishment, Maintenance and Disposition of Offender Records (effective 03/01/2017), pages 1-26, states that the IDOC shall develop and maintain an offender record system that will retain necessary information on all offenders committed to the Department. Upon examination of the Delta Risk Screening Instrument, and 10 assessments and reassessments, this Auditor determined that IDOC uses information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments to keep separate those inmates at high risk of being sexually victimized by those at high risk of being sexually abusive.</p> <p>During this audit, the Auditor interviewed the PREA Compliance Manager, who confirmed that the agency relies on information from risk screening at intake (per 115.41) to prevent inmate sexual victimization or abuse. Staff take PII into account when making personalized decisions regarding inmates' safety, housing, bed assignment, programs, and services.</p> <p>During the audit, staff responsible for risk screening were interviewed. The Auditor asked how the agency uses intake information to prevent residents from sexual abuse</p>

and harassment. Staff confirmed that intake data helps protect inmates from victimization or abuse. The Auditor reviewed a cell screening and assignment record, along with a sample of the DELTA PREA Flag Screen provided by the ISP, to illustrate staff's risk-based decision-making in accordance with the standard.

**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.

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 08/15/2024), pages 22-25, confirms that 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.

During this audit, the Auditor spoke with the Staff Responsible for Risk Screening, who confirmed that all inmates are screened upon admission or transfer to the facility to assess the risk of sexual abuse victimization or perpetration.

During this audit, the Auditor interviewed a select sample of random inmates (42). Each inmate was asked, do you remember whether you were asked any questions like whether you had been in jail or prison before, whether you have ever been sexually abused, whether you identify with being gay, lesbian, or bisexual, and whether you think you might be in danger of sexual abuse, when you first came here. The inmates sampled responded in the following manner:

38/42 inmates recalled questions regarding their incarceration history, history of sexual abuse, gender identity, and danger of sexual abuse  
4/42 inmates either did not remember or could not recall. Twenty-one of 42 inmates randomly selected arrived between 1998 and 2018.

2/1998-2001 arrival dates

3/2006-2008 arrival dates

2/2010-2011 arrival dates

6/2014-2016 arrival dates

7/2017-2018 arrival dates

**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 on-site 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 (mock demo), the Auditor:

- Confirmed who is responsible for risk screening (e.g., medical, mental health, risk screening staff).
- Confirmed that the screening process takes place in a setting that provides as much privacy as possible.
- Confirmed during the mock demo that staff ask screening questions in a respectful and mindful manner, promoting comfort and encouraging responses.
- Confirmed how staff determine an inmate's risk of being sexually abused by other inmates or of sexually abusing others within the facility, including whether: Screening staff use an instrument to gather information during the risk screening process.
- Confirmed that screening staff directly ask individuals in the facility about their sexual orientation and gender identity by inquiring if they identify as LGBTI, in addition to making subjective judgments about perceived status.
- Confirmed that screening staff use additional sources of information, as outlined in the Standards, to complete the initial risk screening assessment, and confirmed that completing the risk screening instrument provides a subsequent "score" or determination of the risk of being sexually abused or being sexually abusive.

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: 526.

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

115.41 (c)-1 ISP confirmed during this audit that the Delta risk assessment is conducted using an objective screening instrument.

ISP provided the Auditor with examples of the Delta Risk Assessment and reassessments completed during this reporting period (10). ISP does not detain inmates for civil immigration purposes.

During this audit, the Auditor interviewed the Staff Responsible for Risk Screening. The Staff Responsible for Risk Screening confirmed that all inmates are screened upon admission to your facility or transfer from another facility for the risk of sexual abuse victimization or sexual abusiveness toward other inmates.

**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.**

Upon review, the Auditor verified that the IDOC risk assessment is performed using an objective screening tool called Delta (revised December 6, 2022). This tool uses all criteria (1-10) at a minimum to evaluate risk. The Auditor examined 10 risk assessments completed by the facility during this reporting period. All assessments and reassessments were finished within the timeframe specified in this standard. Of the 10 assessments and reassessments sampled, one (1) inmate was a convicted sex offender, and three (3) inmates had a history of prior sexual victimization in the community. One (1) inmate had a history as a perpetrator of sexual abuse while incarcerated.

During this audit, the auditor interviewed the staff responsible for risk screening. The staff responsible for risk screening confirmed that the risk screening instrument used by IDOC was objective and included the factors outlined in this standard. Additionally, the same staff member explained the process for conducting the initial screening. The IDOC Delta System is objective and follows a set format that incorporates the factors specified in this standard.

**115.41 (e): The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and a 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 (c)-1. See the Delta Risk Assessment Manual for more information.

During this audit, the Auditor interviewed a Staff member Responsible for Risk Screening, a Case Manager. The Case Manager explained that the initial screening process begins on the inmate's arrival day, the following day, or within 3 days at the latest. This process includes PREA education, interviews by intake staff, a Case Manager, and medical professionals. The same staff member confirmed that the Delta initial risk screening takes into account factors such as inmate disabilities, age, physical build, prior incarceration, criminal history (including nonviolent and sex offenses), perceived sexual orientation, past sexual victimization, perceived vulnerability, and whether detention is related to civil immigration.

**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.**

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.

See 115.41 (c)-1.

During the onsite portion of this audit, the Auditor interviewed the Staff Responsible for Risk Screening, who indicated that inmate reassessments are completed within 30 days after an inmate's arrival.

During this audit, the Auditor interviewed a select sample of inmates (42). Records of initial assessment and reassessment (10) for risk of sexual victimization or abusiveness were reviewed. Each inmate was asked whether staff had asked them these types of questions again while they have been here. The inmates sampled provided the following response:

38/42 inmates recalled queries regarding their incarceration history, history of sexual abuse, gender identity, and danger of sexual abuse

4/42 inmates either did not remember or could not recall. Twenty-one of 42 inmates randomly selected arrived between 1998 and 2018.

2/1998-/2001 arrival dates

3/2006-2008 arrival dates

2/2010-2011 arrival dates

6/2014-2016 arrival dates

7/2017-2018 arrival dates

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Use of Screening Information (effective 08/15/2024), pages 25-27, indicates that IDOC/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

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: 633.

**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.

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 08/15/2024), page 24, indicates that 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.

See 115.41 (f)-1.

**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.

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 08/15/2024), page 24, inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked under paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section.

**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.**

During this audit, the Auditor interviewed the staff responsible for risk screening, who confirmed that inmates are not disciplined for refusing to respond to (or for not disclosing complete information related to) questions in the risk assessment, such as: (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 nonconforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's perception of vulnerability.

During this audit, the Auditor interviewed the PREA Coordinator (PC). The PC confirmed that access to the Delta System is restricted by role and responsibility, and that all staff with access are issued individual accounts and passwords. The agency IT Administrator monitors and approves system access.

During the audit, the Auditor interviewed the PREA Compliance Manager (PCM). The PCM explained that access to the Delta System is role-based, with each staff member having their own account and password.

	<p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. PREA facility tour and site review.</li> <li>3. Delta Risk Assessment Manual</li> <li>4. 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 08/15/2024), pages 22-25.</li> <li>5. Interview with Staff Responsible for Risk Screening (1)</li> <li>6. Interview with a select sample of inmates (42)</li> <li>7. Examination of inmate risk assessments (10)</li> <li>8. Examination of the inmate risk reassessments (10)</li> <li>9. Interview with the PCM</li> <li>10. Interview with the PC</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>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>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.</b></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 to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>IDOC Policy01-04-104 The establishment, Maintenance and Disposition of Offender Records (effective 3/1/2017) pages 1-26.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Use of Screening Information (effective 08/15/2024), pages 25-27, indicates that IDOC/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.</p>



Upon examination of the Delta Risk Screening Instrument, 10 assessments and reassessments, this Auditor determined that IDOC uses information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

During the audit, the Auditor interviewed the PREA Compliance Manager, who confirmed that the agency uses information from the risk screening conducted at intake (per 115.41) to protect inmates from sexual victimization or abuse. Staff consider PII, criminal history, and personal views on gender identity when making individualized decisions about inmates' safety, housing, bed placement, programs, and services.

During the audit, interviews were conducted with the Staff Responsible for Risk Screening. The Auditor inquired about how the agency or facility utilizes intake information to protect residents from sexual abuse and harassment. The staff affirmed that the data gathered at intake is used to prevent inmates from being victimized or becoming abusive and to inform risk-based housing decisions.

**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.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Use of Screening Information (effective 08/15/2024), page 25. The agency/facility makes individualized determinations on how to ensure each inmate's safety.

During this audit, the Auditor interviewed a Staff Member Responsible for Risk Screening, a Case Manager. The Case Manager explained the initial screening process, which starts on the inmate's arrival day, the following day, or within three days at the latest. Inmates are reassessed for risk levels within 30 days of their arrival.

A review of 10 initial assessments confirms that the Staff Member Responsible for Risk Screening, a Case Manager, made individual decisions on how to ensure the safety of the incoming inmate to ISP. Staff considered factors such as:

- Prior history of sexual abuse victimization
- Previous history of sexual abuse victimization during incarceration
- History of abusiveness
- Size
- Gender identify
- Personal views

**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.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Use of Screening Information (effective 08/15/2024), pages 1-48. The agency/facility makes individualized determinations on how to ensure each inmate's safety.

IDOC Policy 02-01-118 Inclusive Gender Practices for Incarcerated Individuals (effective 3/01/2023), pages 1-6 guide decisions 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)-2 In making housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement of a transgender or intersex inmate would present management or security problems.

IDOC Policy 02-01-118 Inclusive Gender Practices for Incarcerated Individuals (effective 3/01/2023), pages 1-6 guide decisions 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.

PREA Compliance Manager confirmed during this audit that the facility uses information obtained during the intake process to make individualized determinations and decisions on housing and program assignments for all inmates, including transgender or intersex inmates.

During this audit, the facility reported no intersex inmates. The Auditor selected random inmates who self-identified as transgender for interviews during the on-site portion of the audit. All confirmed their transgender status. All indicated good communication with the facility administration. All denied being placed in a housing unit solely for transgender or intersex inmates. All also denied ever being strip-searched only to determine their genital status.

**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.**

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section C. Use of Screening Information (effective 8/15/25), pages 25-27. IDOC confirmed that in making housing and programming assignments, the facility shall consider on a case-by-case basis

whether a placement of a transgender or intersex resident would present management or security problems.

During this audit, the Auditor interviewed the PCM. The PCM indicated that the facility re-evaluate placement and programming assignments for each transgender or intersex inmate at least biannually to reassess any threats to safety experienced by the inmate.

During this audit, the Auditor interviewed the Staff Responsible for Risk Screening, who confirmed during this audit that placement and programming assignments for each transgender or intersex inmate are reassessed at least twice each year to review any threats to the inmate's safety, with serious consideration given to their views regarding their safety.

A review of 16 transgender reassessments completed during this reporting period found inconsistencies with documentation in accordance with this standard. This requires corrective action or clarification to determine compliance. For example:

- Jane P. Doe arrived on 2/4/21. Documented reassessment confirms placement status reviews completed on 2/11/24 (30-day reassessment), 8/7/24, and 2/11/2025. One reassessment was absent a completion date. The second six-month review is missing.
- Jane SN. Doe arrived on 2/7/24—documented reassessment on 2/14/24 (30-day reassessment), 8/2/24—no other information provided.
- Jane H. Doe arrived on 2/17/23—documented reassessment has two arrival dates: 3/7/07 and 2/17/23. For purposes of this report, the Auditor focused on documentation for the arrival date of 2/17/23. On 8/17/23, a 30-day reassessment was completed. Subsequent transgender status reviews were completed on 3/4/24 and 9/23/24.
- Jane BL. Doe arrived on 2/10/23. Documentation of reassessment status reviews based on this standard was limited to 2/5/24.
- Jane B. Doe arrived on 9/20/23. Documentation of reassessment status reviews based on this standard was completed on 3/22/24, 6/22/24, 9/26/24, 3/22/25, and 6/22/25.

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

Staff responsible for risk screening confirmed during this audit that placement and programming assignments for each transgender or intersex inmate are reassessed at least twice each year to review any threats to the inmate's safety, with serious consideration given to their views regarding their safety. Corrective action is required. Refer to 115.42(d) as well.

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

During this audit, the Auditor reviewed 16 placement and programming assignments

for each transgender.

- Documentation indicates 10 transgender inmates confirmed being allowed to shower separately from other inmates.
- One transgender person indicated sometimes. But did not elaborate on her answer.
- One transgender person responded yes and no.
- Four inmates were denied the right to shower separately.

**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.**

During this audit, the Auditor interviewed randomly selected inmates who self-identify as transgender. All denied placements are in a dedicated facility, unit, or wing solely based on this identification or status, unless the placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment to protect such inmates.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section C. Use of Screening Information (effective 8/15/25), pages 25-27.
3. IDOC Policy 02-01-118 Inclusive Gender Practices for Incarcerated Individuals (effective 3/01/2023), pages 1-6
4. IDOC Policy 01-04-104 The establishment, Maintenance and Disposition of Offender Records (effective 3/1/2017) pages 1-26.
5. Interview with the PCM
6. Interview with Staff Responsible for Risk Screening (1)
7. Interview randomly selected inmates (42)
8. Documentation Review: Risk-based housing decisions. (10)
9. Documentation Review: Reassessment of programming assignments for each transgender or intersex inmate in compliance with the standard. (16)
10. Documentation Review: Accommodations made for transgender and intersex inmates to shower separately from other inmates. (16)
11. Interview with transgender inmates
12. Examination of the housing roster for all inmates.
13. Examination of the living units for inmates identified as transgender.

**Corrective Action/Clarification:**

1. 115.42 (d): Placement and programming assignments for 115.42 (d):

	<p>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. ISP will provide evidence of compliance with this standard, which includes the day of declaration as transgender 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.</p> <p>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. ISP will provide evidence of compliance with this standard, which includes the day of declaration as transgender, that a transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.</p> <p><b>Conclusion:</b></p> <p>The narrative above provides a thorough discussion of all the evidence used to determine compliance, corrective actions, clarification, or non-compliance, including the Auditor's analysis, reasoning, and conclusions. This discussion also covers recommended corrective actions when the facility does not meet the standard.</p>
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<b>115.43 Protective Custody</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><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.</b></p> <p>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.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section E. Protective Custody (effective 08/15/2024), pages 27-28. IDOC confirmed during this audit that inmates at high risk for sexual victimization shall not be placed in an involuntary segregated housing unless an assessment of all available alternatives has been made, and a</p>

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, it may hold the inmate in involuntary segregated housing for less than 24 hours while the assessment is completed.

IDOC Policy 02-01-107 Protective Custody (effective 6/01/2024), pages 1-10. The Department of Corrections shall provide protective custody space at facilities housing incarcerated adults to separate incarcerated individuals requiring protection. The assignment of an incarcerated individual to protective custody status shall be determined by a multidisciplinary team after discussion of the need for protection from others.

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.

During this audit, the Auditor interviewed the Warden. The Warden confirmed that the agency policy prohibits placing inmates at high risk for sexual victimization who have alleged sexual victimization or abuse in involuntary segregated housing instead of other housing areas unless an assessment has determined that there are no available alternative means of separation from a potential abuser. The Warden confirmed, as indicated in the PAQ, that zero inmates were placed in involuntary segregation for PREA-related reasons during this reporting period. Therefore, no records and documentation exist of housing assignments of inmates at high risk of sexual victimization.

The Warden reported no case files of inmates at risk of sexual victimization in involuntary segregated housing during the past 12 months.

**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.**

During this audit, the Auditor interviewed the Staff who Supervise Inmates in the Segregated Housing. The Staff who Supervise Inmates in Segregated Housing indicated that inmates placed in involuntary segregation who identify as a victim in an incident shall have access to programs, privileges, education, and, to the extent possible, work opportunities. 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.

For information on inmates in Segregated Housing (for risk of sexual victimization or those who allege to have suffered sexual abuse), see 115.43 (a)-2. The facility tour and site review included segregated housing. This Auditor spoke informally with inmates who were awake and willing to talk. No inmates indicated their placement in

segregation for risk of sexual victimization.

**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.**

115.43 (c)-1 In the past 12 months, the number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0.

During this audit, the Auditor interviewed the Warden. The Warden confirmed that inmates are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Generally, inmates are kept in involuntary segregated housing for less than a few days until they can be transferred to other accommodations. In a letter dated 1/31/2025, the Warden indicated that during the past 12 months, ISP has had no inmate who was at risk of sexual victimization placed in involuntary isolation or protective custody.

During this audit, the Auditor spoke with a Staff member overseeing inmates in Segregated Housing, who confirmed that inmates are kept in involuntary segregated housing only until an alternative separation method from potential abusers is arranged. Typically, inmates stay in involuntary segregated housing for less than several days.

For information on inmates in Segregated Housing (for risk of sexual victimization or those claiming to have suffered sexual abuse), see 115.43 (a)-2. During a review of the twice-yearly reassessment for transgender inmates, one inmate reported being involuntarily placed in RHU due to her transgender status. ISP is investigating this issue. Additional documentation or clarification is needed to determine this standard.

**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.**

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.

The Warden reported that there were no case files of inmates at risk of sexual victimization in involuntary segregated housing over the past 12 months.

**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>115.43 (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.</p> <p>The Warden identified zero case files of inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months. Not applicable.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section E. Protective Custody (effective 08/15/2024), pages 27-28.</li> <li>3. IDOC Policy 02-01-107 Protective Custody (effective 6/01/2024), pages 1-10.</li> <li>4. Interview with the Warden</li> <li>5. Interview with Staff who Supervise Inmates in Segregated Housing</li> <li>6. Memo from the Warden dated 1/31/2025.</li> </ol> <p><b>Corrective Action/Clarification:</b></p> <ol style="list-style-type: none"> <li>1. 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.</li> <li>2. Update: ISP again confirmed that no inmates were involuntarily placed in segregation due to risk of victimization during this reporting period.</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above provides a thorough discussion of all the evidence used to determine compliance, corrective actions, clarification, or non-compliance, including the Auditor's analysis, reasoning, and conclusions. This discussion also covers recommended corrective actions when the facility does not meet the standard.</p>
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115.51	Inmate reporting
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><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.</b></p> <p>115.51 (a)-1 The agency has established procedures allowing for multiple internal</p>



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.

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

IDOC Policy 02-01-115 (Sexual Abuse Prevention), (effective 8/15/24), pages 1-48.

- Confirmed that the information posted included multiple ways for an inmate to report
- Observed that PREA audit notices were accurate
- Observed placement of reporting information was accessible to most persons
- Observed mailboxes are only accessible by a designated agency or facility official(s).
- Observed that locked grievance boxes were secure
- Confirmed accessibility to writing instruments

During this audit, the Auditor interviewed a select sample of inmates (42). All confirmed they had someone who does not work at this facility, whom you could report to about sexual abuse or sexual harassment. Individually, inmates sampled explained multiple ways of how they would report any sexual abuse or sexual harassment that happened to someone else, such as:

Tell a trusted staff facility member (20)

- Tell a Sgt. (6)
- #80 (19)
- Tablet (8)
- Tipline (1)
- Counselor (3)
- #66 (1)
- I don't know: (1)
- Anonymous report (1)
- Grievance (1)
- Family (1)

During this audit, the Auditor interviewed a select sample of random staff (12).

The select staff that inmates can privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and harassment, or staff neglect or violation of responsibilities by:

- Tell a trusted staff member who is not the subject of the allegation
- Tell a supervisor
- Use their tablets to communicate
- #80
- Grievance

- Tell a supervisor
- Tell the PCM
- Tipline
- Note "To and From"
- IDOC website
- Hotline
- Email IDOC
- Verbally
- OII
- Family or friend
- Verbally
- Grievance

## RECORD STORAGE

During the site review, the Auditor:

- Observe the physical and electronic methods used to maintain PII information/ documentation collected and maintained in hard copy under the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) to determine whether the area is secured (e.g., with a lock and key).
- Observe electronic safeguards for any information/documentation —password protection.
- Observed Facility PREA reporting posters and signage
  - Signage language is clear and easy to understand.
- Observed facility contact information for emotional support
- Observed contact information for the Ombudsman Bureau
- Observed that PREA information was embedded along with other details near telephones and on bulletin boards
- Observed that PREA information was easily accessible for most readers
- Observed agency PREA brochure
- Observed the inmate handbook
- Observed that most inmates use electronic methods (personal tablets to communicate with staff, family, and some external resources).
- Tested tablet access to the Ombudsman Bureau and IDOC PREA contact.

Informally discussed with the inmates' mail system. Inmates confirm they can send and receive regular and legal mail, but most prefer to communicate via their tablets.

**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 that is not part of the agency.

The IDOC confirmed that the agency provides at least one way for residents to report abuse or harassment to a public or private entity not affiliated with the agency. IDOC uses the services of the Indiana Ombudsman's Office. From their tablets, inmates can select "GTL Request" and then choose "Ombudsman." The report will be sent directly to the Ombudsman's Office. The Ombudsman's Office will then forward the report to the IDOC PREA Coordinator and the facility PREA Compliance Manager for further action. Inmates are also given the address of the Indiana Ombudsman Bureau as an option for writing to the organization at 402 W. Washington Street., W479, Indianapolis, IN 46204.

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 officials of the Department of Homeland Security.

During this audit, the Auditor interviewed the PCM. The PCM confirmed that the agency has at least one designated point of contact for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The PCM explains that inmates can contact the Ombudsman's Office, and the procedures for making contact enable the receipt and immediate transmission of inmate reports of sexual abuse and sexual harassment to agency officials, which allows the inmate to remain anonymous upon request.

An inmate can select the "GTL Request" option and then choose Ombudsman. This option is for submitting a report if the resident is threatened with or has experienced sexual abuse or harassment by another inmate, staff, volunteer, or contractor, and does not feel comfortable reporting it to staff at this facility. The report will be sent to the Indiana Ombudsman. The Indiana Ombudsman will then forward your report to the IDOC PREA Coordinator and the facility PREA Compliance Manager. During the facility tour, the Auditor submitted a GTL request to the Ombudsman's Office to test accessibility. Within hours, the Ombudsman's Office emailed the IDOC PREA Coordinator to confirm the test.

During the audit, the Auditor interviewed a select sample of random inmates. Do you know if you are allowed to make a report without providing your name? All inmates responded yes. Each inmate was asked how they would report any sexual abuse or sexual harassment that happened to them or someone else. Inmates responded in the following manner:

- Family
- IDOC website
- PC
- Ombudsman's Office
- OII

**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.

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

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

115.51 (c)-2 Staff are required to document verbal reports. "Yes," the timeframe for establishing the reports is immediately or before the end of the shift.

During this audit, the Auditor interviewed a select sample of random staff (12). All confirmed that inmates can report sexual abuse and sexual harassment verbally, in writing, anonymously, and from a third party.

During this audit, the Auditor interviewed a random sample of inmates (42). All confirmed that inmates can report sexual abuse or harassment, either in person or in writing, anonymously. Reports may also be submitted by friends, family members, or fellow inmates.

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

115.51 (d)-1 IDOC confirmed that the agency has established procedures for staff to report sexual abuse and sexual harassment of inmates privately.

Refer to the IDOC Sexual Prevention and Reporting Staff Information Brochure.

115.51 (d)-2 During this audit, a random selection of staff were interviewed, and confirmed multiple methods for staff to report sexual abuse and sexual harassment privately in the following ways:

- Face-to-face
- Tipline
- Tell a supervisor or a member of management
- Phone
- Email

IDOC confirmed during this audit that staff were informed of methods to report sexual abuse and sexual harassment of inmates through:

- Staff PREA brochure
- New employee staff onboarding
- Annual PREA training

	<p>During the facility tour and site visit, the Auditor submitted a GTL request to the Ombudsman's Office to test accessibility. Within hours, the Ombudsman's Office emailed the IDOC PREA Coordinator to confirm the test.</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. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VIII. Reporting, Subsection A, Incarcerated Individual Reporting (effective 8/15/24), pages 29-30.</li> <li>4. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VI. Training and Education, Subsection A. Employee Training (effective 8/15/24), pages 17-18.</li> <li>5. IDOC Sexual Abuse Prevention and Reporting, Staff Information Brochure</li> <li>6. IDOC Zero Tolerance Poster (English/Spanish)</li> <li>7. Auditor submitted a GTL request to the Ombudsman's Office to test accessibility.</li> <li>8. Inmate handbook</li> <li>9. Ombudsman's Reporting Poster</li> <li>10. Agency brochure</li> <li>11. Facility brochure</li> <li>12. Interview with random staff (12).</li> <li>13. Interview with inmates (42).</li> <li>14. Email regarding civil immigration. Refer to 115.51 (b).</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>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>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.</b></p> <p>115.52 (a)-1 IDOC/ISP confirmed that 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 8/15/24), pages 29-31.</p>

IDOC Policy 00-02-301 Offender Grievance Process (effective 9/01/2020), pages 1-15.

**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.**

115.52 (b)-1 IDOC confirms that the agency has a policy or procedures that allow 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.

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

IDOC Policy 00-02-301 Offender Grievance Process (effective 9/01/2020), pages 1-15.

115.52 (b)-2 IDOC confirmed during this audit that the agency policy does not require an inmate to use an informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

During this audit, IDOC stated that the agency's policy does not require an inmate to use an informal grievance process or attempt to resolve an alleged sexual abuse incident with staff.

Documentation to determine that relevant information is provided is as follows:

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

IDOC Policy 00-02-301 Offender Grievance Process (effective 9/01/2020), page 6.

IDOC Policy 00-02-301 Offender Grievance Process (effective 9/01/2020), pages 1-15.

**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.**

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.

IDOC confirmed that the agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

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

IDOC Policy 00-02-301 Offender Grievance Process (effective 9/01/2020), pages 1-15.

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.

IDOC confirmed that the agency's policy and procedure requires that an inmate's grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section B. Exhaustion of Administrative Remedies (effective 8/15/24), pages 29-31.

IDOC Policy 00-02-301 Offender Grievance Process (effective 9/01/2020), page 6. The Department/IDOC shall not require an offender to use any informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Documentation to determine that relevant information was provided in the grievance dated 8/29/24. The alleged incident occurred on 7/29/21. The grievance has a companion PREA investigation 24-ISP-0072.

**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 During this audit, IDOC confirmed that the agency's policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

115.52 (d)-2 In the past 12 months, the number of grievances filed that alleged sexual abuse: 1.

115.52 (d)-3 In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed: 1.

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

115.52 (d)-6 If YES, the number of grievances that took longer than a 70-day extension period to resolve: 0. Not applicable.

115.52 (d)-7 During this reporting period, IDOC confirmed during this audit that 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.

During this audit, the auditor interviewed four inmates who reported sexual abuse. Each inmate confirmed that they reported the incident to authorities, either in person or in writing, and stated they were sexually abused or harassed while in this facility.

**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 agree to have the request filed on his or her behalf, and may also require the alleged victim to pursue any subsequent steps in the administrative remedy process personally. (3) If the 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.

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.

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 SIGNAGE**

During the site review, the Auditor:

- Observe whether signage throughout the facility can be easily read/accessed by persons in the facility
- Observed that language on PREA-related signage posted throughout the facility was clear and easy to understand.
- Signage specific to services, such as emotional support services, and external



reporting, clearly details what services are available and for what purposes.

- Signage was provided in English and Spanish.
- PREA-related signage text size, formatting, and physical placement accommodate most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair, etc.
- The information provided by the signage was not obscured or unreadable due to graffiti or missing due to damage or other causes, and was otherwise legible.
- Observe that the Auditor's notice on signage throughout the facility was consistent, accurate, and readable by most persons.
- Observed that the Auditor's information included her name and contact information.
- Observe where signage is placed in the facility to assess whether it is accessible to staff/or those confined in the facility, and other persons who may need the information or services provided.
- Observed that Third-party notices were placed on all living units and in common areas visited by family members, friends, advocates, and attorneys (e.g., family visitation areas, attorney visiting areas, public-facing websites), as well as any areas frequented by persons confined in the facility.

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

This Auditor submitted a third-party report via email to the IDOC. The PREA Coordinator notified the Auditor of his receipt of her third-party email.

**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 in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.**

115.52 (f)-1 IDOC confirmed during this audit that 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.

- Email dated 4/12/2016 from the Administrative Assistant 3/ACA/Policy/PREA facility contact regarding the posting of the emergency PREA grievance procedure in the inmate law library and on each housing unit in the facility.

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

IDOC Policy 00-02-301 Offender Grievance Process (effective 9/01/2020), Section C.

Emergency Grievances (effective 8/15/24), page 5.

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.

IDOC Policy 00-02-301 Offender Grievance Process (effective 9/01/2020), Section C. Emergency Grievances (effective 8/15/24), page 5.

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 IDOC confirmed during this audit that 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.

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

IDOC Policy 00-02-301 Offender Grievance Process (effective 9/01/2020), Section C. Emergency Grievances (effective 8/15/24), page 5.

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.

IDOC ADP Violation 122 Asserting and/or Filing a False Lien or Judgement or Complaint, page 3. Describes the violation as asserting and/or filing a false lien, judgment, or complaint against any person when the basis for the said lien, judgment, or complaint is false or otherwise untrue as evidence of documentation of any such disciplinary actions.

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:

**Evidence relied upon:**

1. Pre-audit questionnaire
2. PREA Audit Site Review
3. IDOC ADP Violation 122 Asserting and/or Filing a False Lien or Judgement or

	<p>Complaint, page 3.</p> <ol style="list-style-type: none"> <li>4. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section B. Exhaustion of Administrative Remedies (effective 8/15/24), pages 29-31.</li> <li>5.</li> <li>6. IDOC Policy 00-02-301 Offender Grievance Process (effective 9/01/2020), Section C. Emergency Grievances (effective 8/15/24), page 5.</li> <li>7. Email dated 4/12/2016 from the Administrative Assistant 3/ACA/Policy/PREA facility contact regarding the posting of the emergency PREA grievance procedure in the inmate law library and on each housing unit in the facility.</li> <li>8. Interview with inmate who reported sexual abuse (4).</li> <li>9. Sample of grievances from the 12 months preceding the audit that alleged sexual abuse and their final decision. Documentation to determine that relevant information was provided in the grievance dated 8/29/24. The grievance has a companion PREA investigation 24-ISP-0072.</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above provides a detailed discussion of all the evidence used in making the compliance or non-compliance decision, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>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.</b></p> <p>115.53 (a)-1 The facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. If "No", skip to 115.54(a)-1.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Incarcerated Individuals Access to Outside Confidential Support Services (effective 08/15/2024), pages 31-32.</p> <p>Upon review, this Auditor verified that IDOC has a contractual agreement with Indiana Coalition Against Domestic Violence, Inc. (E-Contract 48021-A3) from July 2024 through September 30, 2025. This contract has not been renewed.</p>

Posters identified during the Auditor's facility tour and site visit identified services provided by Indiana Coalition Against Domestic Violence, Inc. (E-Contract 48021-A3):

- Confidential crisis intervention
- Emotional support
- Referrals to services that provide ongoing support

How to make contact:

- From the living unit #66
- Write
  - 1915 W. 18th Street, ◦ Indianapolis, IN 46202

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

During the site review, the Auditor observed:

- Posted or printed signage throughout the facility (e.g., posters). · Signage includes current audit notices with the Auditor's contact information, which are consistent for the service provider/organization name(s), addresses, and phone number(s). · How to report sexual abuse and sexual harassment · How to access outside victim emotional support services · Other relevant PREA information

Information about the signage. The Auditor observed:

- The information provided on all signage was readable, accessible, consistent, and strategically placed throughout the facility to convey vital sexual safety information specific to the facility.

During the site review, the Auditor:

- Checked if signage throughout the facility could be easily read and accessed by persons inside, specifically:
- Noted that the signage language was clear and easy to understand.
- Verified that services such as emotional support and external reporting were clearly detailed in the language used, explaining what services are available and their purposes.
- Confirmed signage is provided in both English and Spanish.
- Assessed the signage text size, formatting, and placement to ensure they accommodate most readers, including those of average height, low vision or visually impaired, or physically disabled/in a wheelchair.
- Ensured the signage was not obscured, unreadable due to graffiti, or missing because of damage.

- Checked that the information on the signage was accurate and consistent throughout the facility.
- Evaluated the placement of signage to determine if it was accessible to staff, inmates, and the community.
- Observed the placement of various types of signage:
  - Access to outside confidential (emotional) support services.
- Verified that PREA-related information was posted in all areas accessible to inmates, including housing/living units, programming, work, and education areas.

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

Post-onsite, the Auditor:

Complete and submit a third-party report using the same method(s) provided to the public, such as through the agency or facility website. Confirm that the method(s) for submitting third-party reports are easily accessible, understandable, and can be found in reasonably visible and appropriate locations, like the facility or agency website. Ensure that the reporting method is not the general contact information for the facility but is specifically designated for reporting sexual abuse and sexual harassment within the facility.

115.53 (a)-2 ISP confirmed during this audit that 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.

115.53 (a)-3 ISP confirmed during this audit that 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.

115.53 (a)-4 ISP confirmed during this audit that the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible.

**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 ISP confirmed during this audit that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored.

115.53 (b)-2 ISP confirmed during this audit that 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.

**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 IDOC confirmed during this reporting period that the agency or facility maintains a 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.

115.53 (c)-2 ISP confirmed during this audit that the agency or facility maintains copies of those agreements. Upon review, this Auditor verified that IDOC has a contractual agreement with Indiana Coalition Against Domestic Violence, Inc. (E-Contract 48021-A3) from July 2024 through September 30, 2025. This contract has not been renewed.

115.53 (c)-3 According to the PREA Coordinator, the agency has tried to maintain the MOUs or other agreements with community service providers that can offer such services, but funding has been a challenge after grant funds were retracted. Despite the lack of funding, IDOC attempted to extend the contract with Indiana Coalition Against Domestic Violence, Inc., but the agency declined to continue the contract without IDOC funding.

115.53 (c)-4 YES to 115.53(c)-3, the agency maintains documentation of attempts to enter into such agreements. ISP confirmed during this audit that the agency or facility maintains copies of those agreements. Upon review, this Auditor verified that IDOC has a contractual agreement with Indiana Coalition Against Domestic Violence, Inc. (E-Contract 48021-A3) from July 2024 through September 30, 2025. This contract has not been renewed.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Incarcerated Individuals Access to Outside Confidential Support Services (effective 08/15/2024), pages 31-32.
3. IDOC has a contractual agreement with the Indiana Coalition Against Domestic Violence, Inc. (E-Contract 48021-A3) from July 2024 through September 30, 2025.
4. Interview with a select sample of random inmates (42).
5. Interview with inmates who reported sexual abuse (4).
6. Interview with the PREA Coordinator.

	<p><b>Conclusion:</b></p> <p>The narrative above includes a detailed discussion of all the evidence used in making the compliance or non-compliance decision, the Auditor’s analysis and reasoning, and the Auditor’s conclusions.</p>
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<b>115.54</b>	<b>Third-party reporting</b>
	<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 publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.</p> <p>115.54 (a)-1 IDOC confirmed during this audit that the agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment.</p> <p>During the site review, the Auditor:</p> <p>Observe whether signage throughout the facility is easily readable and accessible to all persons inside. It was noted that PREA signage language and information were clear and understandable. The PREA signage was specific to services, such as emotional support and external reporting, clearly indicating what services are available and their purposes. It was confirmed that signage is provided in English and Spanish, the most commonly spoken languages in the facility. The text size, formatting, and physical placement of the signage accommodate most readers, including those of average height, individuals with low vision or visual impairments, and those with physical disabilities or in wheelchairs. The signage was checked to ensure the information is not obscured, illegible due to graffiti, or missing because of damage. The accuracy and consistency of PREA information on signage throughout the facility were verified, including relevant audit notices and consistent contact information such as service provider or organization names, addresses, and phone numbers. Signage was also confirmed to be placed where it is accessible to staff, confined individuals, and others who may need the information or services. The Auditor observed the placement of various types of signage, including third-party reporting notices posted in public areas accessible to family members, friends, advocates, attorneys, and in locations such as family visitation areas, attorney visiting areas, and public-facing websites, as well as any areas frequently visited by persons confined in the facility.</p> <p>115.54 (a)-2 IDOC confirmed during this audit that the agency or facility publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates.</p> <p>Upon review, this Auditor verified via the internet that IDOC publicly shares</p>

	<p>information on how to report inmate sexual abuse or harassment. Likewise, concerned persons can report an incident of sexual abuse to:</p> <ul style="list-style-type: none"> <li>• Any staff</li> <li>• The Warden's Office</li> <li>• Call the Sexual Assault hotline (1-877-385-5877)</li> <li>• Email: IDOCPREA@idoc.in.gov</li> </ul> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Internet verification of publicly shared information</li> <li>3. PREA Facility Tour and Site Review</li> <li>4. Third-party review of documents <ol style="list-style-type: none"> <li>1. Visitor brochure</li> </ol> </li> <li>5. IDOC webpage</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>115.61</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>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.</b></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.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section IX. Official Response</p>



Following an Incarcerated Individual Report (effective 08/15/2024), pages 32-34. IDOC 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.

- Sample Acknowledgement: Duty to Report, Medical and Mental Health Disclosure
- Sample Investigation 24-ISP-0012, Third Party Report

The review of investigation 24-ISP-0012 was found to be unsubstantiated. The investigation did not proceed further after the employee's termination for failing to return to work following allegations of sexual abuse. The investigation excluded the history of the employee's claims or sexual abuse or sexual harassment during his employment, but included the victim's history of allegations. During a telephonic meeting with the PREA Coordinator, who is also a trained IDOC investigator, he confirmed that the alleged perpetrator did not have a history of other allegations of sexual abuse or sexual harassment other than this incident. Also concerning is the fact that a Caseworker to whom the inmate made a report invoked the IDOC PREA protocol and a duty to report the incident for responding to allegations of sexual abuse because the inmate "made it clear he was not touched." This requires corrective action.

115.61 (a)-2 IDOC confirms that the agency requires all staff to report immediately and, according to agency policy, any retaliation against inmates or staff who report such an incident.

115.61 (a)-3 IDOC confirms that the agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

During this audit, the Auditor interviewed a random sample of 12 staff members. All interviewees confirmed that the agency requires immediate reporting of any retaliation against inmates or staff who report such incidents, in accordance with agency policy. They also affirmed that the agency mandates prompt reporting of any staff neglect or violations of responsibilities that could have contributed to an incident or retaliation. Staff indicated reporting methods include:

- Face-to-face meeting
- Hotline
- Incident report
- Tipline
- Investigation (I&I)

A review of incident 24-ISP-0012 by this Auditor reveals an unusual delay in the notification and investigation process. An outside source reported an allegation they believed to be sexual abuse. The source states, "he grabbed (an officer) an inmate's

genitals and made sexual advances," on 1/16/2024. The inmate indicates the incident occurred on 1/15/2024 (Monday). The inmate was interviewed on 1/18/2024. This standard requires clarification or corrective action.

**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 IDOC confirmed during this audit that, 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.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section IX. Official Response Following an Incarcerated Individual Report (effective 08/15/2024), page 32.

During this audit, the Auditor interviewed a random sample of 12 staff members. All staff confirmed that the agency allows employees to report to designated supervisors or officials, as well as to state or local services agencies. Agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone except as necessary for treatment, investigation, or security and management decisions.

**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.**

During this audit, the Auditor interviewed a medical practitioner. The practitioner confirmed that when initiating services to an inmate, they disclose the limitations of confidentiality and their duty to report. The same practitioner also confirmed that there is an agency requirement to report any knowledge, suspicion, or information about an incident of sexual abuse or harassment to a designated supervisor or official immediately upon learning of it. Additionally, the practitioner stated that they become aware of such incidents and promptly notify a supervisor.

During this audit, the Auditor interviewed a mental health practitioner. The mental health practitioner confirmed that when starting services for an inmate, they disclose the limits of confidentiality and their duty to report. The same practitioner also confirmed an agency requirement to report any knowledge, suspicion, or information about an incident of sexual abuse or harassment to a designated supervisor or official immediately after becoming aware of it. Additionally, the practitioner affirmed that upon discovering such an incident, they would notify a supervisor immediately.

**115.61 (d): If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services**

**agency under applicable mandatory reporting laws.**

Indiana State Prison does not house inmates under the age of 18. Not applicable. IDOC has an agency requirement for all staff 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.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section IX. Official Response Following an Incarcerated Individual Report (effective 08/15/2024), pages 32-34.

During this audit, the auditor interviewed the Warden. The Warden confirmed that the agency investigates all allegations of sexual abuse or harassment, including those made by individuals under 18 or considered vulnerable adults under state or local law.

During this audit, the Auditor spoke with the PREA Coordinator. The PC confirmed that the agency investigates all allegations of sexual abuse or harassment, including those made by individuals under 18 or considered vulnerable adults under state or local law.

Further, a review of the facility inmate roster by living unit did not disclose any inmates under the age of 18 or considered vulnerable adults under a State or local vulnerable persons statute.

**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.**

Sample of reports to investigators. A review of incident 24-ISP-0012 by this Auditor reveals an unusual delay in the notification and investigation process. An outside source reported an allegation they believed to be sexual abuse. The source states, "he grabbed (an officer) an inmate's genitals and made sexual advances," on 1/16/2024. The inmate indicates the incident occurred on 1/15/2024 (Monday). The inmate was interviewed on 1/18/2024. This standard requires clarification or corrective action.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section IX. Official Response Following an Incarcerated Individual Report (effective 08/15/2024), pages 32-34.
3. Interview with a medical practitioner (1)
4. Interview with a mental health practitioner (1)
5. Interview with a select sample of random staff (12)
6. Interview with the Warden
7. Interview with the PREA Coordinator
8. Review of investigative report (7) sexual abuse

	<p><b>Corrective Action/Clarification:</b></p> <ol style="list-style-type: none"> <li>1. 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. The review of investigation 24-ISP-0012 was found to be unsubstantiated. The investigation did not proceed further after the employee's termination for failing to return to work following allegations of sexual abuse. The investigation excluded the history of the employee's claims or sexual abuse or sexual harassment during his employment, but included the victim's history of allegations. During a telephonic meeting with the PREA Coordinator, who is also a trained IDOC investigator, he confirmed that the alleged perpetrator did not have a history of other allegations of sexual abuse or sexual harassment other than this incident. Also concerning is the fact that a Caseworker to whom the inmate made a report invoked the IDOC PREA protocol and a duty to report the incident for responding to allegations of sexual abuse because the inmate "made it clear he was not touched." This requires corrective action. <ol style="list-style-type: none"> <li>1. Retraining on this standard</li> <li>2. Confirmation of training</li> <li>3. Monitor for the duration of the corrective action period</li> </ol> </li> <li>2. 115.61 (e) A review of incident 24-ISP-0012 by this Auditor reveals an unusual delay in notification and investigation. An external source reported an allegation believed to be sexual abuse. The source states, "he grabbed (an officer) an inmate's genitals and made sexual advances," on 1/16/2024. ISP has assigned SART members and investigators. The inmate indicates the incident occurred on 1/15/2024 (Monday). The inmate was interviewed on 1/18/2024. This standard requires clarification or corrective action. It should be noted that 24-ISP-0012 is outside the 12-month review period. This incident was reviewed based on random sampling.</li> <li>3. Update: The PREA Coordinator held a meeting with ISP management, including investigative staff and the PCM. The PCM reviewed the merits of this standard and its specific compliance requirements. The PCM provided this Auditor with confirmation of the meeting.</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes a thorough 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>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

### **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.**

115.62 (a)-1 IDOC confirmed during this audit that 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).

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B. Indiana Department of Correction Protection Duties (effective 08/15/2024), page 34

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.

115.62 (a)-3 If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action: ISP indicates not applicable.

115.62 (a)-4 The longest time passed (in hours or days) before taking action (please note if response is in hours or days). ISP indicated that this standard is not applicable.

During this audit, the Auditor interviewed the Agency Head. The Agency Head stated that when the agency learns an inmate is at substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate, notifies I&I, the PREA Coordinator, and the facility Warden.

During this audit, the Auditor interviewed the Warden. The Warden indicated that when he learns that an inmate is subject to a substantial risk of imminent sexual abuse, the inmate is safety guarded and separated from the alleged abuser, and an investigation is initiated immediately.

- According to an email dated January 31, 2025, the Warden confirmed that during the past 12 months, the Indiana State Prison has not determined that an inmate was subject to substantial risk of imminent sexual abuse.

During this audit, the Auditor interviewed a randomly selected sample of staff (12). All staff interviewed confirmed an immediate duty to protect the victim, separate the victim from the alleged abuser, notify a supervisor, and document the incident.

### **Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B. Indiana Department of Correction Protection Duties (effective 08/15/2024), page 34
3. Interviewed the Agency Head

	<p>4. Interviewed the Warden</p> <p>5. Interviewed a randomly selected sample of staff (12)</p> <p>6. Email dated January 31, 2025, the Warden confirmed that during the past 12 months, the Indiana State Prison has not determined that an inmate was subject to substantial risk of imminent 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>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>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.</b></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 facility must notify the head of the agency or the appropriate office of the agency or facility where sexual abuse is alleged to have occurred.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Reporting to Other Confinement Facilities (effective 08/15/2024), page 34.</p> <p>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: 1.</p> <p>115.63 (a)-3 The facility's response to these allegations:</p> <ul style="list-style-type: none"> <li>• Notify IDOC investigations. The allegations date back to 1994. IDOC found no evidence of a report of sexual abuse.</li> </ul> <p><b>115.63 (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</b></p> <p>115.63 (b)-1 IDOC confirms that the agency has a policy that requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Reporting to Other</p>

Confinement Facilities (effective 08/15/2024), page 34.

According to the PCM, the notification was initially sent to the Warden. From the Warden's Office, notices were sent within 72 hours as required in this standard.

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

115.63 (c)-1 IDOC confirmed during this audit that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Reporting to Other Confinement Facilities (effective 08/15/2024), page 34.

- Refer to 115.63(a)-1 for sample agency notifications. Documentation that it has provided such notification.

**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 be investigated in accordance with the PREA standards.

IDOC confirmed that the agency or facility policy requires that allegations received from other facilities and agencies should be investigated in accordance with the PREA standards.

115.63 (d)-2 In the past 12 months, the facility received one allegation of sexual abuse from other facilities.

During this reporting period, the Auditor interviewed the Agency Head. The Agency Head indicated that all allegations of sexual abuse or sexual harassment are investigated by OII, including if another agency or a facility within another agency reports allegations of sexual abuse or sexual harassment that occurred within one of your facilities. The designated points of contact would be the facility Warden, PCM, OII, and the PREA Coordinator. If the agency (or a facility within your agency) receives such allegations, the agency must notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred. ISP has examples of such allegations being reported from another agency, the Colorado Department of Corrections.

During this reporting period, the Auditor interviewed the Warden. The Warden indicates during his interview that all allegations of sexual abuse or sexual harassment are investigated by OII, including if another agency or a facility within another agency reports allegations of sexual abuse or sexual harassment that occurred within one of your facilities. ISP has examples of such allegations being reported from another facility, Westville, and the Colorado Department of Corrections.

	<p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Reporting to Other Confinement Facilities (effective 08/15/2024), page 34.</li> <li>3. Email transmission from the Colorado Department of Corrections to ISP Warden regarding an allegation of sexual abuse.</li> <li>4. Refer to 115.63(a)-1 for sample agency notifications. Documentation that it has provided such notification</li> <li>5. Interview with the Agency head</li> <li>6. 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>115.64</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>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.</b></p> <p>115.64 (a)-1 The agency has a first responder policy for allegations of sexual abuse.</p> <p>During this audit, ISP confirmed that the facility has a first responder policy for allegations of sexual abuse.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D. Staff First Responders Duties (effective 08/15/2024), pages 34-35, state that when an allegation of sexual abuse by an inmate is reported, the first security staff member to respond must: (1)</p>



Separate the alleged victim and the alleged abuser; (2) Preserve and protect any crime scene until proper steps can be taken to collect evidence; (3) If the abuse occurred within a timeframe that still allows for physical evidence collection, request that the alleged victim avoid actions that could destroy evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a timeframe that still allows for physical evidence collection, ensure that the alleged abuser does not perform any actions that could destroy evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

IDOC Policy Staff Development & Training, SART First Responders, Evidence Protocols and Investigations (revised 8/20/19). Documentation of responses to allegations.

115.64 (a)-2 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 separate the alleged victim and abuser.

Indiana State Prison, Facility Directive, Sexual Assault Response Team (effective 5/15/2023), page 3.

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 preserve and protect the crime scene until appropriate steps can be taken to collect any evidence.

Indiana State Prison, Facility Directive, Sexual Assault Response Team (effective 5/15/2023), page 3.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D. Staff First Responders Duties (effective 08/15/2024), pages 34-35.

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.

Indiana State Prison, Facility Directive, Sexual Assault Response Team (effective 5/15/2023), page 3.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D. Staff First Responders Duties (effective 08/15/2024), pages 34-35.

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.

Indiana State Prison Facility, Facility Directive, Sexual Assault Response Team

(effective 5/15/2023), page 3.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D. Staff First Responders Duties (effective 08/15/2024), pages 34-35.

115.64 (a)-6 In the past 12 months, the number of allegations that an inmate was sexually abused: 7.

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: 7

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: 2.

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: 2.

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: 2.

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: 2.

During this audit, the Auditor interviewed a randomly selected security staff member who could serve as a potential first responder. The first responder confirmed the duty to take immediate action in response to an allegation of sexual abuse. The actions include: a. Separating the alleged victim and abuser; b. Preserving and protecting any crime scene until proper steps can be taken to collect evidence; c. Requesting that the alleged victim avoid actions that could destroy physical evidence (such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating) if the incident occurred within a timeframe that still allows evidence collection; ensuring that the alleged abuser does not perform any of the above actions that could destroy physical evidence. This line staff member also emphasized the need to contact the shift supervisor for further instructions immediately and to document the incident in the unit logbook.

During this audit, the Auditor interviewed a randomly selected medical practitioner who could serve as a potential first responder, non-Security staff member. The practitioner confirmed a duty to take immediate action in response to an allegation of sexual abuse. The actions include: a. Separating the alleged victim and abuser; b. Preserving and protecting any crime scene until proper steps can be taken to collect evidence; c. Requesting that the alleged victim avoid actions that could destroy physical evidence (such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating) if the incident occurred within a timeframe that still allows evidence collection; immediate notification of a shift supervisor and notification of the medical administrator or on-call medical practitioner for further instructions.

During this audit, the Auditor interviewed inmates who reported sexual abuse (4). Each inmate interviewed confirmed that soon after they reported being sexually abused, facility staff assisted.

A review of the PREA investigation for this reporting period confirmed that for each inmate who reported sexual abuse, the facility initiated an investigation. Refer to Standard 115.71. Further, based on sexual abuse and sexual harassment investigations reviewed by the Auditor, the inmates reported the allegation of sexual abuse to an ISP staff member. Staff response to the allegations was as follows:

John Doe #1 24-ISP-0012 reported the incident on 1/18/24. The Inmate was interviewed on 1/18/24. The inmate confirmed a belief that staff acted immediately upon notification of his allegations. The victim was separated from the alleged abuser. The investigative outcome was unsubstantiated.

John Doe #2 24-ISP-0092 reported the incident on 10/7/24. The inmate was interviewed on the same day. The inmate confirmed a belief that staff acted immediately upon notification of his allegations. The investigative outcome was unfounded. The inmate was separated from the alleged abuser. Noteworthy: the inmate alleged rape by another inmate. The inmate was seen by medical staff, who directed security to transport him to a local hospital for a forensic examination. However, this did not occur. The following day, 10/8/24, the inmate recanted his allegation and was issued a conduct report.

John Doe #3 reported sexual abuse during his random interview. The inmate stated that he reported an incident of sexual abuse to the ISP MH practitioner. Based on a review of the investigation documented during this reporting period, no documentation supported his allegation. Additionally, the PREA Coordinator examined the OII investigative database using the inmate's DOC number and name; no investigations were found, according to the PREA Coordinator, who is also an investigator.

John Doe #4 reported sexual abuse during an interview. 25-ISP-0009. This case is still under investigation pending the Indiana Crime Lab's review of forensic evidence. Records also indicate that in 2023, the same inmate reported sexual abuse 2023-ISP-0019. Staff initiated an investigation. The inmate was separated from the alleged abuser.

John Doe #5 reported sexual abuse during his random interview. This auditor found no investigative report for this reporting period matching this inmate's name and DOC number. The same inmate states he hears the voices of females who are raping him and live-streaming the assault. He also indicates that he is currently under medical care for hearing voices, but is not taking his medication. Additionally, the PREA Coordinator examined the OII investigative database using the inmate's DOC number and name; no investigations were found, according to the PREA Coordinator, who is also an investigator.

**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 IDOC confirmed during this reporting period that the agency policy requires that if the first staff responder is not a security staff member, that responder shall be necessary to request that the alleged victim not take any actions that could destroy physical evidence.

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.

Indiana State Prison Facility, Facility Directive, Sexual Assault Response Team (effective 5/15/2023), page 3.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D. Staff First Responders Duties (effective 08/15/2024), pages 34-35.

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: 3.

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: 3.

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: 3.

During this audit, the Auditor interviewed a randomly selected security staff member who could serve as a potential first responder. The first responder confirmed the duty to take immediate action in response to an allegation of sexual abuse. The actions include: a. Separating the alleged victim and abuser; b. Preserving and protecting any crime scene until proper steps can be taken to collect evidence; c. Requesting that the alleged victim avoid actions that could destroy physical evidence (such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating) if the incident occurred within a timeframe that still allows evidence collection; ensuring that the alleged abuser does not perform any of the above actions that could destroy physical evidence. This line staff member also emphasized the need to contact the shift supervisor for further instructions immediately and to

document the incident in the unit logbook.

During this audit, the Auditor interviewed a randomly selected medical practitioner who could serve as a potential first responder, non-Security staff member. The practitioner confirmed a duty to take immediate action in response to an allegation of sexual abuse. The actions include: a. Separating the alleged victim and abuser; b. Preserving and protecting any crime scene until proper steps can be taken to collect evidence; c. Requesting that the alleged victim avoid actions that could destroy physical evidence (such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating) if the incident occurred within a timeframe that still allows evidence collection; immediate notification of a shift supervisor and notification of the medical administrator or on-call medical practitioner for further instructions.

During this audit, the Auditor interviewed a random sample of 12 staff members who confirmed that if they were the first person to be alerted that an inmate had allegedly been the victim of sexual abuse, their responsibility would include the following actions:

- Safeguard the victim
- Separate the victim and alleged abuser
- Protect the crime scene
- Notify the supervisor unless the supervisor is the subject of the allegation
- Document the incident

**Evidence relied upon:**

1. Pre-audit questionnaire
2. ISP, Facility Directive, Sexual Assault Response Team (effective 4/03/2023), pages 1-6.
3. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D. Staff First Responders Duties (effective 08/15/2024), pages 34-35.
4. IDOC Staff Development & Training Sexual Assault Evidence Protocols, Presentation Guidelines (PP) pages 8-9.
5. Interview with Security First Responders.
6. Interview with NON-security First Responders.
7. Examination of investigative reports of sexual abuse (7).
8. Interview with a random sample of staff (12).
9. Interview with a first responder-medical (1).
10. Interview with a first responder-security (1).
11. Sample Transport form for SANE examination: Offender Transport Order dated 9/21/24.
12. Sample of evidence to support transfer of forensic evidence: Inbound Evidence Transaction.
13. Sample of a victim and abuser separation order.
14. Sample IDOC Sexual Abuse Incident Checklist Form.

**Corrective Action/Clarification/Noteworthy:**

	<p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D. Staff First Responders Duties (effective 08/15/2024), pages 34-35, state that when an allegation of sexual abuse by an inmate is reported, the first security staff member to respond must: (1) Separate the alleged victim and the alleged abuser; (2) Preserve and protect any crime scene until proper steps can be taken to collect evidence; (3) If the abuse occurred within a timeframe that still allows for physical evidence collection, request that the alleged victim avoid actions that could destroy evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a timeframe that still allows for physical evidence collection, ensure that the alleged abuser does not perform any actions that could destroy evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p>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: 2</p> <p>John Doe #2 24-ISP-0092 reported the incident on 10/7/24. The inmate was interviewed on the same day. The inmate confirmed a belief that staff acted immediately upon notification of his allegations. The investigative outcome was unfounded. The inmate was separated from the alleged abuser. Noteworthy: the inmate alleged rape by another inmate. The inmate was seen by medical staff, who directed security to transport him to a local hospital for a forensic examination. However, this did not occur. The following day, 10/8/24, the inmate recanted his allegation and was issued a conduct report. This requires corrective action.</p> <p>Update: The PREA Coordinator scheduled a meeting with the facility Warden and PCM to review the appropriate facility directive and Standard 115.64 regarding inmates who report sexual abuse, and if time permits, a forensic examination at a local hospital.</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 and corrective action, the Auditor’s analysis and reasoning, and the Auditor’s conclusions.</p>
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<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>115.65 (a): The facility shall develop a written institutional plan to</b>

	<p><b>coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</b></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.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D. Staff First Responders Duties (effective 08/15/2024), pages 34-35, state that when an allegation of sexual abuse by an inmate is reported, the first security staff member to respond must: (1) Separate the alleged victim and the alleged abuser; (2) Preserve and protect any crime scene until proper steps can be taken to collect evidence; (3) If the abuse occurred within a timeframe that still allows for physical evidence collection, request that the alleged victim avoid actions that could destroy evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a timeframe that still allows for physical evidence collection, ensure that the alleged abuser does not perform any actions that could destroy evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p>Indiana State Prison, Facility Directive, Sexual Assault Response Team (effective 4/3/2023), pages 1-6.</p> <p>During this audit, the Auditor interviewed the ISP Warden. The Warden confirmed that ISP 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 plan is activated by the shift supervisor upon learning of an incident of sexual abuse.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"><li>1. Pre-audit questionnaire</li><li>2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D. Staff First Responders Duties (effective 08/15/2024), pages 34-35.</li><li>3. Indiana State Prison, Facility Directive, Sexual Assault Response Team (effective 5/15/2023), pages 1-6.</li><li>4. 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 and corrective action, the Auditor’s analysis and reasoning, and the Auditor’s conclusions.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
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<b>Auditor Overall Determination:</b> Meets Standard
<b>Auditor Discussion</b>
<p><b>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.</b></p> <p>115.66 (a)-1 IDOC denies that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>According to the Agency Head, the State of Indiana does not have a collective bargaining unit for State employees with the agency. IDOC does not collectively bargain on the agency's behalf and has not entered into or renewed any collective bargaining agreement or other agreement.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section F. Preservation of Ability to Protect Incarcerated Individuals from Contact with Abusers (effective 08/15/2024), pages 38.</p> <p><b>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.</b></p> <p>An Auditor is not required to audit this provision.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"><li>1. Pre-audit questionnaire</li><li>2. According to the Agency Head, the State of Indiana does not have a collective bargaining unit for State employees with the agency. IDOC does not collectively bargain on the agency's behalf and has not entered into or renewed any collective bargaining agreement or other agreement.</li><li>3. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section F. Preservation of Ability to Protect Incarcerated Individuals from Contact with Abusers (effective 08/15/2024), pages 38.</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</p>



	upon in making the compliance or non-compliance determination and corrective action, the Auditor's analysis and reasoning, and the Auditor's conclusions.
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<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><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.</b></p> <p>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.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section G. Protection Against Retaliation (effective 08/15/2024), pages 38-39, provides protection for all inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, from retaliation by other inmates or staff.</p> <p>115.67 (a)-2 The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. If YES, provide staff name(s), title(s), and department(s) in the comments section.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section G. Protection Against Retaliation (effective 08/15/2024), pages 38-39. According to the PREA Coordinator, the Warden has designated facility investigators responsible for monitoring retaliation.</p> <p><b>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.</b></p> <p>During this audit, the Auditor interviewed the Agency Head. The Agency Head stated that victims of sexual abuse are separated from the alleged abuser, which may include moving to another room, dorm, or facility. Involuntary segregation would be a last resort, used only as a temporary measure. Staff at each facility would be assigned to monitor the victim for at least 90 days.</p> <p>During this audit, the Auditor interviewed the Warden, who confirmed that in cases of</p>

sexual abuse or sexual harassment allegations, the facility would protect the victim (e.g., by relocating or transferring them), separate the victim and the perpetrator, start an investigation, provide a SART during the investigative process, refer the victim to outside emotional support services, and monitor for retaliation.

During the audit, the Auditor spoke with the Designated Staff Charged with Monitoring (1), who confirmed that when sexual abuse or harassment allegations occur, the facility takes protective measures such as relocating or transferring the victim, separating the victim from the perpetrator, initiating an investigation, involving a SART during this process, referring the victim to external emotional support services, and watching for retaliation. An inmate who is a victim of sexual abuse would be monitored for a minimum of 90 days.

During the facility tour and site review, which included segregation, the Auditor's informal conversations with inmates revealed that none of the inmates indicated being placed in segregation for risk of sexual victimization.

During this audit, the Auditor interviewed a random sample of inmates who reported sexual abuse. Four targeted inmates sampled during this audit confirmed reporting sexual abuse. In contrast, a fifth inmate reported an incident of sexual abuse during this reporting period, but no evidence was found to support the information obtained from this randomly selected inmate. Noteworthy: The fifth inmate indicated that he heard voices of females raping him and live-streaming the rape. He also stated that he was not taking his medication, and that could be a factor in his belief that the sexual abuse was an actual incident or a figment of his imagination.

#### **Documentation Review**

Documentation of any protective measures taken. This Auditor examined investigations that included retaliation monitoring documents (6), which refer to 115.67 (c). Evidence of one retaliation monitoring document could not be located by the facility.

**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 or program changes, and 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 IDOC confirmed during this reporting period that 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 any changes may suggest possible retaliation by inmates or staff.

115.67 (c)-2 IDOC confirmed during this reporting period that the length of time that

the agency/facility monitors the conduct or treatment: length of time that the agency/facility monitors the conduct or treatment: 90 days.

115.67 (c)-3 IDOC confirmed during this reporting period that the agency/facility acts promptly to remedy any such retaliation.

115.67 (c)-4 IDOC confirmed during this reporting period that the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

115.67 (c)-5 number of times an incident of retaliation occurred in the past 12 months: 0.

During this audit, the Auditor spoke with the Warden, who confirmed that in cases of sexual abuse or harassment, the facility would protect the victim—such as by relocating or transferring them—separate the victim and the perpetrator, begin an investigation, provide a SART during the process, refer the victim to external emotional support, and monitor for retaliation.

During this audit, the Auditor spoke with the Designated Staff Member Responsible for Monitoring Retaliation, who explained that signs of retaliation can include inmate disciplinary reports, housing changes, program adjustments, negative performance reviews, or staff reassignments. Monitoring also involved regular status updates. The behavior and treatment of inmate victims of abuse and staff who report abuse would be observed for at least 90 days, or longer if needed.

### **Documentation Review**

Documentation of monitoring efforts sampled. Documentation of reports of retaliation and the agency's response includes the following:

- 24-ISP-0012 Monitoring began on 1/18/24. Followed by a monitoring date of 3/1/24, 4/11/24, and 5/9/24, a total of 109 days. Noteworthy between 1/18/24 and 3/1/24, this Auditor found no evidence of retaliation monitoring.
- 24-ISP-0092 Monitoring began and ended on 10/7/24. Unfound.
- 24-ISP 0094: The report was initiated on 10/10/24, followed by a second request for protective custody. The narrative does not include a reason for the initial PC request. On 10/14/24, the inmate returns and reports an incident of sexual abuse. He reports a rape occurred on 10/10/24. The Auditor found no evidence of the initiation or termination of retaliation monitoring. This requires additional information to determine compliance.

### **115.67 (d): In the case of inmates, such monitoring shall also include periodic status checks.**

During this review, the Auditor spoke with a staff member responsible for monitoring retaliation. The retaliation monitor explained that signs of retaliation include inmate disciplinary reports, housing changes, program adjustments, negative performance reviews, or staff reassignments. Retaliation monitoring also involved regular status

updates. The oversight of inmate victims of abuse and staff who report abuse was conducted for at least 90 days and longer if needed.

An examination of the retaliation documents revealed that staff performed regular status checks. However, the retaliation monitoring practices did not comply with the standard. In the investigation sample following a sexual abuse claim, the retaliation monitor did not follow up on the report or continue monitoring for at least 90 days afterward. This issue requires corrective action. Refer to 115.67 (c).

**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 this audit, the Auditor discussed with the Agency Head. The Agency Head stated that victims of sexual abuse are separated from the alleged offender, possibly by moving them to a different room, dorm, or facility. Such involuntary segregation is only used as a last resort and for a limited time. Staff at each facility are tasked with monitoring the victim for a minimum of 90 days.

During this audit, the Auditor interviewed the Warden, who stated that if there are allegations of sexual abuse or harassment, the facility would respond by relocating or transferring the victim, separating them from the perpetrator, starting an investigation, involving a SART during the process, referring the victim to external emotional support services, and watching for retaliation.

**115.67 (f): IDOC confirmed during this reporting period that the agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.**

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section G. Protection Against Retaliation (effective 08/15/2024), pages 38-39.
3. Interviewed a random sample of inmates who reported sexual abuse (4).
4. Interviewed the Agency Head
5. Interviewed the Warden
6. Interviewed the Designated Staff Member Responsible for Monitoring Retaliation (1)
7. Examination of the retaliation documents (7).

**Corrective action:**

1. 115.67 (c): For at least 90 days after a report of sexual abuse, the agency must monitor the conduct and treatment of inmates or staff who reported the abuse, as well as inmates reported to have suffered sexual abuse.

This Auditor will continue to monitor the retaliation monitoring process to ensure compliance with this standard during the corrective action period.

	<ul style="list-style-type: none"> <li>• Retraining Standard</li> <li>• 115.67 evidence of retraining</li> </ul> <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 and corrective action, 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
	<b>Auditor Discussion</b>
	<p><b>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.</b></p> <p>115.68 (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.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section H. Post-Allegation Protective Custody (effective 08/15/2024), page 39, indicates that any use of restrictive housing to protect an incarcerated individual who is alleged to have suffered sexual abuse shall be subject to the requirements of 115.43 for adult facilities and 115.342 for DYS Facilities.</p> <p>During this audit, the Auditor spoke with the designated staff responsible for monitoring retaliation. They explained that signs of retaliation include inmate disciplinary reports, housing changes, program adjustments, negative performance reviews, and staff reassignments. The monitoring process also involved regular status checks. Behavior and treatment of inmate victims of abuse and staff who report abuse would be observed for at least 90 days, or longer if needed.</p> <p>Based on an examination of the retaliation documents, this Auditor confirmed that staff conducted periodic status checks. However, retaliation monitoring practices did not meet the requirements of this standard. Following an allegation of sexual abuse, the retaliation monitor in the investigations sample did not follow up on the report of sexual abuse or extend monitoring for at least 90 days after the report. Refer to Standard 115.67 (c).</p> <p>115.68 (a)-2 ISP confirmed that the number of inmates who are alleged 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.</p>

115.68 (a)-3 ISP confirmed during this audit that the number of inmates who are alleged to have suffered sexual abuse and were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement was zero.

115.68 (a)-4 ISP confirmed that 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 ISP confirmed during this audit that 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.

During the audit, the Auditor interviewed the Agency Head for this reporting period. The Agency Head stated that victims of sexual abuse are kept apart from the alleged abuser, which may involve relocating them to a different room, dorm, or facility. Involuntary separation is employed only as a last resort and is temporary. Staff at each facility are tasked with monitoring the victim for at least 90 days.

During the audit, the Auditor discussed with the Warden, who confirmed that in cases of sexual abuse or harassment allegations, the facility would safeguard the victim by relocating or transferring them, separating them from the perpetrator, starting an investigation, involving a SART during the process, referring the victim to external emotional support services, and monitoring for signs of retaliation.

During the audit, the Auditor spoke with Staff members overseeing inmates in segregated housing. The staff confirmed that inmates placed in restricted housing due to victimization risk still have access to certain programs, privileges, and education, though not employment. All restrictions on these activities are documented, including the reason, duration, and justification. The staff also verified that placements in restricted housing for victimization risk are reviewed every 30 days and are maintained only until an alternative separation from the abuser can be implemented, typically for less than 30 days.

Based on a site review and facility tour by the Auditor, which included restrictive living units and an informal conversation with inmates in the unit, no inmates were currently housed involuntarily in segregation for risk of sexual victimization.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section G. Protection Against Retaliation (effective 08/15/2024), pages 38-39.
3. Interviewed a random sample of inmates who reported sexual abuse (4).
4. Interviewed the Agency Head

	<ol style="list-style-type: none"> <li>5. Interviewed the Warden</li> <li>6. Interviewed the Designated Staff Member Responsible for Monitoring Retaliation (1)</li> <li>7. Interview with staff assigned to segregation (1)</li> <li>8. Examination of sexual abuse investigations to include, where applicable, retaliation documents.</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 and corrective action, 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>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>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.</b></p> <p>115.71 (a)-1 IDOC confirmed during this reporting period that the agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section X. Investigations: Subsection A., Criminal and Administrative, Indiana Department of Correction Investigations, pages 39-40.</p> <p>IDOC Policy 00-01-103 Investigations and Intelligence (effective 6/1/2022) pages 1-40.</p> <p>During an interview, the PREA investigator confirmed they received specialized training for conducting sexual abuse and harassment investigations within correctional facilities. Allegations can be submitted anonymously, by third parties, or internally, and are treated equally to direct reports from staff. The investigator also explained that investigations begin immediately upon notification of a PREA incident. The first response to an allegation involves protecting the victim and collecting evidence. Training covered topics like interviewing techniques for juvenile sexual abuse victims.</p> <ul style="list-style-type: none"> <li>• Proper use of Miranda and Garrity warnings.</li> <li>• Sexual abuse evidence collection in confinement settings.</li> <li>• DNA</li> </ul>

- Witness statements
- Video footage

Documentation review conducted by the Auditor included a sample of investigative records/reports for allegations of sexual abuse (7) or sexual harassment (1).

**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.**

Refer to 115.71 (a)-1.

**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.**

Refer to 115.71 (a)-1.

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

IDOC (Investigative Staff) confirmed that when they discover evidence that a prosecutable crime may have occurred, they may consult with prosecutors before conducting compelled interviews; however, IDOC employs correctional police officers who will work in cooperation with a prosecutor's office on prosecutable crimes.

#### **Documentation Review**

This Auditor reviewed a sample of (1) 23-ISP-0035 criminal and (7) administrative investigative reports. Investigative report 23-ISP-0035 occurred outside of this reporting period; thus, it is not included in the overall count for the review period.

**115.71 (e): The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. 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 this audit, the Auditor interviewed Investigative Staff. The staff member stated that the credibility of an alleged victim, suspect, or witness is determined by reviewing the evidence. Furthermore, there are no conditions that mandate an inmate claiming sexual abuse to undergo a polygraph test or truth-telling device to proceed with an investigation.



During this audit, the Auditor interviewed four inmates who reported sexual abuse. Interestingly, a fifth inmate, randomly selected, also claimed to have experienced sexual abuse. He stated that females were raping him and live-streaming the assaults. He also confirmed that he is under mental health care and taking medication for voices, but is currently refusing the medication. The Auditor found no evidence to support inmate #5's claim of sexual abuse.

**115.71 (f): IDOC confirmed during this reporting period that administrative investigations: (1) Include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) All investigations both criminal and administrative are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.**

During this audit, the Auditor interviewed an ISP Investigative Staff member. They explained the steps taken during an administrative investigation to assess if staff actions or omissions played a role in sexual abuse. The investigator confirmed that all allegation of sexual abuse and harassment (e.g., administrative or criminal) is documented in written reports, and incident reviews are carried out for all allegations, whether substantiated or not. These reports contain evidence like witness statements, physical evidence, DNA analysis, recordings, and forensic medical reports.

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

##### **RECORD STORAGE**

During the site review, the Auditor:

- Observed the physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) to determine if the area is secured (e.g., lock and key).
- Observed 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).

During informal discussions with ISP staff about accessing sensitive information—such as medical and mental health records, reports of sexual abuse and harassment—the Auditor noted that ISP uses password protections to safeguard sensitive PII. Access to physical medical files was restricted according to role and responsibility. Similarly, electronic access to the Delta System and investigation documents was limited by role and responsibility.

##### **Documentation Review**

The Auditor sampled seven administrative investigation reports. Zero were

substantiated—zero allegations 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 this audit, the Auditor interviewed an ISP Investigative Staff member. They explained the steps taken during an administrative investigation to assess if staff actions or omissions played a role in sexual abuse. The investigator confirmed that all allegation of sexual abuse and harassment (e.g., administrative or criminal) is documented in written reports, and incident reviews are carried out for all allegations, whether substantiated or not. These reports contain evidence like witness statements, physical evidence, DNA analysis, recordings, and forensic medical reports.

Investigation 24-ISP-0012 was prematurely discontinued by the agency. In this investigation, the agency did not ensure that the departure of an alleged abuser or victim from the employment or control of the agency did not provide a basis for terminating an investigation. This standard requires corrective action.

**115.71 (h): IDOC confirmed during this reporting period that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.**

**115.71 (h)-1 IDOC confirmed during this audit that substantiated allegations of conduct that appear to be criminal are referred for prosecution.**

**115.71 (h)-2 IDOC confirmed during this audit that the number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 1.**

During this audit, the Auditor examined one (1) case sample referred for prosecution, 23-ISP-0035. This incident occurred outside the reporting period and is not included in the overall count of allegations reported during this period. It is an example.

During this audit period, the Warden issued a memorandum regarding Standard 115.71 (h) dated 1/31/2025. The warden indicates that in the past 12 months, no referrals for prosecution about allegations of sexual abuse were made at Indiana State Prison.

**115.71 (i): IDOC confirmed during this reporting period that 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 IDOC confirmed during this reporting period that the agency retains all written reports about 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.

General Records Retention and Disposition Schedule for all State of Indiana Administrative Agencies, State Form 5 (R4/0-03) with final approval of 9/21/2011. The departmental collection center shall transfer the packet to the RECORDS CENTER after the packet is reviewed and prepared for storage. DESTROY ten (10) years after discharge, expiration of the sentence, or closing of the Department's interest in the case, and after SAMPLING by the STATE ARCHIVES DIVISION, COMMISSION ON PUBLIC RECORDS.

#### **Documentation Review**

Refer to 23-ISP-0035. This incident occurred outside the reporting period and is not included in the overall count of allegations reported during this period. It is an example.

**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 this audit, the Auditor interviewed an Investigative Staff (1) who confirmed during this audit that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

During this audit, the Auditor reviewed seven investigative reports that were either closed or concluded during investigations into sexual misconduct with an inmate. In one of the seven sampled investigations, the investigation was ended after the staff member was terminated. He also did not participate in the investigation and refused to return the investigators' calls. The incident was deemed unsubstantiated, and the employee's refusal to participate was a factor in that determination. This required corrective action.

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

An 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. Not applicable.**

During this reporting period, the Auditor interviewed the Warden. The Warden indicated that the agency does not utilize outside agencies to investigate allegations of sexual abuse.

During this reporting period, the Auditor interviewed the PREA Coordinator. The PC confirmed that the agency does not utilize outside agencies to investigate allegations

of sexual abuse.

During this reporting period, the Auditor interviewed the PREA Compliance Manager. The PCM confirmed that the agency does not utilize outside agencies to investigate allegations of sexual abuse.

During this reporting period, the Auditor interviewed Investigative Staff. Investigative Staff confirmed that the agency does not utilize outside agencies to investigate allegations of sexual abuse.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section X. Investigations: Subsection A., Criminal and Administrative Indiana Department of Correction Investigations, pages 39-40.
3. IDOC Policy 00-01-103 Investigations and Intelligence (effective 6/1/2022) pages 1-40.
4. Interview with an Investigative Staff (1)
5. Review of investigative reports (7) from this reporting period
6. Review of investigative reports (1) and archival; refer to 23-ISP-0035.
7. Review of investigation 24-ISP-0012.
8. Retention packet (archival) sample

**Corrective/Clarification Action:**

1. 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 this audit, the Auditor reviewed seven investigative reports from this reporting period that were either closed or concluded during investigations into sexual misconduct. In one of the seven sampled investigations, the investigation was terminated after the staff member was terminated. The staff member refused to participate in the investigation and did not return the investigators' calls. The incident was deemed unsubstantiated, and the employee's refusal to participate was a factor in the findings and determination. This required corrective action.

**Update:**

The PREA Coordinator stated that the staff member was terminated and assigned a no-rehire code. Investigative staff received retraining on Standard 115.71 and the necessity to conduct thorough investigations by exploring all options and questions. During this reporting period, zero cases were referred for prosecution. The PREA Coordination retrained the investigator associated with the investigation.

**Conclusion:**

The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance/non-compliance determination and the

	corrective action/clarification, the Auditor's analysis and reasoning, and the Auditor's conclusions.
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<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>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.</b></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 Standards for Administrative Investigations, page 40.</p> <p>During this audit, the Auditor interviewed Investigative Staff who explained that 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><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B. Evidentiary Standards for Administrative Investigations, page 40.</li> <li>3. Interviewed Investigative Staff (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>

<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>115.73 (a): Following an investigation into an inmate's allegation that he or</b>

**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.**

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.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Reporting to Incarcerated Individuals (effective 8/15/2024), pages 40-41.

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: 7.

115.73 (a)-3 Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of inmates who were notified, verbally or in writing, of the results of the investigation: 7.

During this audit, the Auditor interviewed the Warden. The Warden confirmed that the facility notifies all inmates who make an allegation of sexual abuse. The facility notifies an inmate who makes an allegation of sexual abuse when the allegation has been substantiated, unsubstantiated, or unfounded.

During this audit, the Auditor interviewed Investigative Staff. The staff member confirmed that the agency has a procedure that requires an inmate who makes an allegation of sexual abuse to be informed whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

During this audit, the Auditor interviewed a sample of targeted inmates who reported sexual abuse (4). Each inmate confirmed their understanding that IDOC/ISP is required to notify them when their sexual abuse allegation has been substantiated, unsubstantiated, or unfounded.

During this audit, the Auditor reviewed a sample of inmate notifications related to sexual abuse allegations. Examples of the notification process include a review of inmate notifications (5), such as:

- 24-ISP-0072
- 24-ISP-0092
- 24-ISP-0094
- 24-ISP-0012
- 25-ISP-0004

**Documentation Review**

1. A review of a sample of alleged sexual abuse investigations (7) completed by the agency.

**115.73 (b): If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.**

115.73 (b)-1 If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. Not applicable.

115.73 (b)-2 The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0.

The agency/facility is responsible for conducting administrative and criminal investigations.

115.73 (b)-3 Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0.

The agency/facility is responsible for conducting administrative and criminal investigations.

**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 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 IDOC/ISP confirmed that 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 related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Reporting to Incarcerated Individuals (effective 8/15/2024), pages 40-41.

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.

115.73 (c)-3 IDOC confirmed during this audit that 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 has been convicted of a charge related to sexual abuse within the facility.

**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:

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

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Reporting to Incarcerated Individuals (effective 8/15/2024), page 41.

During this audit, the Auditor interviewed four inmates who reported sexual abuse.

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

115.73 (e)-1 IDOC confirmed that the agency has a policy that all notifications to inmates described under this standard are documented.

115.73 (e)-2 In the past 12 months, the number of notifications to inmates that were provided pursuant to this standard: 7.

115.73 (e)-3 Of those notifications made in the past 12 months, the number that were documented: 7.

**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>This Auditor examined documentation of notifications to confirm the numbers provided in Standard 115.73 (e)-2 and 3.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Reporting to Incarcerated Individuals (effective 8/15/2024), pages 40-41.</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>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.76 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</b></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. Disciplinary Sanctions for Staff, Subsection A., Disciplinary Sanctions for Staff (effective 8/15/2024), pages 41-42, indicates that all staff shall be subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policies.</p> <p><b>115.76 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</b></p> <p>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.</p> <p>115.76 (b)-2 In the past 12 months, the number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.</p> <p><b>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</b></p>

**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.

IDOC Policy 04-03-103 Information and Standards of Conduct for Departmental Staff (effective 4/1/2024), pages 1-37. Section M. Fraternization: Contact beyond what is necessary to complete assigned responsibilities. Fraternization between staff and inmates includes contact between an employee and an inmate of either sex beyond what is needed to perform job duties, such as but not limited to: romantic relationships; sexual activities; having an inmate work or provide services to an employee without approval from Policy 04-06-102; living with an inmate; gossiping with an inmate; or having contact with an inmate's family beyond the scope of assigned duties.

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.

During this reporting period, the Auditor interviewed an investigator who confirmed that substantiated staff PREA-related investigations would be sent to the prosecutor's office for prosecution. The investigator also stated that there were no substantiated allegations of sexual abuse involving staff during this period.

**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.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section XI. Disciplinary Sanctions for Staff, Subsection A, Disciplinary Sanctions for Staff (effective August 15, 2024), page 42, indicates that 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. These referrals will be documented.

115.76 (d)-2 In the past 12 months, the number of staff from the facility who have

	<p>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><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"><li>1. Pre-audit questionnaire</li><li>2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section XI. Disciplinary Sanctions for Staff, Subsection A., Disciplinary Sanctions for Staff (effective 8/15/2024), pages 41-42.</li><li>3. IDOC Policy 04-03-103 Information and Standards of Conduct for Departmental Staff (effective 4/1/2024), pages 1-37.</li><li>4. Examination of staff PREA-related investigations substantiated as a result of the findings.</li><li>5. Examination of sample records of terminations, resignations, or other sanctions for violation of sexual abuse or sexual harassment policies.</li><li>6. Interview with an investigator.</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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115.77	Corrective action for contractors and volunteers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>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.</b></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.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B. Corrective Action for Contractors and Volunteers (effective 8/15/2024), pages 42.</p> <p>115.77 (a)-2 IDOC confirmed during this reporting period that the Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B. Corrective Action for</p>

	<p>Contractors and Volunteers (effective 8/15/2024), pages 42.</p> <p>115.77 (a)-3 ISP indicates that in the past 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.</p> <p>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.</p> <p>During this reporting period, and upon examination, the Auditor confirmed that zero investigations were substantiated; therefore, the number of contractors and volunteers reported to law enforcement for engaging in sexual abuse was zero.</p> <p><b>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.</b></p> <p>115.77 (b)-1 During this audit, ISP confirmed that 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. Not applicable during this reporting period.</p> <p>During this audit, the Auditor interviewed the Warden. In the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, ISP would prohibit "gate close" access to the facility and prohibit further contact with the inmate.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B. Corrective Action for Contractors and Volunteers (effective 8/15/2024), pages 42.</li> <li>3. Interview with the Warden</li> <li>4. Review of investigations (7).</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**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.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 8/15/2024), pages 42-43. Inmates shall be subject to disciplinary sanctions under 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.

IDOC Policy 02-04-101 The Disciplinary Code for Adult Offenders (effective 3/1/2020), pages 1-56.

IDOC Policy 02-04-101 The Disciplinary Code for Adult Offenders (effective 3/1/2020), page 38.

IDOC Adult Disciplinary Process, Appendix I: Major Offenses (effective 3/1/2020).

- Sample: Conduct a report.

115.78 (a)-2 IDOC confirmed during this reporting period that 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.

IDOC Policy 02-04-101 The Disciplinary Code for Adult Offenders (effective 3/1/2020), pages 1-56.

IDOC Policy 02-04-101 The Disciplinary Code for Adult Offenders (effective 3/1/2020), page 38, indicates that in determining the appropriate sanction for an inmate found guilty of a disciplinary offense, a staff person may consider aggravating or mitigating factors such as:

- Disciplinary history
- Mental health status
- Previously found guilty of the same or similar offense, and if so, how often
- Whether the violation created a risk of severe disruption at the facility, or whether the violation created a risk of serious injury to another person
- Whether the inmate was aware that his/her actions were an offense when the offense was committed
- Whether the offense created a risk to the safety and security of the facility, a staff person, an inmate, or the community

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): IDOC confirmed that 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 this reporting period, the Auditor interviewed the Warden. The Warden stated that disciplinary sanctions for inmates following an administrative or criminal finding of inmate-on-inmate sexual abuse are governed by IDOC Policy 02-04-101, The Disciplinary Code for Adult Offenders, effective as of 3/1/2020, covering pages 1-56.

The Warden confirmed that sanctions are proportionate to the severity and context of the abuses, with consideration given to any mental disability or mental illness history when deciding sanctions. Additionally, sanctions are aligned with the seriousness and specifics of the violation.

Refer to 115.78 (a)-4. Documentation Review: Investigative reports. Zero allegation of sexual abuse was substantiated.

**115.78 (c): IDOC confirmed that 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.**

During this reporting period, the Auditor interviewed the Warden. The Warden clarified that disciplinary sanctions for inmates after an administrative or criminal determination of inmate-on-inmate sexual abuse are based on IDOC Policy 02-04-101, The Disciplinary Code for Adult Offenders (effective 3/1/2020), covering pages 1-56. They confirmed that sanctions are scaled to match the nature and circumstances of the abuse, with consideration of any mental disability or mental illness history when assigning sanctions. Additionally, sanctions are aligned with the severity and specifics of the violation.

IDOC Policy 02-04-101 The Disciplinary Code for Adult Offenders (effective 3/1/2020), page 38, indicates that in determining the appropriate sanction for an inmate found guilty of a disciplinary offense, a staff person may consider aggravating or mitigating factors such as:

- Disciplinary history
- Mental health status
- Previously found guilty of the same or similar offense, and if so, how often
- Whether the violation created a risk of severe disruption at the facility, or whether the violation created a risk of serious injury to another person
- Whether the inmate was aware that his/her actions were an offense when the offense was committed

- Whether the offense created a risk to the safety and security of the facility, a staff person, an inmate, or the community

**115.78 (d): IDOC/ISP confirms that 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 ISP confirmed that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

115.78 (d)-2 ISP confirmed that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, and the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

During this audit, the Auditor interviewed a mental health practitioner who verified that the facility provides therapy, counseling, or intervention services aimed at addressing the root causes of sexual abuse. They also consider offering these services to the offending inmate. Participation in these services would not be a prerequisite for accessing other programs or benefits.

During this audit, the Auditor interviewed a medical practitioner. The practitioner confirmed that mental health services include therapy, counseling, or other interventions aimed at addressing and correcting the underlying reasons or motivations for sexual abuse, and they are considering offering these services to the offending inmate. The inmate's participation in these services would not be a condition for access to programming or other benefits.

**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 IDOC confirmed during this reporting period that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

During this reporting period and on examination, this Auditor found no instances of discipline of inmates for sexual contact with staff upon a finding that the staff member did not consent to such contact.

**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 IDOC confirmed during this reporting period that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

IDOC Policy 02-04-101 The Disciplinary Code for Adult Offenders (effective 3/1/2020), page 38.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 8/15/2024), pages 42-43.

**115.78 (g): IDOC confirmed that the 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.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 8/15/2024), pages 1-43.

- Refer to the IDOC Adult Disciplinary Process Brochure
- Major Offenses
  - Class A 114 Sexual Act with a Visitor
  - Class A 115 Nonconsensual Sexual Act
  - Class B 205 Abusive Sexual Contact with a Visitor
  - Class B 206 Abusive Sexual Contact with Another Inmate
  - Class B 216 Sexual Conduct
  - Class C 302 Sexual Harassment

A review of the evidence provided by ISP is not relevant for this standard. The Consensual Conduct Report document is a reflection of disciplinary action taken against an inmate for sexual misconduct, such as intentional masturbation in view of ISP.

115.78 (g)-2 IDOC confirmed during this reporting period that 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.

- Refer to 115.78 (g)-1, IDOC Adult Disciplinary Process Brochure.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Indiana Department of Corrections, Adult Disciplinary Process, Appendix I: Offenses (effective 3/01/2020), pages 1-8.
3. IDOC Policy 02-04-101 The Disciplinary Code for Adult Offenders (effective 3/



	<p>1/2020), page 38.</p> <ol style="list-style-type: none"> <li>4. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 8/15/2024), pages 1-43.</li> <li>5. IDOC Adult Disciplinary Process Brochure.</li> <li>6. Interview with a medical practitioner</li> <li>7. Interview with a mental health practitioner</li> <li>8. Documentation Review: Investigative reports (7).</li> <li>9. Letter from the Warden regarding this standard dated 1/31/2025.</li> <li>10. IDOC Adult Disciplinary Process, Appendix I: Major Offenses (effective 3/1/2020).</li> </ol> <p><b>Clarification:</b></p> <ol style="list-style-type: none"> <li>1. 115.78 (g)-1, purpose of the Consensual Report. The report contrasts with the investigations reviewed by the Auditor.</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, as well as clarification or corrective actions, the Auditor’s analysis and reasoning, and the Auditor’s conclusions.</p>
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<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>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.</b></p> <p>115.81 (a)-1 ISP confirmed during this audit that 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.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section XII. Medical and Mental Health Care, Subsection A. Medical and Behavioral Health Screenings/History of Sexual Abuse (effective 8/15/2024), page 44. 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 within 14 days</p>

115.81 (a)-2 ISP confirmed during this audit that the follow-up meeting was offered within 14 days of the intake screening.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section XII. Medical and Mental Health Care, Subsection A. Medical and Behavioral Health Screenings/History of Sexual Abuse (effective 8/15/2024), page 44. 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 within 14 days

115.81 (a)-3 In the past 12 months, the percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 100.

115.81 (a)-4 ISP confirmed during this audit that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

Inmates who disclosed sexual Victimization at risk screening reported that staff asked if they wanted to meet with a mental health practitioner. A review of 5 referrals completed by the facility confirms that the timing met the compliance Standard 115.81 (a)-4.

During this audit, the Auditor interviewed the Staff Responsible for Risk Screening. The staff member confirmed that if a risk screening indicates that an inmate has experienced prior sexual victimization or has a history of perpetration of sexual abuse, whether in an institutional setting or in the community, the facility would offer a follow-up meeting with a mental health practitioner within 14 days of the inmate's arrival.

**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 ISP is a prison. ISP confirmed during this audit that 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.

Refer to 115.81(a)-4. From intake documents and staff referrals (5) for medical services, the Auditor determined that inmates sampled with a history of prior abusiveness had medical referrals completed. The inmates from the documents sampled were offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

115.81 (b)-2 ISP confirmed during this audit that, where applicable, a follow-up meeting was offered within 14 days of the intake screening.

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: 100.

115.81 (b)-4 Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

**115.81 (c): See 115.81(a).**

During this audit, the Auditor interviewed the Staff Responsible for Risk Screening. The staff member indicated that if a screening indicates that an inmate has previously committed sexual abuse, they are offered a follow-up meeting with a mental health professional within 14 days. Typically, a meeting is offered the same day or the next day.

**Documentation Review**

From a review of a sample of intake and medical referral for services (5). The referrals were offered within 72 hours of arrival.

**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 ISP confirmed that information related to sexual victimization or abuse that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section XII. Medical and Mental Health Care, Subsection A. Medical and Behavioral Health Screenings/History of Sexual Abuse (effective 8/15/2024), page 44. 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 within 14 days.

115.81 (d)-2 ISP indicates that if information is shared with other staff, it 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.

**PREA Audit Site Review**

**RECORD STORAGE**

During the site review, the Auditor:

- Observed the physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g.,

risk screening information, medical records, sexual abuse allegations) to determine if the area is secured (e.g., lock and key).

- Observed 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).
- Conducted informal conversations with staff regarding access to secure information, including medical and mental health files, sexual abuse and sexual harassment reports, etc. (e.g., where, how, and security of information is stored electronically and in hard copy, specifically who has access and how access is restricted).

**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 ISP confirmed during this audit that 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.

- PREA Duty to Report, Medical and Mental Health Staff. To inform inmates of the IDOC reporting requirements and acknowledgement.
- Delta screen

During this audit, the Auditor interviewed a medical and mental health practitioner. Each confirmed that all inmates are required to read or acknowledge the Duty to Report Form before receiving medical services at ISP.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section XII. Medical and Mental Health Care, Subsection A. Medical and Behavioral Health Screenings/ History of Sexual Abuse (effective 8/15/2024), page 44.
3. PREA Audit Site Review
4. Documentation Review
5. PREA Duty to Report, Medical and Mental Health Staff. To inform inmates of the IDOC reporting requirements and acknowledgement.
6. Interview with a medical practitioner (1)
7. Interview with a mental health practitioner (1)
8. Interview with Staff Responsible for Risk Screening (1)

**Conclusion:**

	<p>The narrative above includes a comprehensive discussion of all the evidence used in making the compliance or non-compliance determination, as well as any corrective action required to meet this standard. It also includes the Auditor’s analysis and reasoning, along with 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><b>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.</b></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 Behavioral Health Services (8/15/2024), pages 44-45.</p> <p>115.82 (a)-2 IDOC confirmed during this audit period that medical and mental health practitioners determine the nature and scope of such services according to their professional judgment.</p> <p>From the investigative document, this Auditor determined that in one instance, ISP delayed a medical order to transport an inmate to a local hospital for a forensic examination. The investigation was ongoing when the inmate recanted less than 24 hours later (24-ISP-0092). Corrective Action is required.</p> <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. (Such documentation is not required by the Standard, but may be helpful to review during the audit.)</p> <p><b>115.82 (b): If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.</b></p> <p><b>115.82 (c): Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency</b></p>

	<p><b>contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</b></p> <p>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.</p> <p><b>115.82 (d): Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</b></p> <p>115.82 (d)-1 Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B. Access to Emergency Medical and Behavioral Health Services (8/15/2024), pages 44-45.</li> <li>3. Interview with a medical practitioner</li> <li>4. Interview with a mental health practitioner</li> <li>5. Interview with Inmates who Reported a Sexual Abuse</li> </ol> <p><b>Corrective Action:</b></p> <ol style="list-style-type: none"> <li>1. 115.82 (a)-2 The PREA Coordinator will re-train the investigator, medical, and other principals associated with the incident. The PC will provide the Auditor with evidence of the training.</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence used in making the compliance or non-compliance determination, as well as any corrective action required to meet this standard. It also includes the Auditor's analysis and reasoning, along with 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>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**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.**

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.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Ongoing Medical and Behavioral Health Care for Sexual Abuse Victims and Abusers (8/15/2024), page 45 indicates that 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.

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.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Ongoing Medical and Behavioral Health Care for Sexual Abuse Victims and Abusers (8/15/2024), page 45, regarding the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

During this audit, the Auditor interviewed a medical practitioner. The medical practitioner explained that from a physical health perspective, the practitioner would triage and treat serious life-threatening injuries, stabilize the victim, and then prepare the victim for transport to a local hospital for a SANE forensic examination. The practitioner would follow up on hospital-issued orders, including lab work, medications, treatment plans, and referrals for other services.

- Sample referral for mental health treatment, John Doe 24-ISP-0083
- Sample mental health refusal of treatment, John Doe 24-ISP-0083

During the audit, the Auditor interviewed a mental health practitioner. The mental health practitioner confirmed that ISP practitioners offer 6 months of clinically appropriate individual counseling, including trauma-focused and solution-oriented crisis intervention and emotional support as needed.

During this audit, the Auditor interviewed inmates who reported sexual abuse (4). A fifth inmate was interviewed initially as a random selection. He indicated that he reported sexual abuse, being rapes by voices of females who were live-streaming the incidents. This Auditor found no evidence to support his allegations. The same inmate stated that he was a mental health patient, but was refusing to take medications to address his mental illnesses. This Auditor considered this inmate an outlier.

**115.83 (c): The facility shall provide such victims with medical and**

**mental health services consistent with the community level of care.**

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Ongoing Medical and Behavioral Health Care for Sexual Abuse Victims and Abusers (8/15/2024), page 45, the facility shall provide such victims with medical and mental health services consistent with the community level of care.

During this audit, the Auditor interviewed a medical and mental health practitioner separately. Each practitioner confirmed that the facility provides medical and mental health services to such victims consistent with the community level of care.

Sample of medical records or secondary documentation that demonstrates victims receive medical and mental health services consistent with the community level of care.

- Sample referral for mental health treatment, John Doe 24-ISP-0083
- Sample mental health refusal of treatment, John Doe 24-ISP-0083

**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 abuse vaginal penetration while incarcerated are offered pregnancy tests. Not applicable.

- Letter from the Warden regarding the placement of a female inmate at ISP. The memorandum dated 1/31/25 indicates that ISP is an adult male prison that houses male inmates.

**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. Not applicable.**

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.

**Documentation Review**

Documentation that victims received timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services commensurate with the community level of care.

- Letter from the Warden regarding the placement of a female inmate at ISP. The memorandum dated 1/31/25 indicates that ISP is an adult male prison that houses male inmates.
- Refer to 115.83 (c).



**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.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Ongoing Medical and Behavioral Health Care for Sexual Abuse Victims and Abusers (8/15/2024), page 45, inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

During this audit, the Auditor interviewed inmates who reported sexual abuse (4). Records for this reporting period indicate that two inmates were transported to a local hospital for a SANE exam. A medical practitioner ordered a third inmate to be transported to a local hospital for a SANE examination. However, the inmate recanted, and he was not taken to a hospital for a SANE examination. Medical records indicate that the inmate was treated at the facility for non-life-threatening injuries. But he was not transported to a hospital before recanting his allegation. This requires corrective action, which has been addressed in Standard 115.82.

- Refer to 115.83 (c) for a sample of medical records or secondary documentation that demonstrates victims were offered tests for sexually transmitted infections as medically appropriate.
- See 115.71 - Incident 24-ISP-0012 and 25-ISP-0004 (SANE)

**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**

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.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Ongoing Medical and Behavioral Health Care for Sexual Abuse Victims and Abusers (8/15/2024), page 45, 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.

During this audit, the Auditor interviewed inmates who reported sexual abuse (4). Records for this reporting period indicate that two (2) inmates were transported to a local hospital for a SANE exam. A medical practitioner ordered a third inmate to be transported to a local hospital for a SANE examination. However, the inmate recanted, and he was not taken to a hospital for a SANE examination. Medical records indicate that the inmate was treated at the facility for non-life-threatening injuries. But he was not transported to a hospital before recanting his allegation. This requires corrective action, which has been addressed in the appropriate standard.

- See 115.71 - Incident 24-ISP-0012 and -0004 (SANE)

**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.**

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. It offers treatment when deemed appropriate by mental health practitioners.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Ongoing Medical and Behavioral Health Care for Sexual Abuse Victims and Abusers (8/15/2024), page 45, all IDOC facilities shall 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.

- ISP is a prison according to the PAQ

During this audit, the Auditor interviewed a mental health practitioner. The practitioner confirmed that mental health practitioners conduct a mental health evaluation of all known inmate abusers and offer treatment if appropriate, after learning about the abuse history of such an inmate. Typically, the assessment is conducted within 60 days.

#### **Documentation Review**

- Mental health records or secondary documentation that demonstrate evaluations of inmate-on-inmate abusers.
- Refer to 115.83 (c).

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

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Ongoing Medical and Behavioral Health Care for Sexual Abuse Victims and Abusers (8/15/2024), page 45.
3. Interview with a medical practitioner
4. Interview with a mental practitioner
5. Interview with inmates who reported sexual abuse (4)
6. Examination of supporting documents
7. Sample mental health follow-up by a medical practitioner
8. Sample of mental health for treatment refusal

#### **Conclusion:**

The narrative above includes a comprehensive discussion of all the evidence used to

	make the compliance or non-compliance determination, as well as any corrective action required to meet this standard. It also includes the Auditor's analysis and reasoning, along with the Auditor's conclusions.
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<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>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.</b></p> <p>115.86 (a)-1 The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section XIII. Sexual Abuse Incident Reviews, Subsection A. Sexual Abuse Incident Reviews (effective 8/15/2024), page 46. The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.</p> <ul style="list-style-type: none"> <li>• 24-ISP-0012 has an incident date of 1/15/24, which is outside of the 12-month date review period. ISP audit dates were June 2-4, 2025.</li> <li>• 25-ISP-0004 has an incident date of 1/08/25; ISP audit dates were June 2-4, 2025.</li> <li>• 24-ISP-0072 has an incident date of 7/29/24; ISP audit dates were June 2-4, 2025.</li> </ul> <p>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: 2.</p> <ul style="list-style-type: none"> <li>• 24-ISP-0012 has an incident date of 1/15/24, which is outside of the 12-month date review period. ISP audit dates were June 2-4, 2025.</li> <li>• 25-ISP-0004 has an incident date of 1/08/25; ISP audit dates were June 2-4, 2025.</li> <li>• 24-ISP-0072 has an incident date of 7/29/24; ISP audit dates were June 2-4, 2025.</li> </ul> <p><b>115.86 (b): Such review shall ordinarily occur within 30 days of the conclusion of the investigation.</b></p>

115.86 (b)-1 ISP confirmed during this audit that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section XIII. Sexual Abuse Incident Reviews, Subsection A. Sexual Abuse Incident Reviews (effective 8/15/2024), page 46. The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

During this audit, the Auditor interviewed the Warden. The Warden confirmed that the facility conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

During this audit, the Auditor reviewed the documentation of the review team's minutes and incident reports for this facility. (7)

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: 2.

Refer to 115.86 (b)-1.

**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 ISP confirmed that 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.

During this audit, the Auditor interviewed the Warden. The Warden confirmed that the facility has a Sexual Abuse Incident Review Team, which conducts PREA Committee Incident Reviews involving upper-level management officials and allows input from line supervisors, investigators, and medical or mental health practitioners.

- PREA Committee Meeting Minutes, Indiana State Prison, date 9/24/2024
- PREA Committee Meeting Minutes, Indiana State Prison, date 4/25/2025

Staff present for the meeting included staff members such as:

- Caseworker Manager
- Lead Investigator
- Warden/Deputy Warden
- Major
- PCM
- PREA Coordinator
- Medical practitioner

- Teacher
- Nurse administrator

**115.86 (d): ISP confirmed during this audit that 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 ISP confirmed that 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.

- PREA Committee Meeting Minutes, Indiana State Prison, date 9/24/2024
- PREA Committee Meeting Minutes, Indiana State Prison, date 4/25/2025

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

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

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section XIII. Sexual Abuse Incident Reviews, Subsection A. Sexual Abuse Incident Reviews (effective 8/15/2024), page 46.
3. Examination of documentation of completed criminal or administrative investigations of sexual abuse (8). Including incidents outside of the 12-month date range. Including incidents outside of the 12-month date range.
4. Examination of documentation of completed incident reviews for the review period (2).

	<p>5. Examination of sexual abuse incidents for the review period (Prior 12 months)</p> <p>6. Interview with the Warden.</p> <p>7. Interview with the PREA Compliance Manager.</p> <p>8. Interview with the Incident Review Team (1).</p> <p><b>Conclusion:</b></p> <p>The narrative includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor’s analysis and reasoning, and the Auditor’s conclusions.</p>
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115.87	Data collection
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.87 (a): IDOC confirmed during this reporting period that 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.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B. Data Collection (effective 8/15/24) page 47.</p> <ul style="list-style-type: none"> <li>• Delta Reporting App (data collection instrument)</li> <li>• Sample Special Incident Report</li> <li>• ISP 2022 Sexual Assault Prevention Annual Report (Standard 115.88 (a))</li> <li>• ISP 2023 Sexual Assault Prevention Annual Report (Standard 115.88 (a))</li> <li>• ISP 2024 Sexual Assault Prevention Annual Report (Standard 115.88 (a))</li> <li>• ISP Sexual Abuse Prevention Program Annual Report</li> </ul> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section III Definitions (effective 8/15/2024), page 52. 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 (b): The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p>115.87 (b)-1 IDOC confirmed during this audit that the agency aggregates the incident-based sexual abuse data at least annually.</p>

This Auditor examined samples of aggregated data from the IDOC website to confirm that the agency aggregates the incident-based sexual abuse data at least annually.

- Survey of Sexual Violence conducted by the Department of Justice

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.

115.87 (c)-1 IDOC confirmed during this audit that the agency uses a standardized instrument that 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.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B. Data Collection (effective 8/15/24) page 47.

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.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B. Data Collection (effective 8/15/24) page 47.

115.87 (d)-1 IDOC confirmed during this audit that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B. Data Collection (effective 8/15/24) page 47.

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 IDOC confirmed that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B. Data Collection (effective 8/15/24) page 47.

115.87 (e)-2 IDOC confirmed during this audit that the data from private facilities complies with SSV reporting regarding content.

- Survey of Sexual Violence conducted by the Department of Justice

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 IDOC confirmed during this audit that the agency provides the

	<p>Department of Justice (DOJ) with data from the previous calendar year upon request.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"><li>1. Pre-audit questionnaire</li><li>2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section XIII. Sexual Abuse Incident Reviews, Subsection A. Sexual Abuse Incident Reviews (effective 8/ 15/2024), page 46.</li><li>3. Examined samples of aggregated data from the IDOC website to confirm that the agency aggregates the incident-based sexual abuse data at least annually.</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>115.88</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 IDOC confirmed during this audit that the agency reviews data collected and aggregated pursuant to §115.87 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>• Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</li></ul> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Data Review for</p>



Corrective Action (effective 8/15/2024), pages 47- 48.

- ISP 2022 Sexual Assault Prevention Annual Report (Standard 115.88 (a))
- ISP 2023 Sexual Assault Prevention Annual Report (Standard 115.88 (a))
- ISP 2024 Sexual Assault Prevention Annual Report (Standard 115.88 (a))
- ISP Sexual Abuse Prevention Program Annual Report

This Auditor examined the IDOC 2024 Sexual Abuse Prevention Program Annual Report, which included:

- A summary of 2024 SIR data
- Comparison of current and data from two prior years (2023,2022,2024)
- Problems identified and corrective actions taken by the applicable facility
- Continued facility needs for PREA Compliance
- Summary

During this reporting period, the Auditor interviewed the Agency Head. He explained that the agency uses incident-based sexual abuse data to assess and improve prevention, detection, response policies, practices, and training by identifying problem areas and implementing corrective actions when needed. Comparing current SIR data with data from the past two years helps managers recognize trends and develop corrective measures to address any negative patterns identified in the report.

During this reporting period, the Auditor interviewed the agency's PREA Coordinator/ Director. The agency prepares an annual report based on its data. He confirmed that the agency reviews data collected and aggregated according to 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. All data collected and aggregated by the agency is sent to him at least once a year. The data is collected and stored on a password-protected electronic platform with limited access. IDOC follows a retention schedule that complies with PREA standards. As the PREA Coordinator, he is responsible for overall PREA compliance along with each facility's PREA Compliance Manager. The agency regularly takes corrective actions as needed based on this data.

During this audit, the Auditor interviewed the PREA Compliance Manager. The PCM confirmed that the facility and the agency review the data collected and aggregated under 115.87 to evaluate and enhance the effectiveness of their sexual abuse prevention, detection, and response policies and training. The PCM states that their role is to prepare an annual report for the Warden and the PREA Coordinator, using the facility's data to identify trends and determine if any corrective actions are needed.

- The Auditor reviewed additional documentation of corrective action plans from the previous two years.

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 IDOC confirmed that the annual report includes a comparison of the current year's data and corrective actions with those from prior years.

- ISP 2022 Sexual Assault Prevention Annual Report (Standard 115.88 (a))
- ISP 2023 Sexual Assault Prevention Annual Report (Standard 115.88 (a))
- ISP 2024 Sexual Assault Prevention Annual Report (Standard 115.88 (a))
- ISP Sexual Abuse Prevention Program Annual Report

115.88 (b)-2 IDOC confirmed during this audit that the annual report provides an assessment of the agency's progress in addressing sexual abuse.

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 IDOC confirmed that the agency makes its annual report readily available to the public at least annually through its website.

Upon examination, this Auditor confirmed that IDOC makes its annual report readily available to the public on its website.

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.

During this reporting period, the Auditor interviewed the Agency Head. The Agency Head confirmed that he reviews the annual reports before they are posted on the agency's official website.

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 According to the PREA Coordinator, when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

115.88 (d)-2 IDOC confirmed during this reporting period that the agency indicates the nature of material redacted.

IDOC confirmed during this audit that the agency would indicate the nature of any material redaction.

During this reporting period, the Auditor interviewed the PREA Coordinator. The PREA Coordinator explained that the types of material typically redacted from the annual report include PII and other sensitive information. If such information is redacted, the

	<p>agency would indicate the nature of the redaction.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"><li>1. Pre-audit questionnaire</li><li>2. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section C. Data Review for Corrective Action (effective 8/15/2024), pages 47- 48.</li><li>3. Interviewed the PREA Coordinator</li><li>4. Interview with the PREA Compliance Manager</li><li>5. Interview with the Agency Head</li><li>6. ISP 2022 Sexual Assault Prevention Annual Report (Standard 115.88 (a))</li><li>7. ISP 2023 Sexual Assault Prevention Annual Report (Standard 115.88 (a))</li><li>8. ISP 2024 Sexual Assault Prevention Annual Report (Standard 115.88 (a))</li><li>9. ISP Sexual Abuse Prevention Program Annual Report</li><li>10. Website search</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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115.89	Data storage, publication, and destruction
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.89 (a): The agency shall ensure that data collected pursuant to 115.87 are securely retained.</p> <p>115.89 (a)-1 IDOC confirmed during this audit that the agency ensures that incident-based and aggregated data are securely retained.</p> <p>IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D. Data Storage, Publication, and Destruction (effective 8/15/2024), page 48.</p> <p>During this audit, the Auditor spoke with the PREA Coordinator, who confirmed that the agency reviews data collected and aggregated under 115.87 to assess and improve its sexual abuse prevention, detection, and response policies and training. Data is safeguarded through encryption and individual passwords issued by the IT administrator, with access granted according to each person's role and responsibilities. The agency also takes ongoing corrective actions based on this data as needed.</p>

## **RECORD STORAGE**

During the site review, the Auditor:

Observed the physical storage area of any information/documentation collected and maintained in hard copy under the PREA Standards to determine if the area is secured (e.g., lock and key).

Observed electronic safeguards of any information/documentation collected and maintained electronically under the PREA Standards (e.g., risk screening information) to determine how access to the information is secured (e.g., password-protected, accessible only in certain areas, role-based security).

115.89 (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 D. Data Storage, Publication, and Destruction (effective 8/15/2024), page 48.

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

During this audit reporting period, this Auditor examined the agency's website to confirm that as stated in IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D. Data Storage, Publication, and Destruction (effective 8/15/2024), page 48, 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.

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.

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.

During this audit reporting period, this Auditor examined the agency's website to confirm that as stated in IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D. Data Storage, Publication, and Destruction (effective 8/15/2024), page 48 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. The PREA Coordinator confirmed that the agency maintains sexual abuse data collected under §115.87 for at least 10 years after the date of initial collection,

	<p>unless federal, state, or local law requires otherwise.</p> <p>115.89 (d): The agency shall 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.</p> <p>Refer to 115.89 (c)-2.</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. Record Storage</li> <li>4. IDOC Policy 02-01-115 Sexual Abuse Prevention, Section D. Data Storage, Publication, and Destruction (effective 8/15/2024), page 48</li> <li>5. Internet search</li> <li>6. Sample of publicly available sexual abuse data to check for identifiers</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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115.401	Frequency and scope of audits
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.401 (a): During the three years starting on August 20, 2013, and during each three years thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</p> <p>The Auditor confirmed that, during the three years starting on August 20, 2013, and during each subsequent three-year period, the IDOC ensured that each facility operated by the agency or by a private organization on its behalf was audited at least once.</p> <p>115.401 (b): During each one year 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.</p>

	<p>The Auditor confirmed that, during each year 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 its behalf is audited.</p> <p>115.401 (h): The auditor shall have access to, and shall observe, all areas of the audited facilities.</p> <p>The Auditor confirmed that she had access to, and shall observe, all areas of the audited facilities.</p> <p>115.401 (i): The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p>The Auditor confirmed she was permitted to request and obtain 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.</p> <p>The Auditor confirmed she was permitted to conduct private interviews with inmates.</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 confirmed during interviews with inmates that they were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Inmate interviews</li> <li>3. Facility tour and site review</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</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

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.

Through an internet search, the Auditor determined that the IDOC has published all Final Audit Reports on its agency website and made them publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT

**Evidence relied upon:**

1. Pre-audit questionnaire

**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.

**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>	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
<b>115.16 (a)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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 with inmates with disabilities including inmates who: Have intellectual disabilities?	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: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in	yes

	formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
<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 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
	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	yes

	U.S.C. 1997)?	
	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) 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) 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) 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) 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,	yes



	whichever is later.)	
<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.)	yes
	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.)	yes
<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)</b>	<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)</b>	<b>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)</b>	<b>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	yes

	inmates on how to avoid inappropriate relationships with inmates?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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	yes

	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)?	
<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 Garrity warnings? (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 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	yes

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
<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 suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<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.)	na

<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 screening instrument?	yes
<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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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) Whether the inmate is detained solely for civil immigration purposes?	yes
<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 information is not exploited to the inmate's detriment by staff or other inmates?	yes
<b>115.42 (a)</b>	<b>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	yes

	being sexually abusive, to inform: Work Assignments?	
	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)</b>	<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)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
<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) 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) 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 anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials	na

	and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	
<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 this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency	yes

	is exempt from this standard.)	
<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, 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.)	na
	Does the facility enable reasonable communication between	yes



	inmates and these organizations and agencies, in as confidential a manner as possible?	
<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 abuse or sexual harassment or retaliation?	yes
<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	yes

	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?	
<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 response to an incident of sexual abuse?	yes
<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	yes

	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?	
<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 sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	
	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 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).)	yes
	Does the agency conduct such investigations for all allegations,	yes

	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).)	
<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	na

	order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
<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 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?	yes



<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 evidence sufficient to substantiate the allegation?	yes
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does	yes

	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.)	
<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.)	yes
<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 sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
<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 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	yes

	has been determined to be unfounded?	
<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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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 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?	yes
<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>Frequency and scope of audits</b>	



<b>(b)</b>		
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<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 (f)</b>	<b>Audit contents and findings</b>	
	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	yes

	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.)	
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