PREA Facility Audit Report: Final

Name of Facility: LaPorte Juvenile Correctional Facility
Facility Type: Juvenile
Date Interim Report Submitted: 06/03/2026
Date Final Report Submitted: 07/08/2026

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:** 07/08/2026

AUDITOR INFORMATION	
Auditor name:	Love, Sonya
Email:	sonya.love57@outlook.com
Start Date of On-Site Audit:	04/23/2026
End Date of On-Site Audit:	04/24/2026

FACILITY INFORMATION	
Facility name:	LaPorte Juvenile Correctional Facility
Facility physical address:	2407 North 500 West, La Porte, Indiana - 46350
Facility mailing address:	

Primary Contact

Name:	Laura Poczik
Email Address:	lpoczik@idoc.in.gov
Telephone Number:	2194480711

Superintendent/Director/Administrator	
Name:	Christopher Dixson
Email Address:	cdixson@idoc.in.gov
Telephone Number:	260-330-4105

Facility PREA Compliance Manager	
Name:	Laura Poczik
Email Address:	lpoczik@idoc.in.gov
Telephone Number:	(219) 448-0711

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

Facility Characteristics	
Designed facility capacity:	62
Current population of facility:	36
Average daily population for the past 12 months:	40
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Women/girls

Age range of population:	13-18
Facility security levels/resident custody levels:	Low to High
Number of staff currently employed at the facility who may have contact with residents:	72
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	16
Number of volunteers who have contact with residents, currently authorized to enter the facility:	9

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

Agency Chief Executive Officer Information:	
Name:	Lloyd Arnold
Email Address:	LArnold@idoc.IN.gov
Telephone Number:	317-233-5541

Agency-Wide PREA Coordinator Information			
Name:	Matthew Bishir	**Email Address:**	mbishir@idoc.in.gov

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:	
43	
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:	2026-04-23
2. End date of the onsite portion of the audit:	2026-04-24

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Indiana Ombudsman's office

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	62
15. Average daily population for the past 12 months:	40
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) 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	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	36
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:	0
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:	20
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:	0
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:	0
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:	11
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:	1

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:	0
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:	2
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:	15
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:	0
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):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
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:	72
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:	9

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:	16
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:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	11
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The sample selection was based on the resident roster on the first day of the onsite portion of the audit, a list of vulnerable residents as identified by the PREA Compliance Manager, and medical and mental health practitioners. In addition, this Auditor conducted informal conversations with residents and staff and toured the facility.

43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No
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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	9
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".	
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	Confirmed through a medical professional, the PREA Compliance Manager, and the PREA Coordinator that this characteristic population is absent.
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:	6
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Confirmed through a medical professional, the PREA Compliance Manager, and the PREA Coordinator that this characteristic population is absent.
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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Confirmed through a medical professional, the PREA Compliance Manager, and the PREA Coordinator that this characteristic population is absent.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Confirmed through a case manager, intake officer, the PREA Compliance Manager, and the PREA Coordinator that this characteristic population was absent.
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:	1

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Confirmed through a medical professional, the PREA Compliance Manager, and the PREA Coordinator that this characteristic population is absent.
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:	2
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:	2
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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☑ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Confirmed through a medical professional, the PREA Compliance Manager, and the PREA Coordinator that this characteristic population is absent.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	This is a small facility with a limited number of vulnerable populations, based on the interview types as outlined in the juvenile table and the required number of resident interviews.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No

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):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	13
63. Were you able to interview the Agency Head?	○ Yes ◉ No
a. Explain why it was not possible to interview the Agency Head:	The agency head was ill. He delegated the interview to a member of upper management.
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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☐ Religious ☑ Other
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☑ Medical/dental ☑ Food service ☐ Maintenance/construction ☑ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	This is a small facility. Some custody staff function in multiple roles. Some contractors also function as IDOC staff.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
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)?	(●) Yes ( ) No
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)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

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).	No text provided.

Documentation Sampling

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

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?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	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
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	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
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	During the past 12-month period, this facility indicates zero allegations of sexual abuse or sexual harassment. Instead, this Auditor reviewed archival investigations.

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	During the past 12-month period, this facility indicates zero allegations of sexual abuse or sexual harassment. Instead, this Auditor reviewed archival investigations.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ◉ No ○ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	During the past 12-month period, this facility indicates zero allegations of sexual abuse or sexual harassment. Instead, this Auditor reviewed archival investigations.

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:	1

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
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
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.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator 115.311 (a): An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. 115.311 (a)-1 The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. IDOC Policy 02-01-115 IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025), pages 1-52. It is the policy of the Indiana Department of Correction to provide a safe and secure environment for all staff, volunteers, contractual staff, visitors, official visitors, and the incarcerated; and to maintain a program for the prevention of sexual abuse and sexual harassment in any facility operated by the Department or with which the Department contracts. The Department of Correction

	is committed to zero (0) tolerance for all forms of sexual abuse and sexual harassment between staff, volunteers, contractors, contractual staff, visitors, or official visitors and incarcerated individuals, whether committed by staff, volunteers, contractual staff, visitors, or other incarcerated individuals. Sexual activity between staff, volunteers, contractual staff, visitors, or official visitors and incarcerated individuals, whether consensual or not, is strictly prohibited. In cases where sexual abuse and sexual harassment have been alleged, a prompt and thorough investigation shall be conducted. In those cases where it appears that sexual abuse and sexual harassment have taken place, prompt intervention shall be provided and all appropriate disciplinary actions shall be taken, including the possibility of criminal prosecution. 115.311 (a)-2 Yes. 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 10/01/2025), pages 1-52. It is the policy of the Indiana Department of Correction to provide a safe and secure environment for all staff, volunteers, contractual staff, visitors, official visitors, and the incarcerated; and to maintain a program for the prevention of sexual abuse and sexual harassment in any facility operated by the Department or with which the Department contracts. The Department of Correction is committed to zero (0) tolerance for all forms of sexual abuse and sexual harassment between staff, volunteers, contractors, contractual staff, visitors, or official visitors and incarcerated individuals, whether committed by staff, volunteers, contractual staff, visitors, or other incarcerated individuals. Sexual activity between staff, volunteers, contractual staff, visitors, or official visitors and incarcerated individuals, whether consensual or not, is strictly prohibited. In cases where sexual abuse and sexual harassment have been alleged, a prompt and thorough investigation shall be conducted. In those cases where it appears that sexual abuse and sexual harassment have taken place, prompt intervention shall be provided and all appropriate disciplinary actions shall be taken, including the possibility of criminal prosecution. 115.311 (a)-3 Yes. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025), pages 2-3. By examination, this Auditor confirmed that the IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025), pages 2-3, includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. 115.311 (a)-4 Yes. The policy includes sanctions for those found to have participated in prohibited behaviors. By examination, this Auditor confirmed that IDOC Policy and Administrative Procedure, 03-02-101, Code of Conduct for Youth, Appendix 2, Major Violations and Responses (effective 4/01/2019), pages 1-5.

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

IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025), pages 1-52. It is the policy of the Indiana Department of Correction to provide a safe and secure environment for all staff, volunteers, contractual staff, visitors, official visitors, and the incarcerated; and to maintain a program for the prevention of sexual abuse and sexual harassment in any facility operated by the Department or with which the Department contracts. The Department of Correction is committed to zero (0) tolerance for all forms of sexual abuse and sexual harassment between staff, volunteers, contractors, contractual staff, visitors, or official visitors and incarcerated individuals, whether committed by staff, volunteers, contractual staff, visitors, or other incarcerated individuals. Sexual activity between staff, volunteers, contractual staff, visitors, or official visitors and incarcerated individuals, whether consensual or not, is strictly prohibited. In cases where sexual abuse and sexual harassment have been alleged, a prompt and thorough investigation shall be conducted. In those cases where it appears that sexual abuse and sexual harassment have taken place, prompt intervention shall be provided and all appropriate disciplinary actions shall be taken, including the possibility of criminal prosecution.

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

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

- See Organizational Chart
- See Organizational for the Indiana Department of Corrections/Investigations & Intelligence Division

115.311 (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.

115.311 (b)-3 Yes. The position of the PREA Coordinator in the agency's organizational structure.

See Standard 115.311 (b)-1.

During this reporting period, the Auditor interviewed the PREA Coordinator. The PREA Coordinator confirmed during his interview that he has sufficient time and authority to develop, implement, and oversee agency-wide efforts to comply with the PREA standards across all facilities. He is a direct report to the Director of the Investigations & Intelligence Division.

During this reporting period, the Auditor interviewed the PREA Coordinator, who described how he manages IDOC's efforts to meet PREA standards through training

	and policy and procedure updates. When issues occur, the PREA Coordinator reviews these policies and provides training, helping the facility make necessary changes to improve the sexual safety of both staff and youth. 115.311 (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. 115.311 (c)-1 Yes. The facility has designated a PREA Compliance Manager. 115.311 (c)-2 Yes. The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. 115.311 (c)-3 The position of the PREA Compliance Manager is in the agency's organizational structure. • Program Director/PREA Compliance Manager 115.311 (c)-4 The person to whom the PREA Compliance Manager reports: • Warden **Evidence Relied Upon:** 1. Pre-audit questionnaire 2. Interview with the PREA Coordinator 3. Interview with the PREA Compliance Manager 4. Examination of the IDOC Organizational Chart 2026 5. Examination of the Investigations & Intelligence Division Organizational Chart 2026 **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 recommendations where the facility does not meet the standard.

115.312	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.312 - Contracting with other entities for the confinement of residents

115.312 (a): A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

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

IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025), Section B. Contracting with Other Entities for the Confinement of Incarcerated Individuals, page 8.

Contracts (3)

- Lake County
- GEO NCCF – New Castle
- GEO HTCF - Lakeside

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

115.312 (a)-4 The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0.

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

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

115.312 (b)-2 On or after 20 August 2012, or since the last PREA audit, whichever is later, the number of contracts referenced in 115.312(a) DO NOT require the agency to monitor the contractor’s compliance with PREA Standards: 0.

During this audit, the Auditor interviewed the Agency’s Contract Administrator. The Agency’s Contract Administrator confirmed that the agency monitors all new and renewed contracts for confinement services to determine if the contractor complies with required practices. She also confirmed that PREA compliance results have been completed for each contracted facility entered into in the past 12 months.

Evidence Relied Upon:

1. Pre audit questionnaire
2. IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025), Section B. Contracting with Other Entities for the Confinement of Incarcerated Individuals, page 8.
3. Interview with the Contract Administrator

	4. Contracts (3) **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 recommendations where the facility does not meet the standard.

115.313	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.313 - Supervision and monitoring 115.313 (a): The agency shall ensure that each facility it operates develops, implements, and documents a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated); (6) The composition of the resident population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. 115.313 (a)-1 The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025), Section C. Supervision and Monitoring, pages 8-10. It is the policy of the Indiana Department of Correction to provide a safe and secure environment for all staff, volunteers, contractual staff, visitors, official visitors, and the incarcerated; and to maintain a program for the prevention of sexual abuse and sexual harassment in any facility operated by the Department or with which the Department contracts. The Department of Correction is committed to zero (0) tolerance for all forms of sexual abuse and sexual harassment between staff, volunteers, contractors, contractual staff, visitors, or official visitors and incarcerated individuals, whether committed by

staff, volunteers, contractual staff, visitors, or other incarcerated individuals. Sexual activity between staff, volunteers, contractual staff, visitors, or official visitors and incarcerated individuals, whether consensual or not, is strictly prohibited. In cases where sexual abuse and sexual harassment have been alleged, a prompt and thorough investigation shall be conducted. In those cases where it appears that sexual abuse and sexual harassment have taken place, prompt intervention shall be provided and all appropriate disciplinary actions shall be taken, including the possibility of criminal prosecution.

Staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented and include on security-trained staff (Division of Youth Services facilities only); and,

- LaPorte Staffing Plan
- LaPorte Staffing Plan Review

115.313 (a)-2 Yes. Since 20 August 2012, or the last PREA audit, whichever is later, the average daily resident population has been 49.

115.313 (a)-3 Since 20 August 2012, or the last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was 58.

During this audit, the Auditor interviewed the Warden. The Warden verified that the facility staffing plan exists as a formal, written document. Management routinely reviews the staffing plan to ensure it provides sufficient staffing levels in accordance with PREA standards, addresses security issues, and safeguards residents from sexual abuse. The plan also considers the facility's monitoring technology.

The PREA Coordinator confirmed that the facility staffing considers the following variables when assessing adequate staffing levels and the need for video monitoring, and explained how the facility's staffing plan is considered:

a. Generally accepted detention and correctional practices;

b. Any judicial findings of inadequacy;

c. Any findings of inadequacy from federal investigative agencies;

d. Any findings of inadequacy from internal or external oversight bodies;

e. All components of the facility’s physical plant (including "blind spots" or areas where staff or residents may be isolated);

f. The composition of the resident population;

g. The number and placement of supervisory staff;

h. Institution programs occurring on a particular shift;

i. Any applicable state or local laws, regulations, or standards;

j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

k. Any other relevant factors.

PREA Audit Site Review

SUPERVISION PRACTICES

During the site review, the Auditor evaluated the written staffing plan against certain observations to assess whether the plan properly addresses the facility's staffing and electronic monitoring needs with a focus on sexual safety, and to determine if the facility was staffed as outlined in the plan.

- Confirmed the number of staff, contractors, and volunteers present (including security and non-security staff) and staffing patterns during every shift,
- Housing units
- Programming, work, education, quiet rooms, and other areas
- In areas where sexual abuse is known to be more likely to occur, according to the staffing plan.
- Confirmed staffing ratios in the housing unit during waking hours and sleeping hours (staffing ratios refer to the minimum number of staff to residents to ensure the sexual safety of juveniles during waking and non-waking hours, as prescribed in §115.331(c)).
- Confirmed staffing ratios outside of the housing unit(s) during waking hours and sleeping hours.
- Observed the staff's line of sight to detect any blind spots.
- Confirmed that in room-confinement areas where residents cannot control or know whether their movement is observed (for example, by cameras or other surveillance), preventing residents from entering those spaces is monitored.
- Observe indirect supervision practices, including camera placement.
- Observe the monitoring room, including staffing rotation (i.e., how often the camera feed is monitored and by whom).

During the PREA facility tour, the Auditor determined that the facility complied with Standard 115.313 and its staffing plan.

During this audit, the Auditor interviewed the PREA Compliance Manager. The CPM confirms that, when assessing adequate staffing levels and the need for video monitoring, the staffing plan considers all 11 criteria (a-k) outlined in Standard 115.311(a).

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

115.313 (b)-1 Each time the staffing plan is not complied with, the facility

documents justify all deviations from the staffing plan.

- The staffing plan indicated a deviation.

During this audit, the Auditor interviewed the Warden. The Warden confirmed during this reporting period that no deviations from the staffing plan have occurred at the facility.

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

- The staffing plan indicated a deviation.

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

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

- The staffing plan indicated a deviation.
- Documentation of deviations from the staffing plan and written justifications for all such deviations were omitted. Corrective Action.

LAPORTE JUVENILE CORRECTIONAL FACILITY denies that the facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of at least 1:8 during resident waking hours and 1:16 during resident sleeping hours, according to the facility's PREA Compliance Manager.

115.313 (c)-2 Yes. During this audit, LAPORTE JUVENILE CORRECTIONAL FACILITY confirmed that the facility maintains staff ratios of a minimum of 1:8 during resident waking hours.

- See Standard 115.313 (b)-1.

115.313 (c)-3 No. During this audit, LAPORTE JUVENILE CORRECTIONAL FACILITY confirmed that the facility maintains staff ratios of a minimum of 1:16 during residents' sleeping hours.

- See Standard 115.313 (b)-1.

115.313 (c)-4 During this audit, LAPORTE JUVENILE CORRECTIONAL FACILITY

confirmed that in the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours was 0.

- **This is a reporting error. See Standard 115.313 (b)-1.**

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

During this audit, the Auditor interviewed the Warden. The Warden confirmed that the facility is not obligated by law or a judicial consent decree to maintain staffing ratios beyond PREA standards.

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

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

During the audit, the Auditor spoke with the Warden, who confirmed consulting with facility management at least once a year. This consultation involves reviewing staffing plans, sexual abuse allegations, blind spots, technology, and shift staffing to see if any adjustments are necessary. A review of the annual staffing plan also confirmed that the Warden participated in the process.

- 115.313 (a)-1 LAPORTE JUVENILE CORRECTIONAL FACILITY Staffing Plan Review 2025

115.313 (e): Each secure facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. We will implement this policy and practice for both night and day shifts. Each secure facility shall have a policy prohibiting staff from alerting other staff members to supervisory rounds, unless the announcement relates to the facility's legitimate operational functions.

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

IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025), Section C.

	Supervision and Monitoring, page 9, states that the facility requires intermediate- or higher-level staff to conduct unannounced rounds to identify and deter sexual abuse and sexual harassment by staff on each shift. Staff are prohibited from notifying other staff members that supervisory rounds are occurring unless the announcement relates to the facility's legitimate operational functions. Rounds will be documented. 115.313 (e)-2 LAPORTE JUVENILE CORRECTIONAL FACILITY confirmed during this audit that the facility documents unannounced rounds. **Documentation Review** • Evidence demonstrating unannounced rounds when available (spot-check). • Additional documentation of unannounced rounds and evidence that such rounds cover all shifts. Date 12/13/25 Ratio: 1:8 • 0500 -1700 Date 12/13/25 Ratio: 1:16 1800-0600 41 Juveniles 7 Security Staff 4 Assigned to Living Units • 1/staff/Control • 1/Sgt • 1/Lt Ratio: 1:16 1800-0600 12/14/25 41 Juveniles 7 Security Staff 4 Assigned to Living Units • 1/staff/Control • 1/Sgt • 1/Lt • 1/FLMA 115.313 (e)-3 Yes. LAPORTE JUVENILE CORRECTIONAL FACILITY confirms that over time, the unannounced rounds cover all shifts. • See Standard 115.313 e-2.

115.313 (e)-4 Yes. LAPORTE JUVENILE CORRECTIONAL FACILITY confirms that the facility prohibits staff from alerting other staff to the conduct of such rounds.

During this audit, an Intermediate Facility Staff Member was interviewed. He confirmed that he carries out unannounced rounds, which are recorded in the facility logbook. He also prevents staff from alerting others about the rounds by randomly choosing the time and area for each round.

Evidence Relied Upon:

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025), Section C. Supervision and Monitoring, pages 8-10.
3. PREA Audit Site Review and Facility Tour
4. Interview with the Warden
5. Interview with the PREA Coordinator
6. Interview with an Intermediate Facility Staff Member
7. Documentation Review
    - Evidence demonstrating unannounced rounds when available (spot-check).
    - Additional documentation of unannounced rounds and evidence that such rounds cover all shifts.

Corrective Action:

The Warden confirms that he receives daily updates from the shift report, which includes times when the facility does not meet minimum staffing levels. The supervisor will be reminded of the minimum staffing ratios of 1:8 and 1:16 during a management meeting.

In secure juvenile facilities, the DOJ defined minimum staffing ratios under PREA Standard 115.313 (c) as 1:8 during resident waking hours and 1:16 during resident sleeping hours. Agencies may depart from these minimum ratios in limited, discrete exigent circumstances, which are fully documented for audit purposes.

- Re-training by the PREA Coordinator on shift supervisor and custody staff placement to ensure proper staffing.
- Review of additional evidence to determine the effectiveness of training to address PREA Standard 115.313 (c). See additional evidence provided by the facility.

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 any corrective recommendations where the facility does not meet the standard.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.315 - Limits to cross-gender viewing and searches 115.315 (a): The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. 115.315 (a)-1 No. The facility conducts cross-gender strips or cross-gender visual body cavity searches of residents. IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025) Section E. Limits to Cross-Gender Viewing and Searches, pages 10-12, 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 in accordance with Policy and Administrative Procedure 02-03-101, “Searches.” IDOC Policy and Administrative Procedure Searches 02-3-101 (effective 6/1/2019), pages 1-20. 115.315 (a)-2 In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents: 0. During the site review, the Auditor: • Observe areas used to conduct strip searches, visual body cavity searches, and pat-down searches, and assess whether opposite-gender staff (i.e., non-medical personnel) can watch the conduct of a strip search or visual body cavity search (absent exigent circumstances). • Confirmed with intake staff that if opposite-gender supervisors are required to supervise or observe strip searches for a distance, observe the area used to conduct searches from a distance, to provide a measure of privacy. • Confirmed that the facility would use distance, a privacy screen, or other similar device to obstruct cross-gender viewing. • Confirmed that if opposite-gender staff or personnel are in the vicinity of the strip search area, observe the area used to conduct searches. • Confirmed that privacy is maintained to eliminate cross-gender viewing by the staff or personnel. • During the site review, the Auditor observed and assessed the areas designated for strip searches, visual body cavity searches, and pat-downs. • Confirmed that staff of the opposite gender (not medical personnel) could

not witness these searches, except in exigent circumstances.

- Confirmed that same gender staff conduct searches, not opposite-gender supervisors, except in exigent circumstances. During the facility tour or site review, opposite-gender staff were not present.

Documentation Review

- Not applicable. Logs of cross-gender strip searches and cross-gender visual body cavity searches in the past 12 months. See Standard 115.315 (a)-2.

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

115.315 (b)-1 Yes. LAPORTE JUVENILE CORRECTIONAL FACILITY confirmed during this audit that the facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.

IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025) Section E. Limits to Cross-Gender Viewing and Searches, pages 10-12.

115.315 (b)-2 In the past 12 months, the number of cross-gender pat-down searches of residents: 0.

115.315 (b)-3 In the past 12 months, the number of cross-gender pat-down searches of residents did not involve exigent circumstance(s): 0.

During this audit, the Auditor interviewed a sample of 12 Randomly Selected Staff Members. All staff interviewed confirmed they are prohibited from conducting cross-gender pat-down searches unless urgent circumstances arise. For example, exigent circumstances, such as a life-threatening emergency or a fire, would justify such a search.

During this audit, the Auditor interviewed a select group of residents (20) (female) in total. All residents interviewed denied that MALE/FEMALE (opposite-gender) staff ever performed a pat-down search of their bodies.

Documentation Review

- Not applicable. Logs of cross-gender pat-down searches of residents to identify documentation of exigent circumstances. See Standard 115.315 (b)-2-3.
- A memo from the Warden dated 3/16/2025 states that LAPORTE had no incidents of cross-gender viewing that violated Standard 115.315 (d).

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

115.315 (c)-1 Yes. LAPORTE JUVENILE CORRECTIONAL FACILITY confirmed that the

facility has a policy that requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

- See Standard 115.315 (b)-2-3.

Documentation Review

- Not applicable. Documentation, including justification, of cross-gender strip searches, cross-gender visual body cavity searches, and all cross-gender pat-down searches of residents. See Standard 115.315 (b)-2-3.
- A memo from the Warden dated 3/16/2025 states that LAPORTE had no incidents of cross-gender viewing that violated Standard 115.315 (d).

115.315 (d): The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender should be required to announce their presence when entering an area where residents are likely to be showering, using the bathroom, or changing clothes.

115.315 (d)-1 The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).

115.315 (d)-2 Yes. Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit/area where residents are likely to be showering, performing bodily functions, or changing clothing.

IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025) Section E. Limits to Cross-Gender Viewing and Searches, pages 10-12, 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 in accordance with Policy and Administrative Procedure 02-03-101, “Searches.”

IDOC Policy and Administrative Procedure Searches 02-3-101 (effective 6/1/2019), pages 1-20.

During this audit, the Auditor interviewed a select group of residents (20) (Female)

in total. All confirmed that during the intake process, on first arrived, they were each provided PREA-related information, advocacy information, and the facility's rules against sexual abuse and harassment. Through interviews with female residents, the Auditor confirmed that LAPORTE JUVENILE CORRECTIONAL FACILITY staff members announce their presence when entering your housing area or any area where you shower, change clothes, or perform bodily functions.

During this audit, the Auditor interviewed a random sample of 12 staff members. All staff members confirmed that they or other officers announce their presence when entering a housing unit with residents of the opposite gender and ring a bell. Additionally, all confirmed that residents can dress, shower, and use the toilet without being observed by staff of the opposite gender. Showers are in individual units, and residents must be clothed before exiting.

PREA Audit Site Review

Cross-Gender Viewing and Searches

During the site review, the Auditor:

- Observe all areas where residents may be in a state of undress, such as showering, using the toilet, and/or changing their clothes.
- Observe whether any nonmedical staff of the opposite gender can view residents in a state of undress, including from different angles and via mirror placement.
- 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 residents (e.g., via camera feed)

Housing units.

- Observed outside of the housing units (e.g., interview rooms, medical areas, intake cells/showers/areas, transport holding areas, recreation areas, multipurpose rooms).
- Observe whether any nonmedical staff of the opposite gender can view residents in a state of undress, including from different angles and through mirror placement.
- Observe areas with electronic surveillance, like control rooms or other spaces where staff monitor live or recorded video feeds of confined individuals (e.g., via camera feed), and determine if:
- Observed if opposite-gender staff is assigned to monitor video surveillance (recorded or live) (e.g., male staff viewing female confined persons).
- Confirmed if the video monitoring technology has point, tilt, and zoom (PTZ) capabilities, which could enable staff to see residents in a state of undress.
- Confirmed the absence of various methods, such as software (e.g., pixelation or blurring) or physical tools (e.g., tape), to prevent cross-gender

viewing of individuals in stages of undress.

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

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

IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025) Section E. Limits to Cross-Gender Viewing and Searches, pages 10-12, 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 in accordance with Policy and Administrative Procedure 02-03-101, “Searches.”

IDOC Policy and Administrative Procedure Searches 02-3-101 (effective 6/1/2019), pages 1-20.

115.315 (e)-2 LAPORTE JUVENILE CORRECTIONAL FACILITY respond "no."

- See Standard 115.313 e-1.

During this audit, the Auditor interviewed a random sample of 12 staff members. All staff members confirmed that the IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025), Section E. Limits to Cross-Gender Viewing and Searches, pages 10-12, prohibits staff from searching or physically examining a transgender or intersex resident solely to determine the resident’s genital status. Moreover, all staff were aware of the policy prohibiting them from searching or physically examining a transgender or intersex resident for the purpose of determining that resident’s genital status.

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

During this audit, the Auditor interviewed the PREA Compliance Manager, who denied the presence of transgender or intersex residents during the on-site portion of this audit.

During this audit, the Auditor interviewed a select group of Random Staff (12). All confirmed that the facility prohibits staff from searching or physically examining a transgender or intersex resident solely to determine the resident's genital status. Further, all staff interviewed confirmed an awareness of the policy prohibiting staff from searching or physically examining transgender residents.

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

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

- IDOC Staff Development & Training, Strip and Cavity Searches, PowerPoint, pages 1-11.
- IDOC Policy 02-03-101, Searches and Shakedowns; strip searches are defined as "A search of a person which requires the removal of all clothing items and a visual inspection of the body, including the outer portions of all orifices and cavities."
    - When strip searches are conducted
    - How to conduct a strip search
- How to communicate and interact with students/offenders
- Reasonable cause
- Body cavity searches will be conducted only by medical practitioners in the infirmary

During this audit, the Auditor interviewed a random sample of 12 staff members. All staff members confirmed that they received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs in 2025-26.

Evidence Relied Upon:

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025) Section E. Limits to Cross-Gender Viewing and Searches, pages 10-12.
3. IDOC Policy and Administrative Procedure Searches 02-3-101 (effective 6/1/2019), pages 1-20.
4. IDOC Staff Development & Training, Strip and Cavity Searches, PowerPoint, pages 1-11. IDOC Search Procedure.
5. Interview with the PREA Compliance Manager
6. Interview with residents (20) (Female)
7. Interview with random staff (12)

	Conclusion: The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions. This discussion must also include corrective recommendations where the facility does not meet the standard.

115.316	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.316 - Residents with disabilities and residents who are limited English proficient 115.316 (a): The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that enable effective communication with residents with disabilities, including residents with intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration 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. 115.316 (a)-1 The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025) Section F. Incarcerated Individuals with Disabilities and Incarcerated Individuals Who are Limited English Proficient (115.16/316) pages 12-13 states that the Department shall take appropriate steps to ensure that incarcerated individuals who are deaf 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 Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

- Indiana Department of Corrections, Communication Boards
- Picture book
- IDOC PREA brochure (English/Spanish)
- Indiana Department of Corrections, Division of Workforce Engagement, Preservice Academy
- Working with Incarcerated Individuals Having Special Needs, PowerPoint (effective 7/01/2013), slides 1-42.
    - Benefit of identifying incarcerated individuals with special needs
    - Tips for working with incarcerated individuals with special needs
    - Effective management of incarcerated individuals with special needs
    - Identifying incarcerated individuals with ADHD
    - Identifying incarcerated individuals with mood disorders
    - Identifying incarcerated individuals with developmental disabilities

During this audit, the Auditor interviewed the Agency Head. The Agency Head confirmed that the facility has established agency procedures to provide residents with disabilities and residents who are limited-English proficient with an equal opportunity to participate in or benefit from all aspects of the agency's efforts.

During this audit, the Auditor interviewed no residents with disabilities or who were limited-English proficient (LEP), as confirmed by the PREA Compliance Manager.

Through informal conversations with residents, the Auditor determined that LAPORTE JUVENILE CORRECTIONAL FACILITY screens all juveniles to identify mental illness or developmental disability and possible vulnerabilities related to sexual misconduct, to ensure safe and fair treatment, and to provide appropriate programming.

PREA Audit Site Review

IDOC has a contract with Propio LS LLC, Oakland Park, KS, for interpretive services via a 1-800 number. Services are 24/7.

Evidence of compliance was confirmed through staff interviews with the PREA Coordinator.

- Confirmed: Written materials used for effective communications about PREA with residents with disabilities
- Confirmed: Documentation of staff training on PREA-compliant practices for residents with disabilities

115.316 (b): LAPORTE JUVENILE CORRECTIONAL FACILITY confirmed during this audit that 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 residents 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.

115.316 (b)-1 LAPORTE JUVENILE CORRECTIONAL FACILITY confirmed during this audit that the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

- See 115.316 (a)-1.

PREA Audit Site Review

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; the Auditor tested access to the language line to assess whether the phones used to access it work properly. All phone lines were working properly. Resident access to the Language Line was not required to self-identify (e.g., enter a PIN, provide name/ID number) to access interpretation services. Confirmed the availability of interpretation services (e.g., ability to access immediate interpretation services).
- Confirmed the accessibility of interpretation services (i.e., available to all residents in the facility who need an interpreter, including residents confined in restricted housing.
- Observe the location of interpretation services (e.g., where services are provided to residents).

PREA Audit Site Review, INTERPRETATION SERVICES. No residents were identified as LEP. During informal interviews with staff, each confirmed that interpretive services would be provided in private spaces such as the conference room. However, the Auditor was unable to test the system, other than confirming that telephones within the facility were all operational.

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

115.316 (c)-1 Yes. LAPORTE JUVENILE CORRECTIONAL FACILITY confirmed during this audit that the agency's policy prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the

resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations.

IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025) Section F. Incarcerated Individuals with Disabilities and Incarcerated Individuals Who are Limited English Proficient (115.16/316) pages 12-13.

115.316 (c)-2 Yes. LAPORTE JUVENILE CORRECTIONAL FACILITY confirmed during this audit that the agency/facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

- Memo: LAPORTE JUVENILE CORRECTIONAL FACILITY Warden, dated 16 March 2025, regarding Standard 115.316 (c)-2. This memo confirms that there have been no urgent situations requiring or involving resident interpreters, readers, or other resident assistants.

115.316 (c)-3 LAPORTE JUVENILE CORRECTIONAL FACILITY confirmed during this audit that in the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used, and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations: 0.

During the audit, the Auditor interviewed a random sample of 12 staff members. All confirmed that, according to policy, they are not allowed to use resident interpreters, readers, or other resident assistants to help disabled residents or those with limited English when reporting sexual abuse or harassment. Staff explained they must contact a supervisor, who will then use the language line for interpretation, except in emergency cases such as medical crises. To their knowledge, none of the selected staff indicated that the agency employs resident interpreters, readers, or assistants for handling allegations of sexual abuse or harassment.

Documentation Review

- Not applicable. Documentation of circumstances when resident interpreters, readers, and other resident assistants were used.

Evidence Relied Upon:

1. Pre-audit questionnaire
2. Facility tour and site review
3. IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025) Section F. Incarcerated Individuals with Disabilities and Incarcerated Individuals Who are Limited English Proficient (115.16/316) pages 12-13.
4. IDOC Communication Picture Book

5. IDOC PREA brochure (English/Spanish)
6. Indiana Department of Corrections, Division of Workforce Engagement, Preservice Academy
7. Working with Incarcerated Individuals Having Special Needs, PowerPoint (effective 7/01/2013), slides 1-42.
8. Interview with residents (disabled) (0)
9. Interview with residents (LEP) (0)
10. Interview with the Agency Head
11. Agency interpretive contract
12. Interviews with random staff (12)

Conclusion:

The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions. This discussion must also include corrective recommendations where the facility does not meet the standard.

115.317	**Hiring and promotion decisions**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.317 - Hiring and promotion decisions

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

115.317 (a)-1 Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or

coercion, or if the victim did not consent or was unable to consent or refuse; or

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

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

IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025) Section G. Hiring and Promotion Decisions, pages 13-15 states that the Department shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who;

1. Has engaged in sexual abuse in a prison, jail, lockup, or 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 (2) of this section.

Documentation Review

An examination of files of people hired or promoted (12) in the past 12 months was reviewed to determine whether proper criminal record background checks have been conducted, and questions regarding past conduct were asked and answered. See Standard 115.317 (c)-1.

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

115.317 (b)-1 Yes. Agency policy requires consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to engage the services of any contractor who may have contact with residents.

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

IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025) Section G. Hiring and Promotion Decisions, pages 13-15.

- IDOC Mandatory Pre-Service PREA Questions
- Request for Information, Prison Rape Elimination (PREA) Investigation form. Former Institutional Employer Section (revised 8/25/17)

During the audit, the Auditor interviewed an HR representative, who confirmed that the facility conducts criminal background checks or reviews relevant civil or administrative adjudications for all new hires with potential resident contact. The

representative also stated that the facility consults state or local child abuse registries before hiring employees or contractors who may interact with residents.

115.317 (c): Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

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

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

IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025) Section G. Hiring and Promotion Decisions, pages 13-15.

- IDOC Mandatory Pre-Service PREA Questions
- Request for Information, Prison Rape Elimination (PREA) Investigation form. Former Institutional Employer Section (revised 8/25/17)

IDOC/LAPORTE JUVENILE CORRECTIONAL FACILITY, before hiring new employees who may have contact with residents, the facility shall:

a. Perform a criminal background records check;

b. Consult any child abuse and sex offender registry maintained by the State or locality in which the employee would work. A CPS (Child Protective Services) check shall also be completed (Juvenile Facilities only) and,

c. Human Resources staff shall make their best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The employment background check shall be documented on the PREA Questionnaire for Prior Institutional Employers form.

During the on-site phase of this audit, the Auditor conducted interviews with 12 randomly selected staff members. All 12 randomly selected staff members have been employed for more than five years. Documentation has been requested to verify compliance with this standard.

Documentation Review

Confirmed through examination. Files of personnel hired in the past 12 months to determine that the agency has completed checks consistent with 115.317(c).

115.317 (c)-2 In the past 12 months, the number of people hired who may have contact with residents who have had criminal background checks: 29.

During the audit, the Auditor interviewed an HR representative, who confirmed that the facility conducts criminal background checks or reviews relevant civil or administrative adjudications for all new hires with potential resident contact. The representative also stated that the facility consults state or local child abuse registries before hiring employees or contractors who may interact with residents.

115.317 (d): LAPORTE JUVENILE CORRECTIONAL FACILITY confirmed during this audit that the agency shall also perform a criminal background records check and consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents.

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

- See 115.317 (a)-1.

115.317 (d)-2 In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 3.

- See 115.317(c)-2 for the HR interview.

Documentation Review

Through examination, the Auditor confirmed that IDOC maintains records (e.g., one contractor) of contractors' background checks who might have contact with residents.

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

115.317 (e)-1 Yes. During this audit, the agency confirmed having a policy requiring criminal background records checks to be conducted at least every five years for current employees and contractors who may have contact with residents, or that a system be in place to otherwise capture such information for current employees.

- See Standard 115.317 (a)-1.

- See HR interview Standard 115.317 (c)-2.

Documentation Review

- See Standard 115.317 (d)-2. Records of background checks of contractors who might have contact with residents.
- See Standard 115.317 (d)-2. Records of background checks of current employees and contractors at five-year intervals who might have contact with residents. The agency will submit evidence during the corrective action period.

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

During this audit, the Auditor interviewed an HR representative who confirmed that the agency directly inquires about past misconduct from all applicants and employees with potential resident contact. This includes questions about written applications, interviews, or self-evaluations during reviews of current staff. Failing to disclose such misconduct or providing false information is grounds for termination. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

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

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

IDOC Policy Statement (effective 8/1/2012) Discipline, pages 1-4. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination or dismissal from the hiring process (115.317)(g).

- Conviction of a crime
- Insubordinate acts
- Negligence in the performance of assigned job duties
- Violation of, or failure, or intentional omission of required information
- Falsification, misrepresentation, or intentional omission of required information

115.317 (h): Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former

employee upon receiving a request from an institutional employer for whom such employee has applied to work.

- 115.317 (b)-1

During this audit, the Auditor interviewed an HR representative who confirmed that, unless restricted by law, the agency must provide information about substantiated allegations of sexual abuse or harassment involving a former employee when requested by an institutional employer to whom the employee has applied.

- See Standard 115.317 (b)-1. Request for Information, Prison Rape Elimination (PREA) Investigation form. Former Institutional Employer Section (revised 8/25/17).

Evidence Relied Upon:

1. Pre-audit questionnaire
2. IDOC Policy Statement (effective 8/1/2012) Discipline, pages 1-4.
3. IDOC Policy 04-03-102, Human Resources (effective 11/1/2020), pages 1-17.
4. IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025), Section G. Hiring and Promotion Decisions, pages 13-15.
5. IDOC Mandatory Pre-Service PREA Questions
6. Request for Information, Prison Rape Elimination (PREA) Investigation form, Former Institutional Employer Section (revised 8/25/17)
7. Interview with an HR representative.

Corrective Action:

1. 115.317 (d)-2 In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 3. Document review is forthcoming. Completed before the submission of the interim report.

- See Standard 115.317 (d)-2. Records of background checks of contractors who might have contact with residents. Completed before the submission of the interim report.

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 recommendations when the facility does not meet the standard.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.318 - Upgrades to facilities and technologies 115.318 (a): When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. 115.318 (a)-1 No. During this audit, the IDOC/LAPORTE JUVENILE CORRECTIONAL FACILITY denies acquiring a new facility or making substantial expansions or modifications since facility has acquired a new facility or made a substantial expansion or modification to existing facilities since 20 August 2012, or since the last PREA audit, whichever is later. IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025), Section H. Upgrades to Facilities and Technologies, page 15 states that 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 residents from sexual abuse. **Documentation Review** Documentation on how the agency considered the effect of the facility design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. • See Daily Incident Monitoring Meeting Minutes, 3/2/2026. During this audit, the Auditor interviewed the Agency Head. The Agency Head stated that when designing or acquiring new facilities, or planning major expansions or modifications of existing ones, the agency must consider how these changes impact its capacity to protect residents from sexual abuse. The PREA Coordinator is included in project planning meetings to help inform discussions on enhancing resident protection within the IDOC. During this audit, the Auditor interviewed the Warden. The Warden indicated that there have been no significant modifications or major planning for facility expansions. 115.318 (b): When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

	115.318 (b)-1 The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since 20 August 2012, or since the last PREA audit, whichever is later. During this audit, the Auditor interviewed the Agency Head and stated that monitoring technology has been upgraded since the previous PREA audit. This technology helps improve sexual safety protocols, detect and eliminate blind spots, and increase staff coverage. During this audit, the Auditor interviewed the Warden. The Warden stated that technology is used to improve sexual safety, identify and eliminate blind spots, and increase staff coverage. **Documentation Review** • See Standard 115.318 (a)-1. If the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, documentation of how the agency considered how such technology may enhance the agency's ability to protect residents from sexual abuse (e.g., meeting minutes referencing the installation or update of monitoring technology). **Evidence Relied Upon:** 1. Pre-audit questionnaire 2. IDOC Policy 02-01-115, Sexual Abuse Prevention (effective 10/01/2025), Section H. Upgrades to Facilities and Technologies, page 15 3. Interview with the Agency Head 4. Interview with the Warden **Conclusion:** The narrative above thoroughly covers all evidence used to determine compliance or non-compliance, as well as the Auditor's analysis, reasoning, and conclusions. It should also include recommendations for corrective action if the facility fails to meet the standard.

115.321	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.321 - Evidence protocol and forensic medical examinations 115.321 (a): To the extent the agency is responsible for investigating allegations of

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

115.321 (a)-1 Yes. The agency is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), Section V. Responsive Planning, Subsection A. Evidence Protocol and Forensic Medical Examinations, pages 15-17.

IDOC Policy and Administrative Procedure 00-01-103, Investigations and Intelligence (I&I) (effective 10/01/2025), pages 1-38.

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

- The IDOC conducts criminal investigations for the facility.

115.321 (a)-3 No. 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 115.321(c)-1):

- Not applicable. See Standard 115.321 (a)-2.

115.321 (a)-4 Yes. LAPORTE JUVENILE CORRECTIONAL FACILITY confirmed during this audit that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

IDOC Staff Development & Training, Sexual Assault Response Team (SART), SART First Responders, Evidence Protocols & Investigations (effective 3/03/2016), PP 1-11.

- National Protocol for Sexual Assault Medical Forensic Examinations Adult/ Adolescents 2nd ED 4/2013.
    - Define evidence
    - Identify the victim and the alleged perpetrator's evidentiary concerns
    - Identify crime scene evidence considerations
    - Explore (3) different types of sexual assault investigations
    - Three types of investigative findings
    - Policy 00-01-103 Investigations and Intelligence
    - IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025).
    - Public Law 108-79, (2003 “Prison Rape Elimination Act.”

During this audit, the Auditor interviewed a random sample of 12 staff members. All confirmed they understand the agency’s protocol for collecting usable physical

evidence when a resident reports sexual abuse, which includes safeguarding evidence from both the victim and the alleged abuser, and adhering to restrictions such as no brushing teeth, no showers, and no changing clothes.

Further, the same sample of staff (12) identified a Lieutenant as the administrative investigator for PREA.

Documentation Review

The Auditor confirmed that the facility has a review of the uniform evidence protocol to determine whether there is sufficient technical detail to aid responders in obtaining usable physical evidence that supports this standard.

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

115.321 (b)-1 Yes. The agency confirmed during this audit that the protocol is developmentally appropriate for youth.

IDOC Staff Development & Training, Sexual Assault Response Team (SART), SART First Responders, Evidence Protocols & Investigations (effective 3/03/2016), PP 1-11.

The LAPORTE’s evidence protocol is developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence against Women publication, or “Adult National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011.

115.321 (b)-2 Yes. 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.

- See Standard 115.321 (a) -4.

Documentation Review

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

- See Standard 115.321 (a) -4.

115.321 (c): The agency shall offer all residents who experienced sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medical evidence is appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs are unavailable, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

115.321 (c)-1 Yes. During this audit, the facility confirmed that it offers all residents who experience sexual abuse access to forensic medical examinations.

- Franciscan Health Center of Hope
- Forensic Nurse Examiner/Sexual Assault Examiners and medical providers
    - Prophylactic medication
    - Forensic evidence collection
    - Post-assault resources in the community
    - Follow-up medical referrals
    - No cost to the victim for services
    - Victim Advocacy
    - A victim advocate is offered

§ Law Enforcement Department of Child Services

115.321 (c)-2 No. During this audit, the facility denies that it offers all residents who experience sexual abuse access to forensic medical examinations on-site.

- This is a reporting error. According to the PREA Coordinator, all victims are assessed after a sexual assault, and the medical practitioner determines whether the victim meets the criteria for transport to the local hospital for a forensic examination. A forensic examination is offered to the victim at that time.
- Internet search: Michigan City, IN, Franciscan Health SANE location
- Memo: The Warden's letter dated 16 March 2025 states that no SANE services were needed in the past 12 months.

115.321 (c)-3 Yes. During this audit, the facility confirmed that it offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility.

- See 115.321 (c)-1.

115.321 (c)-4 Yes. During this audit, the facility confirmed that it provides forensic medical examinations without financial cost to the victim.

IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), Section V. Responsive Planning, Subsection A. Evidence Protocol and Forensic Medical Examinations, pages 15-17.

- Also see 115.321 (c)-1.

115.321 (c)-5 Yes. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If "Sometimes", please describe situations when SAFEs or SANEs are not used in the comments section.

IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), Section V. Responsive Planning, Subsection A. Evidence Protocol and Forensic Medical Examinations, pages 15-17.

- Also see 115.321 (c)-1.

115.321 (c)-6 Yes. When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

- See Standard 115.321 (c)-5.

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

- See Standard 115.321 (c)-5.

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

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

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

Documentation Review

Not applicable. Documentation to corroborate that all victims of sexual abuse have access to forensic medical examinations.

- See Standard 115.321 (c) - 8.
- See Standard 115.321 (c)- 1.
- See Standard 115.321 (c) - 9.

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

- See Standard 115.321 (c)-1.

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

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

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

- 115.321 (c)-1

115.321 (d)-2 Yes. During this audit, the facility confirmed that these efforts are documented.

- 115.321 (c)-1
- Internet search to confirm the services offered by Franciscan Health Center of Hope:
    - See Standard 115.321 (c)-1

· Memo: Attempt to establish an MOU with Fair Haven Rape Crisis Center (La Porte County) and St. Joseph's Family Justice Center (Elkhart County), dated 10/3/25.

115.321 (d)-3 Yes. When a rape crisis center is unavailable to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency.

- See Standard 115.321 (c)-1.
- IDOC confirmed that trained SART team members were present on every shift.
- IDOC Staff Development & Training Victim Advocacy, (effective 8/15/19), PP 1-16.
    - Understanding the legislative basis for providing advocacy
    - Communication strategies to foster a productive relationship
    - Crisis response
    - Psychology First Aid
    - Describe the services provided to the victim.

During this audit, the Auditor interviewed no residents who reported sexual abuse while in the facility.

During this audit, the Auditor interviewed the PREA Compliance Manager (PCM).

	The PCM confirmed that, if requested by the victim, a victim advocate, qualified agency staff member, or 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. Further, the PCM confirmed attempts made to secure a victim advocate from a rape crisis center. • See 115.321 (c)-1. 115.321 (e): As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. 115.321 (e)-1 Yes. During this audit, the facility confirmed that, if requested by the victim, a victim advocate, or qualified agency or community-based organization staff member, a qualified advocate or staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals. • See 115.321 (c)-1. During this audit, the Auditor did not interview any residents who reported sexual abuse. According to the PCM, no residents reported sexual abuse during this reporting period. 115.321 (f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. • See Standard 115.321 (d)-2. 115.321 (f)-1 Not applicable. If the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards. • The agency/facility is responsible for administrative and criminal investigations. **Documentation Review** Not applicable. Documentation of the request regarding the requirements of §115.321(a) through (e) with the outside investigating agency.

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

- Auditor is not required to audit this provision.

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

Documentation Review

Documentation of screening for appropriateness.

Documentation of education received concerning sexual assault and forensic examination issues.

- See Standard 115.321 (d)-2

Evidence Relied Upon:

1. Pre-audit questionnaire
2. IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), Section V. Responsive Planning, Subsection A. Evidence Protocol and Forensic Medical Examinations, pages 15-17.
3. IDOC Policy and Administrative Procedure 00-01-103, Investigations and Intelligence (I&I) (effective 10/01/2025), pages 1-38.
4. IDOC Uniform Evidence Protocol
5. Franciscan Health Center of Hope, Forensic Nurse Examiner/Sexual Assault Examiners, and medical providers and services.
6. Franciscan Health Center of Hope, Forensic Nurse Examiner/Sexual Assault Examiners, and Emergency Services
7. Internet search: Franciscan Health Center of Hope
8. Interview with random staff (12)
9. Interview with a resident who reported sexual abuse (0)
10. MOU agreement attempt (1)
11. Memo: The Warden's letter dated 16 March 2025 states that no SANE services were needed in the past 12 months.
12. IDOC Staff Development & Training Victim Advocacy, (effective 8/15/19), PP 1-16.Interview with the PREA Compliance Manager.

Conclusion:

The narrative above thoroughly covers all evidence used to determine compliance

	or non-compliance, as well as the Auditor's analysis, reasoning, and conclusions. It should also include recommendations for corrective action if the facility fails to meet the standard.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.322 - Policies to ensure referrals of allegations for investigations 115.322 (a): The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 115.322 (a)-1 The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), Section B. Policies to Ensure Referrals of Allegations for Investigations, page 52. The Department shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. IDOC Policy and Administrative Procedure 00-01-103, Investigations and Intelligence (I&I) (effective 10/01/2025), pages 1-38. All allegations of sexual abuse and sexual harassment shall be investigated, even if the alleged perpetrator or alleged victim has left the Department’s employment or is no longer under the Department’s authority. Allegations of sexual abuse shall be investigated by the facility’s Investigations and Intelligence (I&I) staff. Allegations of sexual harassment shall be investigated by staff designated by the Warden to conduct administrative investigations. Investigators shall complete all investigations in which evidence indicates a possible criminal violation. All investigations shall be documented in an investigation report. (See Policy and Administrative Procedure 00-01-103, “Investigations and Intelligence”). 115.322 (a)-2 In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0. 115.322 (a)-3 In the past 12 months, the number of allegations resulting in an administrative investigation: 0. 115.322 (a)-4 In the past 12 months, the number of allegations referred for criminal investigation: 0.

115.322 (a)-5 Yes. LAPORTE JUVENILE CORRECTIONAL FACILITY confirmed that during this audit, referring to allegations received during the past 12 months, all administrative and/or criminal investigations were completed.

During this audit, the Auditor interviewed the Agency Head. The Agency Head confirmed that LAPORTE JUVENILE CORRECTIONAL FACILITY had no allegations of sexual abuse or sexual harassment during this reporting period. The Agency Head also confirmed that IDOC ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. (115.322).

Documentation Review

Not applicable during this reporting period. Documentation of reports of sexual abuse and harassment, and documentation of investigations, including a full investigative report with findings.

- See Standards 115.322 (a) 2-4.

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

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

IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), Section B. Policies to Ensure Referrals of Allegations for Investigations, page 52.

115.322 (b)-2 Yes. During this audit, the agency confirmed that its policy on the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or otherwise made publicly available.

115.322 (b)-3 Yes. During this audit, the agency confirmed that it documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

During this audit, the Auditor interviewed the Investigative Staff member. The staff member 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 proceedings, unless the allegations do not involve criminal conduct.

Documentation Review

The Auditor confirmed that the policy is on the website or in other publicly available means.

Not applicable- Documentation of referrals of allegations of sexual abuse and sexual harassment.

- See Standards 115.322 (a) 2-4.

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

Documentation Review

Confirmed that publication (website or paper) that describes investigative responsibilities of both the agency and the separate entity that conducts criminal investigations for the agency, if applicable.

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

- Auditor is not required to audit this provision.

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

- Auditor is not required to audit this provision.

Evidence Relied Upon:

1. Pre-audit questionnaire
2. IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), Section B. Policies to Ensure Referrals of Allegations for Investigations, page 52.
3. IDOC Policy and Administrative Procedure 00-01-103, Investigations and Intelligence (I&I) (effective 10/01/2025), pages 1-40.
4. Internet search: IDOC website
5. Interview with the Agency Head
6. Interview with Investigative Staff (1)

Conclusion:

The narrative above provides a detailed account of all evidence used to determine

	compliance or non-compliance, along with the Auditor's analysis, reasoning, and conclusions. If the facility does not meet the standard, this discussion should also include recommendations for corrective actions.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.331 - Employee training 115.331 (a)-1 Yes. The agency confirmed that it trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), VI. Training and Education, Section A, Employee Training, pages 17-18, states that the Department shall train all employees who may have contact with residents (see subsections 1a-k). IDOC Division of Workforce Engagement, Prison Rape Elimination Act, (revised 12/09/2025), PP slides 1-24. Examples of training objectives include the following: • Prison Rape Elimination Act • Agency’s Zero Tolerance Policy • Dynamics of sexual abuse in a correctional environment • Relevant laws related to mandatory reporting and age of consent • How to prevent, detect, report, and respond to abuse and sexual harassment • LGBTQIA 115.331 (a)-2 Yes. During this audit, the agency confirmed that it trains all employees who may have contact with residents on how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. • See Standard 115.331 (a)-1. 115.331 (a)-3 Yes. During this audit, the agency confirmed that it trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. • See Standard 115.331 (a)-1. 115.331 (a)-4 Yes. During this audit, the agency confirmed that it trains all employees who may have contact with residents on the right of residents and

	employees to be free from retaliation for reporting sexual abuse and sexual harassment. • See Standard 115.331 (a)-1. 115.331 (a)-5 Yes. During this audit, the agency confirmed that it trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities. • See Standard 115.331 (a)-1 115.331 (a)-6 Yes. During this audit, the agency confirmed that it trains all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment. • See Standard 115.331 (a)-1. 115.331 (a)-7 Yes. During this audit, the agency confirmed that it trains all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents. • See Standard 115.331 (a)-1. 115.331 (a)-8 Yes. During this audit, the agency confirmed that it trains all employees who may have contact with residents on how to avoid inappropriate relationships. • See Standard 115.331 (a)-1. 115.331 (a)-9 Yes. During this audit, the agency confirmed that it trains all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents. • See Standard 115.331 (a)-1. 115.331 (a)-10 Yes. During this audit, the agency confirmed that it trains all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. • See Standard 115.331 (a)-1. 115.331 (a)-11 Yes. During this audit, the agency confirmed that it trains all employees who may have contact with residents in accordance with applicable age-

of-consent laws.

During this audit, the Auditor interviewed a random group of staff (12). All staff interviewed confirmed completion of PREA training in accordance with Standard 115.331.

Documentation Review

Confirmed: Twelve (12) training records were sampled. All sampled training records met the requirements of Standard 115.331.

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

115.331 (b)-1 Yes. During this audit, the agency confirmed that training is tailored to the unique needs, attributes, and gender of the residents at the facility.

- See Standard 115.331 (a)-1.

115.331 (b)-2 Yes. During this audit, the agency confirmed that employees reassigned from facilities housing the opposite gender receive additional training.

- See Standard 115.331 (a)-1.

The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

Documentation Review

Confirmed: Twelve (12) training records were sampled. All sampled training records met the requirements of Standard 115.331.

115.331 (c): The facility confirmed during this audit that 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.

115.331 (c)-2 Yes. During this audit, the agency confirmed that between trainings, the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment.

IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), VI. Training and

	Education, Section A, Employee Training, pages 17-18, states that the Department shall train all employees who may have contact with residents (see subsections 1a-k). IDOC Prison Rape Elimination Act, C2 PREA eLearning.pdf, slides 1-37. Objectives include: 1. Identify the Prison Rape Elimination Act and its purpose. 2. Identify the Agency's Zero Tolerance Policy, definitions related to sexual abuse and sexual harassment, and the rights of incarcerated individuals and staff under PREA. 3. Identify the dynamics of sexual abuse in a correctional environment. 4. Identify how to prevent, detect, report, and respond to sexual abuse and sexual harassment. 5. Identify the common reactions of victims of sexual abuse. 6. Identify how to avoid inappropriate relationships and how to communicate effectively and professionally with LGBTI incarcerated individuals. 7. Identify relevant laws related to mandatory reporting and age of consent. 8. Describe the difference in procedures for male vs. female, juvenile vs. adult, and LGBTI 115.331 (c)-3 Yes. Annually. During this audit, the agency confirmed that employees who may have contact with residents receive refresher training on PREA requirements every two years. **Documentation Review** Confirmed: LaPorte met compliance by sampling twelve (12) training records. 115.331 (d): During this audit, the agency confirmed that it shall document, through employee signature or electronic verification, that employees understand the training they have received. 115.331 (d)-1 Yes. During this audit, the agency confirmed that employees who may have contact with residents understand the training they have received, as evidenced by employee signatures or electronic verification. **Documentation Review** Confirmed: Documentation of employee (12) signatures or electronic verification signifying comprehension of the training. **Evidence Relied Upon:**

1. Pre-audit questionnaire.
2. IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), VI. Training and Education, Section A, Employee Training, pages 17-18, states that the Department shall train all employees who may have contact with residents (see subsections 1a-k).
3. IDOC Division of Workforce Engagement, Prison Rape Elimination Act, (revised 12/09/2025), PP slides 1-24.
4. IDOC Prison Rape Elimination Act, C2 PREA eLearning.pdf, slides 1-37.
5. Interviews with random staff (12).
6. Document review (12)

Conclusion:

The above narrative thoroughly covers all evidence used to determine compliance or non-compliance, the Auditor's analysis and reasoning, and their conclusions. If the facility does not meet the standard, the discussion should also include recommendations for corrective actions.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.332 - Volunteer and contractor training 115.332 (a): The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. 115.332 (a)-1 LAPORTE JUVENILE CORRECTIONAL FACILITY confirmed that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), VI. Training and Education, Section B, Volunteer and Contractor Training, page 19, states that the Department shall ensure that all volunteers and contractors who may have contact with residents have been trained on their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. This training shall be completed prior to contact with an incarcerated individual and annually. The level and type of training provided to volunteers and contractors shall be based

on the services they provide and the level of contact they have with incarcerated individuals, but all volunteers and contractors who have contact with incarcerated individuals shall be notified of the Department’s zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents by being provided with a copy of the Staff PREA Brochure.

The Department shall maintain documentation confirming that volunteers and contractors understand the training they have received. The training shall be documented on the PREA Training Acknowledgment form.

115.332 (a)-2 The number of volunteers and contractors who have contact with residents and have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 25.

IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), VI. Training and Education, Section B, Volunteer and Contractor Training, page 19.

During this audit, the Auditor interviewed a Volunteer (1) or Contractor(1) who has contact with Residents. The Contractor and Volunteer each confirmed being trained by LAPORTE JUVENILE CORRECTIONAL FACILITY in their responsibilities regarding sexual abuse and sexual harassment, and understanding the mandate to report all allegations of sexual abuse or sexual harassment to a supervisor or manager immediately, to safeguard the victim, preserve evidence, and document the incident.

Documentation Review

Corrective Action: A sample of training records of volunteers (1) and contractors (1) who may have contact with residents.

115.332 (b): The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

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

115.332 (b)-2 LAPORTE JUVENILE CORRECTIONAL FACILITY confirmed during this audit that all volunteers and contractors who have contact with residents have been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

- Contractors must complete IDOC's annual PREA Training.

The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with incarcerated

	individuals, but all volunteers and contractors who have contact with incarcerated individuals shall be notified of the Department’s zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents by being provided with a copy of the Staff PREA Brochure. During this audit, the Auditor interviewed a Volunteer (1) or Contractor(1) who has contact with Residents. The Contractor confirmed being trained by LAPORTE JUVENILE CORRECTIONAL FACILITY in their responsibilities regarding sexual abuse and sexual harassment, and understanding the mandate to report all allegations of sexual abuse or sexual harassment to a supervisor or manager immediately, to safeguard the victim, preserve evidence, and document the incident. **Documentation Review** Corrective Action: A sample of training records of volunteers (1) and contractors (1) who may have contact with residents. 115.332 (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. 115.332 (c)-1 Yes. During this audit, the Auditor confirmed that the agency maintains documentation confirming that the volunteers and contractors understand the training they have received. **Documentation Review** Corrective Action: Relevant documentation (e.g., signed acknowledgment of understanding by volunteers/contractors). **Evidence Relied Upon:** 1. Pre-audit questionnaire 2. IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), VI. Training and Education, Section B, Volunteer and Contractor Training, page 19. 3. Interview with a Contractor (1) 4. Interview with a Volunteer (1) **Corrective Action:** 115.332 (b)-2 Document Review: A sample of training records of volunteers (1) and contractors (1) who may have contact with residents. 115.332 (c)-1 Document Review: Relevant documentation (e.g., signed acknowledgment of understanding by volunteers/contractors). **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 recommendations where the facility does not meet the standard.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.333 - Resident education 115.333 (a): During the intake process, residents shall receive information explaining, in an age-appropriate fashion, the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. 115.333 (a)-1 Residents 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. IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), Section C., Incarcerated Individual Education, pages 19-21. IDOC, Division of Youth Services, Youth Handbook, (effective 1/16/25), pages 1-22. IDOC, Division of Youth Services, Youth Handbook, (effective 1/16/25), PREA, pages 7-10. IDOC, Incarcerated Individual/Youth Informational Brochure (Revised 2/2025). • IDOC Zero Tolerance Policy • Prevention tips • Treatment/Counseling • What should you report • How to report sexual abuse or sexual harassment • Nonconsensual sexual act • Sexual harassment 115.333 (a)-2 Yes. The number of residents admitted in the past 12 months who were given IDOC, Sexual Prevention, and Reporting this information at intake: 87. 115.333 (a)-3 Yes. During this audit, (LAPORTE) confirmed that this information is provided in an age-appropriate fashion. During this audit, the Auditor interviewed a random sample of residents, totaling twenty (20). All confirmed the ability to read and understand posters and PREA educational brochures provided during the intake process. During this audit, the Auditor interviewed Intake Staff. The staff member confirmed that they provide all residents with information about the agency's zero-tolerance policy and reporting procedures for sexual abuse or harassment. This education is delivered through brochures, handbooks, PREA videos, and face-to-face interviews in a language they comprehend.

IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), Section C., Incarcerated Individual Education, pages 19-21 states that during the intake process, incarcerated individuals shall receive information explaining the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment by being provided a copy of the PREA Brochure.

During this audit, the Auditor interviewed a select sample of residents totaling twenty (20) (e.g., Reported sexual abuse (0), Physically disabled (0), LEP (0), Cognitive (6), LGBTI (1), and a History of victimization (2)). All residents interviewed confirmed that during the intake process, they were educated through brochures, handbooks, PREA videos, and face-to-face interviews in a language they understand.

PREA Audit Site Review

INTAKE: PREA INFORMATION

During the intake mock demo, with the intake staff, the Auditor:

- Confirm who is responsible for conducting the intake process. This information will be important for interviewing the right staff who are responsible for the intake process.
- Test how the facility provides the necessary PREA information to all residents and confined people, regardless of ability and language, including:
- Examination of written information, which was clear according to informal interviews
- PREA information was provided at an appropriate reading level.
- PREA information was accessible for all residents and confined people in the facility, including those who are limited English proficient (LEP)
- Confirmed that the facility provides written information in the languages most spoken in the facility and/or provides translation services on demand. (English/Spanish).
- Confirmed that the facility provides interpreters, when needed, to assist Deaf and non-English speaking residents or confined people in the facility (see section Interpretation Services, below).
- Confirmed that staff are prepared to read written information out loud, if applicable, to make accommodations for residents or confined people in the facility when necessary (e.g., Blind or have low vision, limited reading skills).
- Confirmed that mental health staff or other skilled educators/staff are involved in providing the required information to confined persons with cognitive or functional disabilities.

INTERPRETATION SERVICES

Informally, the PREA Coordinator explained that a LEP resident would access interpretive services to facilitate communication among the resident, the facility, and the courts.

During the site review, the Auditor:

- Tested the facility’s process for securing interpretation services on demand.
- Confirmed by reviewing the statewide contract for on-demand language and interpretation services. According to the state contract, Language Line is available 24/7.
- Confirmed that the language line would be accessed via a landline in the facility's staff office spaces or the conference room.
- Confirmed that a resident is not required to self-identify to access the interpretive service.
- Assess the availability of interpretation services (e.g., the ability to access immediate interpretation services).
- Confirmed that the accessibility of interpretation services is available to all residents in the facility who need an interpreter, including residents confined to restricted housing.
- Observe the locations available for telephonic interpretation services that provide privacy for the residents detained in the facility.

Documentation Review

Confirmed: Intake records of residents entering the facility in the last 12 months (spot check)(19).

Confirmed: Log or other record corroborating that those residents received information at intake (e.g., resident signatures).

Confirmed: Any relevant education materials (e.g., resident handbook) to ensure that relevant information is covered and material is presented in an age-appropriate fashion.

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

115.333 (b)-1 The number of those residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake: 87.

During the audit, the Auditor interviewed an Intake Staff member who outlined the intake process. The staff member indicated that intake typically occurs on the day of or the day after a resident's arrival. The staff member described various training methods used to educate residents, including PREA videos, PREA brochures, PREA posters, the handbook, and face-to-face interviews in which staff review the facility handbook with each resident.

During this audit, the Auditor interviewed a select sample of residents (20) in the facility. All residents (20) confirmed that they received PREA education upon their arrival or the next day. The PREA education included watching a PREA video, reviewing the facility handbook, and an interview with a staff person.

COMPREHENSIVE PREA EDUCATION

During the site review, the Auditor:

Confirmed that the facility provided comprehensive education via video and in-person.

Confirmed that PREA education includes the required information as outlined in the Standards (e.g., 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).

Confirmed how the facility makes the comprehensive education accessible to all residents in the facility (i.e., residents who are Deaf or hard-of-hearing, Blind or have low vision, cognitively or functionally disabled, limited English proficient, non-English speaking, and/or have limited reading skills).

Documentation Review

Confirmed: Intake records of residents entering the facility in the last 12 months (spot check). (20).

Confirmed: Log or other record corroborating that those residents received comprehensive PREA education within 10 days of intake (e.g., resident signatures).

Confirmed: Any relevant education materials (e.g., video, resident handbook, training curricula) to ensure that relevant information is covered and material is presented in an appropriate age fashion.

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

115.333 (c)-1 Yes. During this audit, (LAPORTE) confirmed to the Auditor that all residents were educated as required in d in 115.333 (b)-1) within 10 days of intake.

115.333 (c)-2 If YES, by what date were they educated by: Zero. Not applicable. Always within 72 hours.

115.333 (c)-3 If NO, the number of residents who are still not educated. Zero. Not applicable.

115.333 (c)-4 Yes. During this audit, the agency confirmed that the Agency’s policy requires that residents who are transferred from one facility to another be educated

regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), Section C., Incarcerated Individual Education, pages 19-21.

During the audit, the Auditor interviewed an intake staff member, who conducted a mock intake process. They confirmed that all residents at LAPORTE are processed during intake and receive PREA Education. The staff member indicated that intake usually occurs on the day of arrival or the next day, but always within 72 hours. They explained that the facility uses various training methods to educate residents, including PREA videos, PREA brochures, PREA posters, and face-to-face interviews where staff review the facility handbook with each resident.

Documentation Review

Confirmed: Log or other record corroborating that current residents received comprehensive PREA education within one year of the effective date of the PREA standards (e.g., resident signatures). (20).

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

115.333 (d)-1 Yes. During this audit, (LAPORTE) confirmed that resident PREA education is available in formats accessible to all residents, including those who are limited English proficient.

115.333 (d)-2 Yes. During this audit, (LAPORTE) confirmed that resident PREA education is available in formats accessible to all residents, including those who are deaf.

IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), Section C., Incarcerated Individual Education, pages 19-21.

115.333 (d)-3 Yes. During this audit, (LAPORTE) confirmed that resident PREA education is available in formats accessible to all residents, including those who are visually impaired.

- See Standard 115.333 (a)-1

115.333 (d)-4 Yes. During this audit, (LAPORTE) confirmed that resident PREA education is available in formats accessible to all residents, including those with disabilities.

- See Standard 115.333 (a)-1

115.333 (d)-5 Yes. During this audit, (LAPORTE) confirmed that resident PREA education is available in formats accessible to all residents, including those who have limited reading skills.

- See Standard 115.333 (a)-1

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

- See Standard 115.333 (a)-1

Documentation Review

Confirmed: Resident education materials.

115.333 (e)-1 Yes. During this audit, (LAPORTE) confirmed that the agency maintains documentation of resident participation in PREA education sessions.

Documentation Review

Confirmed: Sample documentation of resident participation in education

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

115.333 (f)-1 Yes. During this audit, (LAPORTE) confirmed that the agency ensures key information about its PREA policies is continuously and readily available or visible through PREA posters, resident handbooks, or other written formats.

- PREA Poster
    - END THE SILENCE

PREA Audit Site Review

SIGNAGE

During the site review, the Auditor observed posted or printed signage throughout the facility (e.g., posters, pamphlets, brochures, electronic signage). Signage includes audit notices, civil immigration information, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. Observe whether signage throughout the facility is easily read and accessible to residents and visitors. Confirmed that signage language is clear, easy to understand, and at an appropriate reading level for the residents confined in the facility. Confirmed signage specific to services, such as emotional support services, civil immigration, and external reporting, should include language that clearly details what services are available and for what purposes. Confirmed PREA signage was an age-appropriate reading level according to

	informal conversations with residents. Confirmed signage was provided in English and translated into Spanish. Confirmed that PREA 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. Confirmed that PREA information provided by the facility was not obscured, unreadable by graffiti, or missing due to damage (e.g., part of the signage was ripped off that included the sexual abuse reporting hotline, a person drew a picture over the words, which makes them illegible). Observe whether the information on the signage is accurate and consistent throughout the facility (e.g., audit notices are relevant to the current audit; contact information is consistent for service provider/ organization name(s), addresses, phone number(s)). Observe where signage is placed in the facility to assess whether it is accessible to staff and/or those confined to the facility, and to other people who may need the information or services provided. The Auditor observed the placement of the following types of signage: Other PREA Signage Posted in areas where staff and residents in the facility can read and retain the information being provided (e.g., staff dining area, staff break room, locker rooms, medical and mental health staff areas, housing units). Confirmed that key PREA information is continuously and readily available and observed throughout the facility (e.g., posters, handbooks, brochures, or other written formats). **Evidence Relied Upon:** 1. Pre-audit questionnaire 2. IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), Section C., Incarcerated Individual Education, pages 19-21. 3. IDOC, Division of Youth Services, Youth Handbook, (effective 1/16/25), pages 1-22. 4. IDOC, Division of Youth Services, Youth Handbook, (effective 1/16/25), PREA, pages 7-10. 5. Facility Site Visit and Tour 6. PREA Posters 7. Interview with Intake Staff. 8. Interview with random staff (12) 9. Interview residents (20) **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 recommendations where the facility does not meet the standard.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.334 - Specialized training: Investigations 115.334 (a): In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. 115.334 (a)-1 During this audit, the agency confirmed that it has a policy that requires that investigators be trained in conducting sexual abuse investigations in confinement settings. IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), Section D., Specialized Training: Investigations, page 21. In addition to the general training provided to all employees pursuant to 115.31/ 331, the Department shall ensure that all investigators have received training in conducting sexual abuse investigations in confinement settings. 2. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. 3. The Department shall maintain documentation that the Department investigators have completed the required specialized training in conducting sexual abuse investigations. National Institute of Corrections, NIC Investigation Curriculum Outline, pages 1-6. • Course introduction • PREA Investigations • Working with Victims • Interviewing Techniques • Institutional Culture and Investigations During the audit, the Auditor interviewed an Investigative Staff member, who confirmed they completed the required training specified in the standard. The staff member verified that the training covered Garrity and Miranda warnings, sexual abuse evidence collection, and the criteria and evidence required to prosecute a case. **Documentation Review** 115.334 (a)-1 for documentation of specialized training.

Confirmed: The Auditor reviewed the National Institute of Corrections (NIC) training curriculum online. The training met the criteria of this standard.

Confirmed: Training records/logs of investigative staff (5)

- See Standard 115.334 (c)-2.

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

During the audit, the Auditor interviewed one (1) Investigative Staff member. This staff member confirmed they had completed the required training outlined in this standard. They also verified that the training included Garrity and Miranda warnings, sexual abuse evidence collection, and the criteria and evidence needed to support a case for prosecution.

Documentation Review

115.334 (a)-1 for documentation of specialized training.

Confirmed: The Auditor reviewed the National Institute of Corrections (NIC) training curriculum online. The training met the criteria of this standard.

Confirmed: Training records/logs of investigative staff (5)

- See Standard 115.334 (c)-2.

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

115.334 (c)-1 During this audit, the agency confirmed that it maintains documentation showing that investigators have completed the required training.

- See Standard 115.334 (c)-2.

115.334 (c)-2 The number of investigators currently employed who have completed the required training: 5.

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

- Auditor is not required to audit this provision

Evidence relied upon:

- Pre-audit questionnaire
- IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), Section D., Specialized Training: Investigations, page 21.
- Interview with Investigative Staff (1).
- Document review of training records (5).
- National Institute of Corrections, NIC Investigation Curriculum Outline, pages 1-6.

Conclusion:

The above narrative thoroughly covers all evidence used in determining compliance or non-compliance, including the Auditor's analysis, reasoning, and conclusions. If the facility fails to meet the standard, the discussion must also specify recommended corrective actions.

115.335	Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.335 - Specialized training: Medical and mental health care

115.335 (a): The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:(1) How to detect and assess signs of sexual abuse and sexual harassment;(2) How to preserve physical evidence of sexual abuse;(3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and(4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

115.335 (a)-1 Yes. The agency has a policy on the training of medical and mental health practitioners who regularly work in its facilities.

IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), Section E., Specialized Training: Medical and Mental Health Care, pages 21-22.

The Department shall ensure that all medical and mental health care practitioners who regularly work in its facilities have been trained in 115.335(a)(1-4).

1. How to detect and assess signs of sexual abuse and sexual harassment
2. How to preserve physical evidence of sexual abuse
3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment

4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Facility Health Services staff shall not conduct forensic examinations unless required by contract. Health Services staff shall provide emergent medical care and preserve physical evidence, as required by all staff, in coordination with investigators.

The Department shall maintain documentation that Health Services and its practitioners have received the training referenced in this standard either from the Department or elsewhere.

Health Services practitioners shall also receive the training mandated for employees under 115.31/331 or for contractors and volunteers under 115.32/332, depending upon the practitioner's status at the Department.

115.335 (a)-2 The number of all medical and mental health care practitioners who work regularly at this facility who have received the training required by agency policy: 15.

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

During this audit, the Auditor interviewed a medical practitioner. She confirmed that she works regularly at the facility and has completed the specialized training required by this standard.

During the audit, the Auditor interviewed a mental health practitioner, who confirmed that they regularly work in the facility and have completed the specialized training mandated by this standard.

Documentation Review

Corrective Action: LAPORTE failed to submit training and personnel records to verify that regular practitioners have been trained in accordance with this standard.

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

115.335 (b)-1 No. During this audit, the agency confirmed that the facility's medical staff does not conduct forensic medical exams.

- See Standard 115.331 (a)(1) and 115.335 (c)-1.

During this audit, the Auditor interviewed a medical and mental health practitioner separately. Each practitioner confirmed completion of specialized training regarding sexual abuse and sexual harassment. Further, each confirmed that their training

	included: • How to detect and assess signs of sexual abuse and sexual harassment; • How to preserve physical evidence of sexual abuse; • How to respond effectively and professionally to juvenile victims of sexual abuse • and sexual harassment; and • How and to whom to report allegations or suspicions of sexual abuse and sexual • harassment. 115.335 (c): The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. 115.335 (c)-1 The agency, during completion of the interim report, LAPORTE confirmed that it maintains documentation showing that medical and mental health practitioners have completed the required training. • Training presentation: Centurion, PREA Overview for Juveniles (PP) (effective 2/2022), slides 1-65. ◦ Increased understanding of the goals of PREA. ◦ General expectations of PREA National Standards ◦ Expectations of the PREA National Standards for medical and mental health practitioners ◦ Zero Tolerance Policy for correctional sexual violence ◦ The 8th Amendment ◦ Sexual Victimization ◦ Prevention ◦ Planning ◦ Reporting ◦ Investigations ◦ Official Response **Documentation Review** Corrective Action: Training logs of medical and mental health care practitioners to ensure they receive the training. Corrective Action: Training logs for medical and mental health care practitioners were omitted. Corrective action. 115.335 (d): Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency. **Documentation Review**

	Corrective Action: Training logs of medical and mental health care practitioners to ensure they receive the training for employees AND contractors/volunteers (depending on their status) according to the referenced standards. Evidence omitted. **Evidence Relied Upon:** Pre-audit questionnaire IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), Section E., Specialized Training: Medical and Mental Health Care, pages 21-22. Training presentation: Centurion, PREA Overview for Juveniles (PP) (effective 2/2022), slides 1-65. Interview with a medical practitioner (1) Interview with a mental health practitioner (1) **Corrective Action:** 115.335 (a)-3 Documentation Review: Corrective Action: LAPORTE omitted the submission of training records and personnel records to verify that regular practitioners have been trained in accordance with this standard. 115.335 (c)-1 The agency maintains documentation showing that medical and mental health practitioners have completed the required training. Document Review: Training logs for medical and mental health care practitioners were omitted. 115.335 (d): Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency. Documentation Review: Training logs of medical and mental health care practitioners to ensure they receive the training for employees AND contractors/volunteers (depending on their status) according to the referenced standards. Evidence for training to support this standard. **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 recommendations where the facility does not meet the standard.

115.341	**Obtaining information from residents**
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.341 - Obtaining information from residents

115.341 (a): Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

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

IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), Section B., Obtaining Information from Incarcerated Individuals, pages 24-25.

- IDOC Delta Samples (20).

115.341 (a)-2 Yes. During this audit, LAPORTE confirmed that the policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.

IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), Section B., Obtaining Information from Incarcerated Individuals, pages 24-25.

115.341 (a)-3 The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 87.

115.341 (a)-4 Yes During this audit, LAPORTE confirmed that the policy requires that the resident's risk level be reassessed periodically throughout their confinement.

During this audit, the Auditor interviewed staff responsible for risk screening (1). The staff member explained the process for residents assigned to the LAPORTE JUVENILE CORRECTIONAL FACILITY or transferred from another facility. The staff confirmed that policy requires all incoming residents to be screened for potential risks of sexual victimization or abuse within 72 hours of intake. The intake process also includes completing the PREA questionnaire, SVAT (risk assessment), which considers factors like a history of victimization, abuse, disability, or language barriers. If a resident refuses to answer any PREA-related questions, they are not subjected to disciplinary actions.

During this audit, the Auditor interviewed a select group totaling twenty (20) residents. All residents interviewed confirmed that when they arrived, they were asked questions like whether they had ever been sexually abused, whether they identified with being gay, bisexual, or transgender, whether they had any disabilities, and whether they thought they might be in danger of sexual abuse

here.

PREA Audit Site Review

PREA RISK SCREENING

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 risk assessment screening process occurs in a setting that ensures as much privacy as possible, in a private location.
- Confirmed that the risk assessment screening questions are asked in a manner that fosters comfort and elicits responses.
- The Auditor evaluated the method used to assess whether confined individuals are at risk of being sexually abused by other residents or engaging in sexual abuse themselves within the facility.
- Confirmed that the screening staff uses an instrument to collect information during the risk screening process.

During an interview, it was confirmed that screening staff actively ask residents about their sexual orientation and gender identity by directly inquiring if they identify as LGBTI, in addition to making subjective judgments about perceived status.

During the interview, it was confirmed that the risk screening staff uses extra sources of information, as outlined in the Standards, to carry out the initial risk screening assessment.

It was confirmed during the mock demo that the information gathered during risk screening under Standard 115.341 is utilized to lower the risk of sexual abuse by or against a resident.

Documentation Review

Documentation Review

A sample of training sets of records (20) reviewed confirmed completion of required training by PREA standards.

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

115.341 (b)-1 Risk assessment is conducted using an objective screening instrument.

- PREA Delta Facilitator Guide

115.341 (c): At a minimum, the agency shall attempt to ascertain information

about: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

During this audit, the staff responsible for risk screening were interviewed (1). The staff member confirmed that the risk screening instrument considered the factors outlined in Standard 115.341(c).

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

During this audit, interviews were conducted with staff responsible for risk screening (1). The staff confirmed that, per policy, residents must undergo an initial risk assessment within 72 hours of admission. Additionally, there is a formal review of risk factors related to victimization, sexual abuse, or harassment conducted ten days after admission, with reassessments every thirty days until discharge.

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

During this audit, the Auditor interviewed the PREA Coordinator, who confirmed that access to sensitive PII resident information is restricted based on each staff member's role and level of responsibilities.

During this audit, the Auditor interviewed the PREA Compliance Manager (PCM), who clarified that the agency controls access to a resident's risk assessment within the facility. Personally Identifiable Information (PII) is stored in an electronic file called Delta, with restricted access.

During this audit, the Auditor interviewed a staff member responsible for risk screening. The staff member confirmed that the agency designates who can access a resident's risk assessment inside the facility to safeguard sensitive information.

- See Standard 115.341 (a)-4.

PREA Audit Site Review

RECORD STORAGE

	During the site review, the Auditor: Reviewed the physical storage area where hard copy information or documentation collected under the PREA Standards is kept, such as risk screening data, medical records, or sexual abuse allegations, to ensure it is secured, for example, with locks. Reviewed electronic safeguards for any information or documentation collected and maintained according to the PREA Standards, such as risk screening data, to assess how access is secured—whether it is password-protected, limited to specific areas, or governed by role-based security. **Evidence Relied Upon:** 1. Pre-audit questionnaire 2. IDOC Policy, Sexual Abuse Prevention (effective 10/01/2025), Section B., Obtaining Information from Incarcerated Individuals, pages 24-25. 3. Facility Tour and Site Review 4. Delta PREA Delta Facilitator Guide 5. Storage locations 6. Interview with the PREA Coordinator 7. Interview with the PREA Compliance Manager 8. Interview with the Staff Responsible for Risk Screenings (1) 9. Examination of a sample of risk screenings (20) **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 recommendations where the facility does not meet the standard.

115.342	**Placement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.342 - Placement of residents 115.342 (a): The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. 115.342 (a)-1 The agency/facility confirmed during this audit that they use information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents

	safe and free from sexual abuse. IDOC Policy, Sexual Abuse Prevention, 02-01-115 (effective 10/01/2025), Section D. Placement of Youth in Housing, Bed, Education, and Work Assignments (Applies to DYS Facilities Only 115.342), pages 28-31. The Department shall use all information obtained pursuant to 115.34/341 and subsequently to make housing, bed, program, education, and work assignments for youth with the goal of keeping all youthful, incarcerated individuals safe and free from sexual abuse. During this audit, the Auditor interviewed a staff member responsible for risk screening (1). The staff member explained that some information is obtained from the residents and court documents. The interview during the intake process informs program, housing, and education, with the goal of keeping all residents safe and free from sexual abuse. During this audit, the Auditor interviewed the PCM, who explained how the facility uses risk screening information collected at intake—such as Bed, housing location, PREA Flag, and PREA Bed board—to improve resident safety and prevent sexual abuse, in accordance with 115.341. **Documentation Review** Confirmed. Documentation on risk-based housing decisions (20). • PREA Flag Table sample • PREA Bed board sample 115.342 (b): Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents access to daily large-muscle exercise and to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. 115.342 (b)-1 Yes. The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. IDOC Policy, Sexual Abuse Prevention, 02-01-115 (effective 10/01/2025), Section D. Placement of Youth in Housing, Bed, Education, and Work Assignments (Applies to DYS Facilities Only 115.342), pages 28-31. IDOC, Policy and Administrative Procedure, 01-04-104 (effective 3/01/2017), The Establishment, Maintenance and Disposition of Offender Records, Section B., Access

	to Offender Records Information, page 15. • Restricted • Unrestricted • Health Services Records • Confidential 115.342 (b)-2 Yes. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. 115.342 (b)-3 The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months: 0. • See Standard 115.342 (b) 2. 115.342 (b)-4 The number of residents at risk of sexual victimization who were placed in isolation and have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0. • There were no residents in isolation due to risk of sexual victimization or who claimed to have suffered sexual abuse during the onsite portion of this audit. 115.342 (b)-5 Not applicable. The average period residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months: 0. There were no residents in isolation due to risk of sexual victimization or those who claimed to have experienced sexual abuse during the onsite portion of this audit. • See Standard 115.342 (b) 2. During this audit, the Auditor interviewed a staff member responsible for supervising residents in isolation; however, residents are only placed in isolation as a last resort. During this audit, the Auditor interviewed a mental health practitioner. The practitioner confirmed that residents placed in isolation receive visits from a mental health practitioner at least daily. During this audit, the Auditor interviewed the Warden. The Warden confirmed that, according to policy, residents at risk of sexual victimization are generally not placed in isolation. Segregation is used only as a last resort to protect a victim. During the facility tour, the Auditor confirmed that no resident victims of sexual abuse (for risk of sexual victimization/who allege to have suffered sexual abuse)

were in segregation during the facility tour.

Documentation Review

Not applicable. Case files of residents held in isolation during the past 12 months to determine if any residents were placed in isolation due to a risk of sexual victimization.

- See Standard 115.342 (b) 2.

Not applicable. Records for the length of placement of residents at risk of sexual victimization who were in isolation during the past 12 months. Case files of residents held in isolation during the past 12 months to determine if any residents were placed in isolation due to a risk of sexual victimization. Not applicable during this reporting period.

- See Standard 115.342 (b) 2.

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

115.342 (c)-1 Yes. The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, beds, or other assignments solely based on such identification or status.

IDOC Policy, Sexual Abuse Prevention, 02-01-115, (effective 10/01/2025), Section D. Placement of Youth in Housing, Bed, Education, and Work Assignments (Applies to DYS Facilities Only 115.342), pages 28-31.

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

IDOC Policy, Sexual Abuse Prevention, 02-01-115 (effective 10/01/2025), Section D. Placement of Youth in Housing, Bed, Education, and Work Assignments (Applies to DYS Facilities Only 115.342), pages 28-31.

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

- This provision is no longer applicable to your compliance finding, N/A.

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

to safety experienced by the resident.

- This provision is no longer applicable to your compliance finding, N/A.

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

- This provision is no longer applicable to your compliance finding, N/A.

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

- This provision is no longer applicable to your compliance finding, N/A.

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

IDOC Policy, Sexual Abuse Prevention, 02-01-115 (effective 10/01/2025), Section D. Placement of Youth in Housing, Bed, Education, and Work Assignments (Applies to DYS Facilities Only 115.342), pages 28-31.

When State Form 56615 is completed, the PREA Compliance Manager shall schedule a Multidisciplinary Committee on Accommodation meeting and invite the youth to participate in the meeting to discuss the youth’s views regarding their own safety.

115.342 (h)-1 From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH: 0.

- Not applicable during this reporting period.

Documentation Review

Not applicable. Case files of residents at risk of sexual victimization who were held in isolation in the past 12 months.

- See Standard 115.342 (h)-1.

115.342 (i): Every 30 days, the facility shall afford each resident described in paragraph (h) of this section the opportunity to determine whether there is a continuing need for separation from the general population.

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

IDOC Policy, Sexual Abuse Prevention, 02-01-115 (effective 10/01/2025), Section D. Placement of Youth in Housing, Bed, Education, and Work Assignments (Applies to DYS Facilities Only 115.342), pages 28-31.

During this audit, the Auditor interviewed a staff member who supervises residents in isolation. The staff member confirmed that involuntary isolation would be the last resort and that placement review would be conducted in accordance with this standard.

Documentation Review

- Not applicable during this reporting period.

Evidence Relied Upon:

1. Pre-audit questionnaire
2. IDOC Policy, Sexual Abuse Prevention, 02-01-115 (effective 10/01/2025), Section D. Placement of Youth in Housing, Bed, Education, and Work Assignments (Applies to DYS Facilities Only 115.342).
3. IDOC, Policy and Administrative Procedure, 01-04-104 (effective 3/01/2017), The Establishment, Maintenance and Disposition of Offender Records, Section B., Access to Offender Records Information.
4. PREA Flag Table sample
5. PREA Bed board sample
6. Interview with the PREA Compliance Manager
7. Interview with a select sample of residents (20)
8. Interview with Staff who Supervise Residents in Isolation (1).
9. Interview with a medical practitioner (1)
10. Interview with a mental health practitioner (1)

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 recommendations where the facility does not meet the standard.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.351 - Resident reporting 115.351 (a): The agency shall provide multiple internal ways for residents to

privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

115.351 (a)-1 Yes. The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:

- Sexual abuse and sexual harassment;
- Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND
- Staff neglect or violate their responsibilities, which may have contributed to such incidents.

IDOC Policy, Sexual Abuse Prevention, 02-01-115 (effective 10/01/2025), VIII. Reporting, Section A. Incarcerated Individual Reporting, pages 32-33.

Ombudsman: Sexual Abuse Report on Viapath (GTL) (tablets). Sexual Abuse Reports can be submitted to the Indiana Ombudsman via your tablet.

- Select the “GTL Request” option, then select Ombudsman
- Ombudsman Poster

During the facility tour, the Auditor noted age-appropriate signage to provide residents with readable, accessible, and consistent posters (male/female, English/ Spanish).

During this audit, the Auditor interviewed a select sample of random staff (12). Random staff detailed multiple ways a resident can report allegations of sexual abuse or sexual harassment, such as verbally, a grievance, the PREA hotline, or tell a trusted staff member.

PREA Audit Site Review

Signage

During the site review, the Auditor:

Confirmed that signage throughout the facility is easily readable and accessible to everyone, including residents with disabilities. Ensured that the language used is clear, simple, and appropriate for the intended audience. Observed specific PREA-related signs, such as those for emotional support, civil immigration, and external reporting, should clearly specify available services and their purposes at an age-appropriate reading level. Confirmed that signage was available in English and Spanish, the most common languages spoken in the facility. Confirmed through informal conversation with residents that the size, formatting, and placement of signs should accommodate most readers, including those who are of average height, visually impaired, or physically disabled, such as wheelchair users. Verify that signage is not obscured by graffiti, damage, or vandalism, and that vital

information such as hotline numbers is visible and intact. Confirmed that the information on signs is accurate and consistent across the facility, for example, the relevance of notices, correct contact details, and organizational names. Additionally, the Auditor examined signage placement to ensure it is accessible to staff, residents, and visitors who may need the information or services, especially for critical signs such as how to report sexual abuse or harassment.

Confirmed PREA-related information was posted in any areas frequented by residents detained in the facility, including housing/living units, programming areas, work areas, education areas, etc.

TESTING INTERNAL REPORTING METHODS FOR DETAINED/CONFINED RESIDENTS

Confirmed that this facility has multiple internal methods for residents/confined persons to privately report sexual abuse or sexual harassment, retaliation by other persons confined in the facility or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Accordingly, during the site review, Auditors tested the methods provided to assess whether residents/confined persons in the facility have regular and timely access to reporting methods and how the facility receives these reports.

During this audit, the Auditor interviewed a sample of 20 residents. Each resident offered multiple reporting options for sexual abuse or harassment, including the PREA Hotline, informing staff, or contacting a parent.

- Telephones
- Hotline

RECORD STORAGE

During the site review, the Auditor:

Check the physical storage area where hard-copy information or documentation from the PREA Standards is kept, such as risk screening data, medical records, or sexual abuse allegations, to ensure it is secured using methods like file cabinets, locks, keys, or the Delta System.

Review electronic safeguards for all information and documentation collected and maintained under the PREA Standards, such as risk screening data, to assess how access is protected—whether through password protection, restricted access areas, or role-based security measures.

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

purposes shall be provided with information on how to contact relevant consular officials and Department of Homeland Security officials.

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

- Ombudsman's Office is a state agency.

115.351 (b)-2 Yes. The agency has a policy requiring residents detained solely for civil immigration purposes to be provided with information on how to contact relevant consular officials and Department of Homeland Security officials.

- See Standard 115.351 (b)-1.

PREA Audit Site Review

SIGNAGE

During the site review, the Auditor:

Observed that signage throughout the facility is clear, accessible, and easy to read for residents. Verified that the signage language is understandable, at an appropriate reading level, and clearly communicates the services available, such as emotional support, civil immigration, and external reporting. Ensured that signs are provided in English and Spanish, the two most spoken languages in the facility. Confirm that text size, formatting, and placement are suitable for most readers, including those of average height, low vision, or physical disabilities. Ensured signage was not obscured by graffiti, damage, or missing. The information must be accurate and consistent across the facility, such as relevant audit notices and correct contact details. Observe signage placement to assess accessibility for staff, residents, and visitors. Review the placement of PREA-related and emotional support signage, including reporting procedures for sexual abuse or harassment, in areas regularly used by residents, like housing, programming, work, and education spaces.

TESTING INTERNAL REPORTING METHODS FOR RESIDENTS/CONFINED PERSONS

Access to the mechanism(s)/form(s) was tested in the facility, such as phone, grievance forms, paper, writing instruments, and the IDOC hotline. It was confirmed that residents or confined persons in the facility do not need to request PREA-related forms from staff, as they were readily available without any request.

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

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

third parties.

Reporting in Writing

Tested access in the facility to the telephone/grievance box/letter mailing process/ hotline. Determine whether residents or confined persons in the facility need not request forms from staff.

Reporting Electronically

Confirmed that a resident can report abuse by telephone or written grievance through informal conversation in the living unit with other residents.

PROCESSES FOR SENDING AND RECEIVING MAIL (MAIL DROP BOXES/ MAILROOM)

Observed the mail drop and pickup process. The boxes were locked. Observed residents with writing material and paper.

RECORD STORAGE

See Standard 115.314 (e).

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

During this audit, the Auditor interviewed a random sample of staff (12), all of whom confirmed that, according to policy, they are required to document verbal reports.

Moreover, the same sample staff confirmed that residents may report sexual abuse or sexual harassment in multiple ways, including verbally, anonymously through a third party, or by filing a grievance. Furthermore, all allegations, including verbal reports, are documented, and facility managers are notified immediately.

- During this reporting period, no residents made verbal reports.

During this audit, the Auditor interviewed 20 residents chosen at random. The sample confirmed they are able to report sexual abuse or harassment either in person or in writing.

115.351 (d): The facility confirmed during this audit that all residents have access to the tools necessary to make a written report.

115.351 (d)-1 Yes. During this audit, the facility confirmed that it provides residents with access to tools for making written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violations of responsibilities that may have contributed to such incidents.

During the facility tour and site visit, this Auditor observed residents writing with writing instruments provided by the facility.

	During this reporting period, the Auditor interviewed the PREA Compliance Manager (PCM), who described several ways residents can report sexual abuse. These include verbal reports, contacting the Ombudsman Office, informing family members, or submitting a Grievance. The Ombudsman Office's process ensures that calls are confidential and that reports of sexual abuse or harassment are forwarded to facility officials and the PREA Coordinator. Residents or confined persons may also remain anonymous if they prefer. Ombudsman: Sexual Abuse Report on Viapath (GTL) (tablets). Sexual Abuse Reports can be submitted to the Indiana Ombudsman via your tablet. • Select the “GTL Request” option, then select Ombudsman • Ombudsman Poster • During this reporting period, the facility had no allegations of sexual abuse or harassment in the past 12 months. 115.351 (e): The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents. 115.351 (e)-1 Yes. During this audit, the agency confirmed establishing procedures for staff to privately report sexual abuse and sexual harassment of residents, such as the PREA hotline, report to management, and grievance box. IDOC Policy, Sexual Abuse Prevention, 02-01-115 (effective 10/01/2025), VIII. Reporting, Section A. Incarcerated Individual Reporting, pages 32-33. Ombudsman: Sexual Abuse Report on Viapath (GTL) (tablets). Sexual Abuse Reports can be submitted to the Indiana Ombudsman via your tablet. • Select the “GTL Request” option, then select Ombudsman • Ombudsman Poster 115.351 (e)-2 The facility confirmed during this audit that staff are informed of these procedures in the following ways: Through staff training. IDOC Sexual Abuse Prevention and Reporting, Staff PREA Brochure • Types of Sexual Abuse and Sexual Harassment • Methods for Reporting Sexual Abuse and Harassment • Zero Tolerance Policy • Recognition of Sexual Abuse • How to report During this report, the Auditor randomly interviewed staff members. The staff provided various confidential methods for reporting sexual abuse or harassment of residents or confined individuals, including notifying a supervisor, sending an email, calling the PREA Hotline, notifying the Warden or the Investigations & Intelligence Officers (I & I), speaking face-to-face, or contacting the PCM.

Evidence Relied Upon:

1. Pre-audit questionnaire
2. PREA Audit Site
3. IDOC Policy, Sexual Abuse Prevention, 02-01-115 (effective 10/01/2025), VIII. Reporting, Section A. Incarcerated Individual Reporting, pages 32-33.
4. IDOC Sexual Abuse Prevention and Reporting, Staff PREA Brochure
5. Ombudsman, Sexual Abuse Report on Viapath (GTL) (tablets)
6. Ombudsman Poster
7. PREA Audit Site
8. Review Storage
9. Mail
10. Phone
11. Grievance Form
12. PREA Posters (English/Spanish)
13. Interview with the PREA Compliance Manager
14. Interview with random residents (20)
15. Interview with random staff (12)

Conclusion:

The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions. This discussion must also include corrective recommendations where the facility does not meet the standard.

115.352	Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.352 - Exhaustion of administrative remedies

115.352 (a): An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

115.352 (a)-1 The agency confirmed during this audit that it has an administrative procedure for dealing with resident grievances regarding sexual abuse.

IDOC Policy, Sexual Abuse Prevention, 02-01-115 (effective 10/01/2025), Section B. Exhaustion of Administrative Remedies, pages 33-35. The Department has administrative procedures to address incarcerated individuals' grievances regarding a report of sexual abuse. (See Policies and Administrative Procedures 00-02-301, “Grievance Process,” and 03-02-105, “Student Grievance Process”).

IDOC, Policy and Administrative Procedure, Youth Grievance Process, 03-02-105

(effective 4/1/2015), pages 1-14.

115.352 (b): (1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process, or to 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 a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

115.352 (b)-1 Yes. The agency confirmed during this audit that its policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred.

IDOC Policy, Sexual Abuse Prevention, 02-01-115 (effective 10/01/2025), Section B. Exhaustion of Administrative Remedies, page 33. The Department shall not impose a time limit on when an incarcerated individual may submit a grievance regarding an allegation of sexual abuse. The Department may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.

Documentation Review

- See Standard 115.352 (b)-1.
- See Standard 115.322 (a)

115.352 (b)-2 Yes. Agency policy requires a resident to use an informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

IDOC Policy, Sexual Abuse Prevention, 02-01-115 (effective 10/01/2025), Section B. Exhaustion of Administrative Remedies, page 33. The Department shall not require an incarcerated individual to use any informal grievance process, or to otherwise attempt to resolve with staff an alleged incident of sexual abuse.

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

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

IDOC Policy, Sexual Abuse Prevention, 02-01-115 (effective 10/01/2025), Section B. Exhaustion of Administrative Remedies, page 33.

115.352 (c)-2 Yes. The agency's policy and procedure require that a resident's

grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

IDOC Policy, Sexual Abuse Prevention, 02-01-115 (effective 10/01/2025), Section B. Exhaustion of Administrative Remedies, page 33. The Department shall ensure that: a. An incarcerated individual who alleges sexual abuse may submit a grievance without submitting it to an employee who is the subject of the complaint, and b. Such a grievance is not referred to as an employee who is the subject of the complaint.

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

115.352 (d)-1 Yes. During this audit, the agency confirmed that its policy and procedures require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

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

115.352 (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: 0.

115.352 (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.

115.352 (d)-5 Yes. 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 to resolve.

- Not applicable during this reporting period, according to the PREA Compliance Manager.

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

- Not applicable according to the PREA Compliance Manager.

115.352 (d)-7 During this audit, the Auditor confirmed that the agency always notifies the residents when the agency files for an extension, including notice of the date by which a decision will be made.

Documentation Review

- Not applicable. Sample of grievances that alleged sexual abuse and their final decision. See 115.352 (d)-2.

115.352 (e): (1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. (2) If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require, as a condition of processing the request, that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

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

IDOC Policy, Sexual Abuse Prevention, 02-01-115 (effective 10/01/2025), Section B. Exhaustion of Administrative Remedies, page 34. Third parties, including fellow incarcerated individuals, employees, family members, attorneys, and outside advocates, shall be permitted to assist incarcerated individuals in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of incarcerated individuals.

a. If a third party, other than a parent or legal guardian, files such a request on behalf of an incarcerated individual, the facility may require, as a condition of processing the request, that the alleged victim agree to have the request filed on their behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

b. If the incarcerated individual declines to have the request processed on their behalf, the Department shall document the incarcerated individual’s decision.

c. A parent or legal guardian of a youth shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such youth. Such a grievance shall not be conditioned upon the youth agreeing to have the

request filed on their behalf.

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

- See Standard 115.352 (e)-1.

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

- See Standard 115.352 (e)-1.

115.352 (e)-4 The number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline: 0.

PREA Audit Site Review

SIGNAGE

During the site review, the Auditor:

Observed that signage throughout the facility is clear, accessible, and easy to read for residents. Verified that the signage language is understandable, at an appropriate reading level, and clearly communicates the services available, such as emotional support, civil immigration, and external reporting. Ensured that signs are provided in English and Spanish, the two most spoken languages in the facility. Confirm that text size, formatting, and placement are suitable for most readers, including those of average height, low vision, or physical disabilities. Ensured signage was not obscured by graffiti, damage, or missing. The information must be accurate and consistent across the facility, such as relevant audit notices and correct contact details. Observe signage placement to assess accessibility for staff, residents, and visitors. Review the placement of PREA-related and emotional support signage, including reporting procedures for sexual abuse or harassment, in areas regularly used by residents, like housing, programming, work, and education spaces.

TESTING THIRD-PARTY REPORTING

During the site review or post-onsite, the Auditor should complete and submit a test third-party report using the same method(s) available to the public, such as through the agency or facility website. The Auditor confirmed that the methods for submitting third-party reports are easily accessible and understandable and are prominently displayed on the facility or agency website. It is also essential to verify that the reporting method is dedicated solely to reporting sexual abuse and

harassment, not the general contact information for the facility. Additionally, the facility should have a clear process in place for receiving and handling third-party reports.

Documentation Review

Not applicable this reporting period. Documentation of third-party sexual abuse reports and declination of third-party assistance.

- See Standard 114.352 (2-4).
- See Standard 115.322 (a) 2-4.

115.352 (f): (1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination of whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

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

IDOC Policy, Sexual Abuse Prevention, 02-01-115 (effective 10/01/2025), Section B. Exhaustion of Administrative Remedies, page 34. The Department shall establish procedures for the filing of an emergency grievance alleging that an incarcerated individual is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging an incarcerated individual is subject to a substantial risk of imminent sexual abuse, the Department 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

If immediate corrective action may be taken, shall provide an initial response within forty-eight (48) hours, and shall issue a final Department decision within five (5) calendar days. The initial response and final Department decision shall document the Department’s determination whether the incarcerated individual is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

The Department may discipline an incarcerated individual for filing a grievance related to alleged sexual abuse only where the Department demonstrates that the incarcerated individual filed the grievance in bad faith.

115.352 (f)-2 The agency's policy and procedures for emergency grievances

alleging substantial risk of imminent sexual abuse require an initial response within 48 hours.

- See Standard 115.352 (f)-1

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

115.352 (f)-4 The number of those grievances in 115.352(f)-3 that had an initial response within 48 hours: 0.

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

- See Standard 115.352 (f)-1

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

Documentation Review

Not applicable during this reporting period. Documentation of emergency grievances filed pursuant to this standard. See Standard 115.352 (d)-2.

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

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

- See Standard 115.352 (f)-1

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

Documentation Review

Not applicable. Documentation of any such disciplinary actions. See Standard 115.352 (d)-2.

Evidence Relied Upon:

- Pre-audit questionnaire

	• IDOC Policy, Sexual Abuse Prevention, 02-01-115 (effective 10/01/2025), Section B. Exhaustion of Administrative Remedies. • IDOC Policy, and Administrative Procedure, Youth Grievance Process, 03-02-105 (effective 4/1/2015), pages 1-14. • Third-party contact **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 recommendations where the facility does not meet the standard.

115.353	**Resident access to outside confidential support services and legal representation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.353 - Resident access to outside confidential support services and legal representation 115.353 (a): The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, as confidentially as possible. 115.353 (a)-1 Yes. The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Incarcerated Individual Access to Outside Confidential Support Services (effective 10/01/2025), page 35, states that the facility shall provide incarcerated individuals with access to outside victim advocates for emotional support services related to sexual abuse by providing mailing addresses and telephone numbers, including toll-free hotline numbers where available, for local, State, or national victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between incarcerated individuals and these organizations and agencies, as confidentially as possible. Procedure: Confidential Support Services

- Access to Mental Health Practitioners
    - Confidential support services
    - Resources for healing and recovery
    - Referral for long-term support resources
- RAINN National Sexual Assault Hotline
    - #66 toll-free for each living unit
    - Questions for RAINN can be sent to: victimssupport@rainn.org

115.353 (a)-2 Yes. During this audit, (LAPORTE) confirmed that the facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations.

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Incarcerated Individual Access to Outside Confidential Support Services (effective 10/01/2025), page 35 states that the facility shall inform the facility shall inform incarcerated individuals, 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.

- PREA Brochure
- Resident Handbook
- Facility tour and site review
- Posters displayed throughout the facility

115.353 (a)-3 Yes. During this audit, (LAPORTE) confirmed that the facility provides residents (by providing, posting, or otherwise making accessible) with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes.

- See 115.353 (a)-1 for more information.
- See 115.353 (a)-2 for more information.

115.353 (a)-4 Yes. During this audit, (LAPORTE) confirmed that the facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

- See 115.353 (a)-1 for more information.
- See 115.353 (a)-2 for more information.

During this audit, the Auditor interviewed a selected group of 20 residents. Most residents did not specifically remember details about external resources for sexual abuse, such as counseling services. However, they all knew where to find information about accessing confidential outside services within the living units and

understood how to ask a medical or mental health practitioner or a trusted staff member for more information if needed.

PREA Audit Site Review

SIGNAGE

During the site review, the Auditor actively observed any posted or printed signage throughout the facility (e.g., posters, pamphlets, brochures, electronic signage). Signage includes audit notices, civil immigration information, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information.

During the site review, the Auditor:

Observe whether signage throughout the facility can be easily read/accessed by people in the facility.

Observed that PREA-related signage language is clear, easy to understand, and at an appropriate reading level for the residents confined in the facility.

- See 115.353 (a)-1 for more information.
- See 115.353 (a)-2 for more information.

Observed signage specific to services, such as emotional support services, civil immigration, and external reporting, which clearly detail what services are available and for what purposes, and were provided in an age-appropriate reading level, according to informal conversations with residents.

Observed PREA-related signage posted in English/Spanish, the two languages most spoken in the facility.

Confirmed that 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., according to informal conversations with residents.

The information provided by the signage was not obscured, unreadable due to graffiti, or missing due to damage.

Confirmed that the information on the signage was accurate and consistent throughout the facility (e.g., audit notices are relevant to the current audit; contact information is consistent for service provider/organization name(s), addresses, phone number(s)).

Confirmed that PREA-related signage was in places accessible to staff and/or those residents in the facility and other persons who may need the information or services provided.

The PREA-related literature placement was observed in public access points,

multipurpose rooms, and living units.

TESTING ACCESS TO OUTSIDE EMOTIONAL SUPPORT SERVICES

During the site review, the Auditor tested access to outside emotional support services.

Test access via phones by calling the outside emotional support service provider(s) in the same manner that a confined resident in the facility would be expected to call.

- Outside Emotional Support via internet search (RAINN)

Confirmed that the phones in the living unit were in good working order (e.g., have a dial tone, can call outside the facility).

Confirmed that the phone number listed on the signage actually connects with the organization providing outside emotional support services.

The phone number is local/toll-free.

Confirmed that the phone is answered by a service provider (i.e., a live person or information about how and when to reach a live person is provided, versus a recording with no access to a live person).

PROCESSES FOR SENDING AND RECEIVING MAIL (MAIL DROP BOXES/ MAILROOM)

During the site review, the Auditor:

Informal conversations confirm the mail process from the living units.

Confirmed the availability of the accessibility of writing instruments for confined residents in the facility (e.g., paper, writing instruments, sexual abuse and sexual harassment reporting form(s), if applicable, envelopes, stamps). This includes accessibility for residents confined to restricted housing (e.g., ad seg, isolation).

Observe locked mailboxes and how mail moves from residents to the mailroom through mail drop boxes/receptacles

Assess whether locked mail drop boxes/receptacles are located in areas accessible to all residents in the facility. Confirmed that this includes accessibility to mail drop boxes/receptacles/lock boxes for residents in restricted housing.

Confirmed that mail in the locked mail drop boxes/receptacles is only accessible by a designated agency or facility official(s).

115.353 (b): The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which

	reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. 115.353 (b)-1 Yes. The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Incarcerated Individual Access to Outside Confidential Support Services (effective 10/01/2025), page 35 states that residents shall be provided with as much privacy as possible when verbally reporting to a third party via the phone; safety and security of the facility may determine the level of supervision required 115.353 (b)-2 Yes. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Incarcerated Individual Access to Outside Confidential Support Services (effective 10/01/2025), page 35. During this audit, the Auditor interviewed a sample of 20 residents. All confirmed they had access to a toll-free line (#66) and that contact information for the national victim advocacy organization RAINN was included in their PREA brochure and displayed in all living units. While residents believed their calls were recorded, posters in each unit clearly informed them that calls would not be routinely monitored but might be reviewed if disciplinary action was suspected due to abuse or misuse of the service. According to the PAQ, no residents reported sexual abuse during this reporting period. This information was confirmed on-site during the audit. 115.353 (c): The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements. 115.353 (c)-1 No. The agency or facility maintains a memorandum of understanding or other agreements with community service providers that can provide residents with emotional support services related to sexual abuse. • See 115.353 (c)-3 for more information on all attempts to establish an MOU. 115.353 (c)-2 (LAPORTE) is not applicable. • See 115.353 (c)-3 for more information on all attempts to establish an MOU.

115.353 (c)-3 Yes. The facility has attempted to enter into MOUs or other agreements with community service providers capable of providing such services.

- See 115.353 (c)-3 for more information on all attempts to establish an MOU.

115.353 (c)-4 If YES to 115.353(c)-3, the agency maintains documentation of attempts to enter into such agreements.

- See Standard 115.353 (c)-3.

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

115.353 (d)-1 Yes. (LAPORTE) confirmed during this audit that the facility provides residents with reasonable and confidential access to their attorneys or other legal representation.

115.353 (d)-2 (LAPORTE) confirmed during this audit that the facility provides residents with reasonable access to parents or legal guardians.

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Incarcerated Individual Access to Outside Confidential Support Services (effective 10/01/2025), page 35.

During this audit, the Auditor randomly interviewed a sample of 20 residents. All interviewees confirmed that (LAPORTE) permits them to see or speak with their lawyer or another lawyer, and to do so privately. Additionally, each resident interviewed confirmed that the facility allows them to see or speak with their parents or another person if legally authorized by the courts.

During this audit, the Auditor interviewed the Warden. The Warden confirmed during the interview that residents have daily telephone access to their parents or legal guardians.

During this audit, the Auditor interviewed the PREA Compliance Manager. The PCM detailed the policy/practice for providing residents with access to their attorneys or other legal representation. Residents can schedule confidential appointments to speak with an attorney either by phone or in person.

Unless otherwise ordered by the court, the agency offers electronic, written, face-to-face visitation, and telephone communication access to parents or legal guardians.

Evidence Relied Upon:

1. Pre-audit questionnaire
2. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Incarcerated Individual Access to Outside Confidential Support Services (effective 10/01/2025), page 35.

3. PREA Audit Site Review
4. Confidential Support Services (RAINN) Signage
5. Emotional Support
    1. #66
    2. Email address
6. Interview with residents (20)
7. Interview with the Warden
8. Interview with the PREA Compliance Manager

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 recommendations where the facility does not meet the standard.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.354 - Third-party reporting IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section D. Third Party Reporting (effective 10/01/2025), pages 35-36. 115.354 (a): The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. 115.354 (a)-1 Yes. During this audit, the agency confirmed providing a method to receive third-party reports of resident sexual abuse or sexual harassment. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section D. Third Party Reporting (effective 10/01/2025), pages 35-36 states that the Department 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 harassment and abuse on behalf of an incarcerated individual. Third-party reports from family, friends, and other members of the public can be made electronically by emailing IDOCPREA@idoc.in.gov or by calling the Department's Sexual Assault Hotline at (877) 385-5877 (toll-free). This contact information shall be posted in visiting rooms, published in the incarcerated individual and visitor brochures, and on the Department’s website. • IDOC agency website – PREA

- IDOC agency Sexual Abuse Prevention and Reporting, Visitor Information PREA Brochure
    - Methods for Reporting Sexual Abuse and Sexual Harassment

115.354 (a)-2 Yes. During this audit, the agency confirmed that it publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.

TESTING THIRD-PARTY REPORTING

The Auditor:

Completed and submitted a test third-party report using the same method(s) provided to the public (e.g., via the agency/facility website).

Confirmed the method(s) for submitting third-party reports are easily accessible and understandable and can be found in reasonably conspicuous and appropriate locations (e.g., facility/agency website). See Standard 115.354 (a)-1.

It was confirmed that the third-party reporting method is not simply the facility's general contact information but is specifically designed for reporting sexual abuse and harassment within the facility. The facility complies with standard 115.54 by ensuring that the public can reasonably find information on how to report sexual abuse or harassment involving an inmate. The procedures for making such reports were easily accessible and prominently displayed for the public.

Verified that the facility has a process for receiving third-party reports. IDOC has a web page specifically identified to accept reports of sexual abuse and sexual harassment. The web page links to the agency’s PREA policy and provides a telephone number (877-385-5877) and an email address (IDOCPREA@idoc.in.gov) for friends and family to file a report.

Confirmed: Evidence of having received the test report that the Auditor submitted.

Evidence Relied Upon:

1. Pre-audit questionnaire
2. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section D. Third Party Reporting (effective 10/01/2025), pages 35-36.
3. Internet test: IDOCPREA@idoc.in.gov

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 recommendations where the facility does not meet the standard.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.361 - Staff and agency reporting duties 115.361 (a): The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 115.361 (a)-1 Yes. 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 it is part of the agency. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section IX. Official Response Following an Incarcerated Individual Report, Staff and Indiana Department of Correction Reporting Duties (effective 10/01/2025), pages 36-37. During this audit, the Auditor interviewed a random sample of staff (12), All staff members confirmed that the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The staff interview indicated that the procedure involves immediately notifying a supervisor, safeguarding the victim, and preserving evidence related to the resident's sexual abuse. 115.361 (a)-2 Yes. The agency requires all staff to report incidents immediately and, in accordance with agency policy, prohibits retaliation against residents or staff who report them. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section IX. Official Response Following an Incarcerated Individual Report, Staff and Indiana Department of Correction Reporting Duties (effective 10/01/2025), pages 36-37 states that the Department shall require all staff to report immediately and according to Department 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 Department; retaliation against incarcerated individuals or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 115.361 (a)-3 Yes. 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.

	IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section IX. Official Response Following an Incarcerated Individual Report, Staff and Indiana Department of Correction Reporting Duties (effective 10/01/2025), pages 36-37 During the audit, the Auditor interviewed a random sample of 12 staff members. They confirmed that the agency mandates all staff to report any knowledge, suspicion, or information about sexual abuse or harassment incidents within a facility. This includes monitoring retaliation against residents or staff who report such incidents, as well as any staff neglect or violations of responsibility that may have contributed to an incident or retaliation. Staff interviews revealed that the procedure involves immediately notifying a supervisor, safeguarding the victim, and preserving evidence related to the sexual abuse. 115.361 (b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws. 115.361 (b)-1 Yes. The agency requires all staff to comply with any applicable mandatory child abuse reporting laws. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section IX. Official Response Following an Incarcerated Individual Report, Staff and Indiana Department of Correction Reporting Duties (effective 10/01/2025), pages 36-37. During this audit, the Auditor interviewed a random sample of staff (12). All staff interviewed (12) confirmed that the agency requires all staff to comply with applicable mandatory child protection laws. 115.361 (c): Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. 115.361 (c)-1 Yes. Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section IX. Official Response Following an Incarcerated Individual Report, Staff and Indiana Department of Correction Reporting Duties (effective 10/01/2025), pages 36-37. During this audit, the Auditor interviewed a random sample of staff (12). All staff interviewed (12) confirmed that the agency requires all staff to comply with applicable mandatory child protection laws. 115.361 (d): (1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where

required by mandatory reporting laws. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section IX. Official Response Following an Incarcerated Individual Report, Staff and Indiana Department of Correction Reporting Duties (effective 10/01/2025), pages 36-37.

During this audit, the Auditor interviewed a medical practitioner who confirmed that LAPORTE staff inform residents about confidentiality limits and reporting obligations during the intake. The practitioner also confirmed that she is medically and ethically required to report any knowledge or suspicion of sexual abuse or harassment to a designated supervisor immediately. Further, the same practitioner acknowledged no awareness of a reported abuse case.

During this audit, the Auditor interviewed a mental health practitioner (1). The practitioner confirmed that all residents are informed during intake about services, confidentiality, and reporting rules. They also stated that she has a professional and agency duty to report any knowledge or suspicion of sexual abuse or harassment immediately to a supervisor or official. Additionally, they did not recall having previously reported a case of abuse to management.

Document Review

Not applicable during this reporting period. All reports made under mandatory reporting laws have been documented. Under Standard 115.322(a)-3, there have been no allegations that have led to an administrative investigation in the past 12 months. Additionally, per 115.322(a)-4, there have been zero allegations referred for criminal investigation in the past 12 months.

115.361 (e): (1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. (2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's case worker instead of the parents or legal guardians. (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section IX. Official Response Following an Incarcerated Individual Report, Staff and Indiana Department of Correction Reporting Duties (effective 10/01/2025), pages 36-37.

During this audit, the Auditor interviewed the Warden. The Warden stated that when the facility receives a sexual abuse allegation, it is reported to her supervisor, local law enforcement if needed, child protection, and, if relevant, the appropriate agency office, courts, or the alleged victim’s parents or guardians—unless there is

official documentation indicating these guardians should not be notified. Usually, the facility reports such allegations to the victim's attorney or legal representative within 72 hours.

During this audit, the Auditor interviewed the PREA Compliance Manager (PCM). The PCM indicated that when the facility receives an allegation of sexual abuse, the incident is reported to a PREA investigator, the Warden, and the alleged victim's custodial guardian unless court-ordered to do otherwise.

Document Review

Not applicable during this reporting period. All reports made under mandatory reporting laws have been documented. Under Standard 115.322(a)-3, there have been no allegations that have led to an administrative investigation in the past 12 months. Additionally, per 115.322(a)-4, there have been zero allegations referred for criminal investigation in the past 12 months.

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

During this audit, the Auditor interviewed the Warden. The Warden indicated that usually, the facility reports such allegations to the victim's attorney or legal representative within 72 hours.

Document Review

Not applicable during this reporting period. All reports made under mandatory reporting laws have been documented. Under Standard 115.322(a)-3, there have been no allegations that have led to an administrative investigation in the past 12 months. Additionally, per 115.322(a)-4, there have been zero allegations referred for criminal investigation in the past 12 months.

Evidence Relied Upon:

1. Pre-audit questionnaire
2. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section IX. Official Response Following an Incarcerated Individual Report, Staff and Indiana Department of Correction Reporting Duties (effective 10/01/2025), pages 36-37.
3. Interview with a medical practitioner (1)
4. Interview with a mental health practitioner (1)
5. Interview with random staff (12)
6. Interview with the Warden
7. Interview with the PREA Compliance Manager

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 regarding where the facility does not meet the standard.

115.362	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.362 - Agency protection duties 115.362 (a): When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the residents. 15.362 (a)-1 When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the residents (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section B. Indiana Department of Correction Protection Duties (effective 10/01/2025), page 37 states that when staff learns that an incarcerated individual is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the incarcerated individual. This may include placing the incarcerated individual in Administrative Restrictive Status housing (pending protective custody), Isolation, or any other appropriate action. 115.362 (a)-2 In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse: 0. 115.362 (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 acting. Not applicable during this reporting period. Not applicable during this reporting period. All reports made under mandatory reporting laws have been documented. Under Standard 115.322(a)-3, there have been no allegations that have led to an administrative investigation in the past 12 months. Additionally, per 115.322(a)-4, there have been zero allegations referred for criminal investigation in the past 12 months. 115.362 (a)-4 The longest time passed (in hours or days) before acting. Not applicable during this reporting period. All reports made under mandatory reporting laws have been documented. Under Standard 115.322(a)-3, there have been no allegations that have led to an administrative investigation in the past 12 months. Additionally, per 115.322(a)-4, there have been zero allegations referred

	for criminal investigation in the past 12 months. During this audit, the Auditor interviewed the Agency Head. He confirmed that, upon learning of a resident facing a substantial risk of imminent sexual abuse, immediate protective actions are taken. The residents are safeguarded, staff are notified of the incident, and efforts are made to contact the courts and law enforcement. During this audit, the Auditor interviewed the Warden. The Warden confirmed that if a resident faces imminent sexual abuse, prompt steps would be taken to safeguard the resident, remove the threat, inform SART of the situation, and notify the courts, legal guardians, and the PREA investigator. During this audit, the Auditor interviewed a sample of random staff (12). All staff confirmed that if made aware that a resident is at risk of imminent sexual abuse, they would protect the resident, notify a supervisor, and document the incident. **Evidence Relied Upon:** 1. Pre-audit questionnaire 2. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section B. Indiana Department of Correction Protection Duties (effective 10/01/2025), page 37. 3. Interview with random staff (12) 4. Interview with the Agency Head 5. Interview with the Warden **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 recommendations where the facility does not meet the standard.

115.363	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.363 - Reporting to other confinement facilities 115.363 (a): Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.

115.363 (a)-1 Yes. The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the agency or the appropriate office of the agency or facility where sexual abuse is alleged to have occurred.

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Reporting to Other Confinement Facilities (effective 10/01/2025), pages 37-38.

115.363 (a)-2 Yes. The agency's policy also requires the facility head to notify the appropriate investigative agency.

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Reporting to Other Confinement Facilities (effective 10/01/2025), pages 37-38.

115.363 (a)-3 In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0.

115.363 (a)-4 Please describe the facility's response to these allegations: 0.

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

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

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Reporting to Other Confinement Facilities (effective 10/01/2025), pages 37-38.

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

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

Documentation Review

- Not applicable. Documentation of notifications to verify that they occurred within 72 hours of receiving the allegation. See Standards 115.363 (a)-3.

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

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

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Reporting to Other Confinement Facilities (effective 10/01/2025), pages 37-38.

Documentation Review

- Not applicable during this reporting period. Documentation of notifications to verify that they occurred within 72 hours of receiving the allegation.

LAPORTE JUVENILE CORRECTIONAL FACILITY submitted a memorandum dated 17 March 2026. The Warden affirms that the facility had no events that would require a notification to another facility within 72 hours.

115.363 (d)-2 In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0

During this audit, the Auditor interviewed an Agency Head. The Agency Head confirmed that when an allegation of sexual abuse involving a resident is received while the resident is confined at another facility, the facility receiving the allegation must notify the head of that facility, the relevant office of the agency where the alleged abuse occurred, and the appropriate investigative agency, in accordance with this standard.

During this audit, the Auditor interviewed the Warden. The Warden explained what happens when your facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in your facility. The Warden records the date, time, and the person to whom the allegation was reported in the notification. This information should be documented on the PREA Notification form.

Documentation Review

- Not applicable. Documentation of notifications to verify that they occurred within 72 hours of receiving the allegation. See Standards 115.363 (a)-3.

Evidence Relied Upon:

Pre-audit questionnaire

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Reporting to Other Confinement Facilities (effective 10/01/2025), pages 37-38.

Interview with the Agency Head

Interview with the Warden

Memorandum from the Warden

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 recommendations for corrective action when the facility does not meet the standard.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.364 - Staff first responder duties 115.364 (a): Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. 115.364 (a)-1 Yes. The agency has a first responder policy for allegations of sexual abuse. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Reporting to Other Confinement Facilities (effective 10/01/2025), pages 37-38. IDOC Staff Development & Training, SART First Responders, Evidence Protocols and Investigations, PowerPoint Slides 1-13. • Video of a sexual assault victim discussing the assault. • First Responsibilities • Define evidence • Identify the victim and the alleged perpetrator's evidentiary concerns • Crime scene evidence considerations • Different types of sexual assault • Identify and list investigative considerations 115.364 (a)-2 Yes. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Reporting to Other Confinement Facilities (effective 10/01/2025), pages 37-38. 115.364 (a)-3 Yes. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.

	IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Reporting to Other Confinement Facilities (effective 10/01/2025), pages 37-38. 115.364 (a)-4 Yes. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Reporting to Other Confinement Facilities (effective 10/01/2025), pages 37-38. 115.364 (a)-5 Yes. 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. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Reporting to Other Confinement Facilities (effective 10/01/2025), pages 37-38. 115.364 (a)-6 In the past 12 months, the number of allegations that a resident was sexually abused: 0. 115.364 (a)-7 Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0. 115.364 (a)-8 In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0. 115.364 (a)-9 Of these allegations in the past 12 months where staff was notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0. 115.364 (a)-10 Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0. 115.364 (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 does not take any actions that could destroy physical

evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0.

During this audit, the Auditor interviewed a Security Staff First Responder (1). The staff member described the steps taken as a first responder to a sexual abuse allegation. Actions included the following:

- Separating the alleged victim and abuser;
- Notifying a supervisor
- Preserving and protecting any crime scene.
- If applicable, notification of local law enforcement
- Requesting that the alleged victim not take any actions that could destroy physical evidence (such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating), if the abuse occurred within a time that still allows for the collection of physical evidence;
- Ensuring that the alleged abuser does not take any of the above actions that could destroy physical evidence, if the abuse occurred within a time that still allows for the collection of physical evidence; and
- If applicable, transport to a local hospital.

Documentation Review

Not applicable during this reporting period. All reports made under mandatory reporting laws have been documented. Under Standard 115.322(a)-3, there have been no allegations that have led to an administrative investigation in the past 12 months. Additionally, per 115.322(a)-4, there have been zero allegations referred for criminal investigation in the past 12 months.

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

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

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Reporting to Other Confinement Facilities (effective 10/01/2025), pages 37-38.

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

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Reporting to Other Confinement Facilities (effective 10/01/2025), pages 37-38.

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

	115.364 (b)-4 Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0. 115.364 (b)-5 Of those allegations responded to a non-security staff member, the number of times that staff member notified security staff: 0. **Documentation Review** Not applicable during this reporting period. All reports made under mandatory reporting laws have been documented. Under Standard 115.322(a)-3, there have been no allegations that have led to an administrative investigation in the past 12 months. Additionally, per 115.322(a)-4, there have been zero allegations referred for criminal investigation in the past 12 months. **Evidence Relied Upon:** 1. Pre-audit questionnaire 2. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Reporting to Other Confinement Facilities (effective 10/01/2025), pages 37-38. 3. Interview with Security Staff First Responder (1) **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.

115.365	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.365 - Coordinated response 115.365 (a): The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. 115.365 (a)-1 Yes. 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.

	IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section E. Coordinated Response (effective 10/01/2025), pages 39-41 states that the Warden at each facility shall establish a Sexual Assault Response Team (SART) and develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and behavioral health practitioners, investigators, and facility executive staff. The plan shall be written in a facility directive. **Documentation Review** • Confirmed by examination of the LAPORTE Juvenile Correctional Facility, Facility Directive LPJ-10-11-01 (effective 11/15/10), pages 1-14. institutional plan. During this audit, the Auditor interviewed the Warden. The Warden confirmed that LAPORTE has a written institutional plan for a coordinated response to an allegation of sexual abuse. **Evidence Relied Upon:** 1. Pre-audit questionnaire 2. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section E. Coordinated Response (effective 10/01/2025), pages 39-41 3. LAPORTE Juvenile Correctional Facility, Facility Directive LPJ-10-11-01 (effective 11/15/10), pages 1-14. institutional plan. 4. Interview with the Warden 5. Review of the Facility's written institutional plan. **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.

115.366	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.366 - Preservation of ability to protect residents from contact with abusers 115.366 (a): Neither the agency nor any other governmental entity responsible for

	collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. 115.366 (a)-1 No. The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered or renewed any collective bargaining agreement or other agreement since 20 August 2012, or since the last PREA audit, whichever is later. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section F. Preservation of Ability to Protect Incarcerated Individuals from Contact with (effective 10/01/2025), page 41. • The agency responded no to Standard 115.366 (a)-1. During this audit, the Auditor spoke with the Agency Head, who confirmed that the agency has not signed or renewed a collective bargaining agreement since August 20, 2012. 115.366 (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 §§ 115.372 and 115.376; 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. Auditor is not required to audit this provision. **Evidence Relied Upon:** 1. Pre-audit questionnaire 2. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section F. Preservation of Ability to Protect Incarcerated Individuals from Contact with (effective 10/01/2025), page 41. 3. Interview with the Agency Head **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 recommendations where the facility does not meet the standard.

115.367	**Agency protection against retaliation**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.367 – Agency protection against retaliation 115.367 (a): The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation. 115.367 (a)-1 The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section G. Protection Against Retaliation (effective 10/01/2025), pages 41-42. 115.367 (a)-2 Yes. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. The Department shall establish a policy to protect all incarcerated individuals and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other incarcerated individuals or staff. The Warden shall designate which staff members or departments are responsible for monitoring retaliation. LAPORTE has designated a manager to serve as the retaliation monitor, who will oversee the process, the Correction Program Manager 2, Treatment. 115.367 (b): The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. During this audit, the Auditor interviewed the Agency Head regarding allegations of sexual abuse or harassment. The Agency Head outlined protective measures to ensure a victim's safety, such as monitoring for retaliation, making housing adjustments, or transferring the abuser. During this audit, the Auditor interviewed the Warden, who outlined allegations of sexual abuse or harassment and described various measures to protect residents and staff from retaliation. These measures include changing housing assignments, segregating the abuser, referring to support services, or transferring the abuser. During this audit, the Auditor spoke with a Designated Staff Member responsible for Monitoring Retaliation. The Retaliation Monitor explained the protective measures used to identify potential retaliation, such as behavioral changes, resident

disciplinary reports, assignments or reassignments, negative performance evaluations, and housing changes. Retaliation monitoring related to residents' and staff's conduct and treatment lasts 90 days and may be extended if needed.

During the on-site audit, no residents were observed in segregation for risk of victimization, nor were those who had suffered abuse observed. Further, no residents reported sexual abuse during this reporting period.

Documentation Review

Not applicable during this reporting period. All reports made under mandatory reporting laws have been documented. Under Standard 115.322(a)-3, there have been no allegations that have led to an administrative investigation in the past 12 months. Additionally, per 115.322(a)-4, there have been zero allegations referred for criminal investigation in the past 12 months.

115.367 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include resident 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.

115.367 (c)-1 Yes. The agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section G. Protection Against Retaliation (effective 10/01/2025), pages 41-42.

The LAPORTE will monitor all substantiated and unsubstantiated allegations for at least 90 days following a report of sexual abuse. The agency shall monitor the conduct or treatment of residents or staff who reported sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation.

115.367 (c)-2 Yes, the length of time that the agency/facility monitors the conduct or treatment is 90 days.

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section G. Protection Against Retaliation (effective 10/01/2025), pages 41-42.

LAPORTE will monitor all substantiated and unsubstantiated allegations for at least 90 days following a report of sexual abuse. The agency shall monitor the conduct or treatment of residents or staff who reported sexual abuse to determine whether there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. The facility shall continue such

monitoring for 90 days unless the initial monitoring indicates a continuing need for additional monitoring time.

115.367 (c)-3 Yes, the agency/facility acts promptly to remedy any such retaliation.

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section G. Protection Against Retaliation (effective 10/01/2025), pages 41-42.

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

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section G. Protection Against Retaliation (effective 10/01/2025), pages 41-42.

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

During the audit, the Auditor interviewed the Warden regarding retaliation monitoring and sexual abuse allegations. The Warden confirmed that the facility would take protective actions if retaliation were suspected. These actions include an immediate response to protect the victim, enforcement of the IDOC Zero Tolerance Policy, victim protection, modifications to housing accommodations, programs, and placements, and the initiation of an investigation.

During this audit, the Auditor spoke with a Designated Staff Member responsible for Monitoring Retaliation. The Retaliation Monitor described protective measures to detect potential retaliation, including resident disciplinary reports, assignments or reassignments, negative performance evaluations, and housing arrangements. Monitoring for retaliation related to the conduct and treatment of residents or staff lasts at least 90 days. If concerns about possible retaliation arise, the monitoring period may be extended as long as necessary.

Documentation Review

- Documentation of monitoring efforts. Not applicable during this reporting period. All reports made under mandatory reporting laws have been documented. Under Standard 115.322(a)-3, there have been no allegations that have led to an administrative investigation in the past 12 months. Additionally, per 115.322(a)-4, there have been zero allegations referred for criminal investigation in the past 12 months.
- Not applicable for this reporting period. Documentation of reports of retaliation and agency response.

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

- See Standard 115.367 (c)-5.

Documentation Review

- Not applicable for this reporting period. Documentation of monitoring efforts. All reports made under mandatory reporting laws have been documented. Under Standard 115.322(a)-3, there have been no allegations that have led to an administrative investigation in the past 12 months. Additionally, per 115.322(a)-4, there have been zero allegations referred for criminal investigation in the past 12 months.

During this audit, the Auditor spoke with a Designated Staff Member responsible for Monitoring Retaliation. The Retaliation Monitor explained protective measures used to identify potential retaliation, such as resident disciplinary reports, assignments or reassignments, negative performance evaluations, and housing arrangements. Monitoring for retaliation regarding the conduct and treatment of residents or staff continues for 90 days. However, if there's concern that retaliation might occur, this period can be extended as needed.

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

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section G. Protection Against Retaliation (effective 10/01/2025), pages 41-42.

During this audit, the Auditor interviewed the Agency Head. The Agency Head indicated that if an individual cooperating with an investigation expresses fear of retaliation, the agency would monitor shift assignments or negative performance ratings to protect that individual.

During this audit, the Auditor interviewed the Warden. The Warden outlined the steps to take if retaliation is suspected, including taking immediate action, enforcing the agency’s Zero Tolerance Policy, modifying housing, programs, or placements as necessary, transferring the abuser, and initiating an investigation.

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

Auditor is not required to audit this provision.

Evidence Relied Upon:

1. Pre-audit questionnaire
2. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section G. Protection Against Retaliation (effective 10/01/2025), pages 41-42.
3. Interview with the Retaliation Monitor
4. Interview with the Agency Head
5. Interview with the Warden

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.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.368 - Post-allegation protective custody 115.368 (a): Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342. 115.368 (a)-1 The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section H. Post-Allegation Protective Custody (effective 10/01/2025), pages 42-43. IDOC Policy and Administrative Procedure, The Use of Separation in the Division of Youth Services, Facilities, 03-02-102 (effective 09/15/24), pages 1-25. 115.368 (a)-2 Yes. The facility has a policy that requires that residents who are placed in isolation/separation because they are alleged to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section H. Post-Allegation Protective Custody (effective 10/01/2025), pages 42-43. IDOC Policy and Administrative Procedure, The Use of Separation in the Division of Youth Services, Facilities, 03-02-102 (effective 09/15/24), pages 1-25. The policy mandates that youth in separation areas have at least 2 hours of activities per day outside their immediate living quarters, excluding meals and personal hygiene. At least one of these two hours should involve vigorous physical exercise, including outdoor recreation when weather permits. However, this privilege may be withdrawn if abused or if deemed potentially injurious by medical or behavioral health staff. During this audit, the Auditor interviewed residents who denied ever being placed in isolation. Also, during the facility site review and tour, this Auditor found no evidence of the use of isolation/separation in this facility for PREA-related reasons.

115.368 (a)-3 The number of residents who are alleged to have suffered sexual abuse and who were placed in isolation in the past 12 months: 0.

115.368 (a)-4 The number of residents who are alleged to have suffered sexual abuse and who were placed in isolation and have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0.

115.368 (a)-5 The average period of time residents who allege to have suffered sexual abuse and who were held in isolation to protect them from sexual victimization in the past 12 months: 0.

- Not applicable during this reporting period.

115.368 (a)-6 From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH: 0.

- A statement of the basis for the facility's concern for the residents' safety, and
- The reasons for or reasons why alternative means of separation cannot be arranged: 0.

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

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section H. Post-Allegation Protective Custody (effective 10/01/2025), pages 42-43.

IDOC Policy and Administrative Procedure, The Use of Separation in the Division of Youth Services, Facilities, 03-02-102 (effective 09/15/24), pages 1-25. A resident in isolation/separation must receive at least one daily visit from a qualified health care practitioner or health-trained staff unless more frequent attention is required. Vital signs are taken at least once per shift for a resident in therapeutic isolation/ separation.

During this audit, the Auditor interviewed the Warden. The Warden confirmed no recent (within the last 12 months) circumstances in which isolation/separation was used to protect a resident who was alleged to have suffered sexual abuse.

During this audit, the Auditor interviewed a medical practitioner. The medical practitioner confirmed that all residents receive daily visits from medical and mental health care practitioners.

During this audit, the Auditor interviewed a mental health practitioner. The mental health practitioner confirmed that all residents receive daily visits.

Residents in Isolation (for risk of sexual victimization/who allege to have suffered

sexual abuse). During the on-site portion of this audit, no residents were detained in isolation for PREA-related reasons or risk of victimization.

- See Standard 115.368 (a)-3.

Documentation Review

Not applicable. Case files of residents held in isolation/separation during the past 12 months for PREA-related reasons were not reviewed because no allegations were reported during this reporting period.

- See Standards 115.368 (a) 3-6.

Not applicable during this reporting period. Records for the length of placement of residents who are alleged to have suffered sexual abuse, who were in isolation during the past 12 months.

- See Standards 115.368 (a) 3-6.

For residents who allege to have suffered sexual abuse who were placed in isolation, documentation of resident access to large muscle exercise, legally required education, special education services, and other programs and work opportunities.

- See Standards 115.368 (a) 3-6.

Documentation that residents who are alleged to have suffered sexual abuse and were placed in isolation received daily visits from a medical or mental health care clinician.

- See Standards 115.368 (a) 3-6.

Case files of residents who are alleged to have suffered sexual abuse and who were held in isolation in the past 12 months.

- See Standards 115.368 (a) 3-6.

PREA Audit Site Review

During the on-site portion of this audit, no residents were placed in isolation/ separation for PREA-related reasons or risk of victimization.

- See Standard 115.368 (a) 3-6.

Evidence Relied Upon:

1. Pre-audit questionnaire
2. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section H. Post-Allegation Protective Custody (effective 10/01/2025), pages 42-43.
3. IDOC Policy and Administrative Procedure, The Use of Separation in the Division of Youth Services, Facilities, 03-02-102 (effective 09/15/24), pages 1-25.
4. Interview with a medical practitioner (1)
5. Interview with a mental health practitioner (1)
6. Interview with the Warden

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 also includes corrective action recommendations where the facility does not meet the standard.

115.371	Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.371 - Criminal and administrative agency investigations

115.371 (a): When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

115.371 (a)-1 The agency/facility has a policy related to criminal and administrative agency investigations.

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section X. Criminal and Administrative Indiana Department of Correction Investigations (effective 10/01/2025), pages 43-44, states that the Department shall conduct its own investigations into allegations of sexual abuse and sexual harassment. Investigations shall be prompt, thorough, and objective for all allegations, including third-party and anonymous reports. (See Policy and Administrative Procedure 00-01-103, “Investigations and Intelligence,” Section IX).

IDOC Policy and Administrative Procedure, 00-01-103, Investigations and Intelligence (effective 10/01/2025), pages 1-40.

During the audit, a member of the Investigative Staff confirmed that allegations of sexual abuse or harassment are investigated and addressed promptly. Staff are trained to act as first responders. The investigator verified that they have completed both general and specialized training as required by PREA Standards.

Allegations can be received from various sources, including family, friends, the grievance process, notes, requests, anonymous tips, third-party reports, and verbal disclosures. These reports are handled the same way as written allegations during investigations. The initial investigation steps include safeguarding the victim, providing medical care as needed, transporting the victim to a hospital for forensic examination, and preserving evidence, including clothing, DNA, interviews, prior complaints, and electronic monitoring footage.

Documentation Review

- Not applicable. Sample of investigative records/reports for allegations of sexual abuse or sexual harassment. 115.322 (a)-2, In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0.

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

During the audit, a member of the Investigative Staff confirmed that allegations of sexual abuse or harassment are investigated and addressed promptly. The investigator confirmed that he has completed both general and specialized training as required by PREA Standards. National Institute of Corrections (NIC) Curriculum of specialized training included topics such as Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and interview techniques for juveniles and adult sexual abuse victims.

Documentation Review

Confirmed: Training records/logs of investigative staff.

115.371 (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section X. Criminal and Administrative Indiana Department of Correction Investigations (effective 10/01/2025), pages 43-44, states that the Department shall conduct its own investigations into allegations of sexual abuse and sexual harassment. Investigations shall be prompt, thorough, and objective for all allegations, including third-party and anonymous reports. (See Policy and Administrative Procedure 00-01-103, “Investigations and Intelligence,” Section IX).

IDOC Policy and Administrative Procedure, 00-01-103, Investigations and Intelligence (effective 10/01/2025), pages 1-40. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. They also shall

interview alleged victims, suspected perpetrators, and witnesses; shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

During this audit, the Auditor interviewed an Investigative Staff member who described the steps he would take to initiate an administrative investigation, such as safeguarding the victim, collecting evidence, reviewing circumstantial evidence, and interviewing the victim and the accused. He confirmed that anonymous and third-party reports would be handled the same.

Documentation Review

- Not applicable. Investigative reports, record retention schedule, and copies of case records detailing allegations of abuse. 115.322 (a)-2, In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0.

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

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

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section X. Criminal and Administrative Indiana Department of Correction Investigations (effective 10/01/2025), pages 43-44.

IDOC Policy and Administrative Procedure, 00-01-103, Investigations and Intelligence (effective 10/01/2025), pages 1-40.

During this audit, the Auditor interviewed an Investigative Staff member. He confirmed that an investigation would not be terminated if the source of the allegation was recanted.

115.371 (e): 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 Policy, Sexual Abuse Prevention, 02-01-115, Section X. Criminal and Administrative Indiana Department of Correction Investigations (effective 10/01/2025), pages 43-44.

IDOC Policy and Administrative Procedure, 00-01-103, Investigations and Intelligence (effective 10/01/2025), pages 1-40.

During this audit, the Auditor interviewed an Investigative Staff member who confirmed that when the quality of the evidence appears to support criminal prosecution, the facility shall conduct compelling interviews with sworn Indiana Department of Corrections Correctional Police Officers, in consultation with

prosecutors, to determine whether such interviews may pose an obstacle to subsequent criminal prosecution.

Documentation Review

Not applicable. Sample of criminal and administrative investigation reports. 115.322 (a)-2, In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0.

115.371 (f): 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 a resident or staff. No agency requires a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section X. Criminal and Administrative Indiana Department of Correction Investigations (effective 10/01/2025), pages 43-44. 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 a resident or staff.

No IDOC staff shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

IDOC Policy and Administrative Procedure, 00-01-103, Investigations and Intelligence (effective 10/01/2025), pages 1-40.

During the audit, an Investigative Staff member was interviewed. The staff explained that the credibility of alleged victims, suspects, or witnesses is evaluated on a case-by-case basis based on evidence. He also confirmed that residents are never required to undergo a polygraph or any other truth-telling device as a condition for moving forward with an investigation. No residents reported sexual abuse during this reporting period.

- Not applicable. Investigative reports, record retention schedule, and copies of case records detailing allegations of abuse. 115.322 (a)-2, In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0.

115.371 (g): Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

During this audit, the Auditor interviewed an Investigative Staff member who confirmed that the facility has an incident review committee of which they are a member. The committee reviews allegations, whether confirmed or not, to

determine whether staff actions or omissions contributed to the abuse. It considers all evidence, including camera footage, the incident location, staffing levels at the time, and other relevant factors.

PREA Audit Site Review

RECORD STORAGE

During the site review, the Auditor:

- Observe the physical storage area for any information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, Delta, medical records, sexual abuse allegations) to determine whether the area is secured (e.g., locked and key).
- Observe electronic safeguards for 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).

Documentation Review

- Not applicable. A sample of administrative investigation reports and a sample of cases involving substantiated allegations to ensure that they were referred for prosecution. 115.322 (a)-2, In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0.

115.371 (h): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

During this audit, the Auditor interviewed an Investigative Staff member. The staff member confirmed that criminal investigations are documented in a written report that includes a thorough description of physical, testimonial, and documentary evidence relevant to the incident, when applicable.

Documentation Review

- Sample of criminal investigation reports. Not applicable. See Standard 115.322 (a)-2. In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0.

115.371 (i): Substantiated allegations of conduct that appear to be criminal shall be referred to prosecution. 115.322 (a)-2, In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0.

115.371 (i)-1 Yes. The facility confirmed during this audit that substantiated allegations of conduct that appear to be criminal are referred for prosecution.

	IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section X. Criminal and Administrative Indiana Department of Correction Investigations (effective 10/01/2025), pages 43-44. IDOC Policy and Administrative Procedure, 00-01-103, Investigations and Intelligence (effective 10/01/2025), pages 1-40. 115.371 (i)-2 The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since 20 August 2012, or since the last PREA audit, whichever is later: 0. During this audit, the Auditor interviewed an Investigative Staff member who confirmed that when applicable, substantiated cases that appear to be criminal are referred for prosecution. **Document Review** Sample of criminal investigation reports. Not applicable. See Standard 115.322 (a)-2. In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0. 115.371 (j): The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. 115.371 (j)-1 Yes. During this audit, the agency confirmed the retention of all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section X. Criminal and Administrative Indiana Department of Correction Investigations (effective 10/01/2025), pages 43-44. IDOC Policy and Administrative Procedure, 00-01-103, Investigations and Intelligence (effective 10/01/2025), pages 1-40. **Documentation Review** From 2019 to 2004, the facility reported zero incidents of sexual abuse or sexual harassment, Nonconsensual sexual acts, staff sexual harassment, and staff misconduct were reported up to the first day of the on-site portion of the audit. The document reviewed from the 2023 PREA Final Report indicates there were no allegations of sexual abuse or sexual harassment in the previous 12 months. 115.371 (k): 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 member. The staff

member confirmed that an investigation would proceed if a staff member terminated employment before the investigation was completed.

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

Auditor is not required to audit this provision.

115.371 (m): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

During this audit, the Auditor interviewed the Warden, who indicated that N/A, an outside agency, does not conduct administrative or criminal sexual abuse investigations.

During this audit, the Auditor interviewed the PREA Coordinator. The PREA Coordinator indicated that N/A, an outside agency, does not conduct administrative or criminal sexual abuse investigations.

During this audit, the Auditor interviewed an Investigative Staff member. N/A, an outside agency does not conduct administrative or criminal sexual abuse investigations.

During this audit, the Auditor interviewed the PREA Compliance Manager. N/A, an outside agency does not conduct administrative or criminal sexual abuse investigations.

Evidence Relied Upon:

1. Pre-audit questionnaire
2. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section X. Criminal and Administrative Indiana Department of Correction Investigations (effective 10/01/2025), pages 43-44.
3. IDOC Policy and Administrative Procedure, 00-01-103, Investigations and Intelligence (effective 10/01/2025), pages 1-40.
4. PREA Audit Site Review,
    1. RECORD STORAGE
        1. Delta
        2. Physical File storage
5. Interview with Investigative Staff
6. Interview with the PREA Coordinator
7. Interview with the PREA Compliance Manager
8. Interview with the Warden

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 also includes

	corrective action recommendations where the facility does not meet the standard.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.372 - Evidentiary standard for administrative investigations 115.372 (a): The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. 115.372 (a)-1 Yes. The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section B. Evidentiary Standard for Administrative Investigations (effective 10/01/2025), page 44, states that the Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. During this audit, the Auditor interviewed an Investigative Staff member. The staff member explained that the standard of evidence required to substantiate allegations of sexual abuse or sexual harassment is based on a preponderance of evidence. **Documentation Review** Not applicable. Documentation of administrative findings for the proper standard of proof. 115.322 (a)-2, In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0. **Evidence Relied Upon:** 1. Pre-audit questionnaire 2. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section B. Evidentiary Standard for Administrative Investigations (effective 10/01/2025), page 44. 3. Interview with Investigative Staff **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 also includes corrective action recommendations where the facility does not meet the standard.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.373 - Reporting to residents 115.373 (a): Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. 115.373 (a)-1 The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Reporting to Incarcerated Individuals (effective 10/01/2025), pages 44-45, states that following an investigation into an incarcerated individual’s allegation that they suffered sexual abuse in a Department facility, the facility PREA Compliance Manager shall inform the incarcerated individual as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. **Documentation Review** Not applicable. Documentation of administrative findings for the proper standard of proof. 115.322 (a)-2, In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0. Further, 115.373 (a)-2, The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 0. 115.373 (a)-2 The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 0. 0115.373 (a)-3 Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation: 0. During this audit, the Auditor interviewed the Warden. The Warden confirmed that the facility notifies a resident who makes an allegation of sexual abuse that the allegation has been determined to be unfounded, substantiated, or substantiated. During this audit, the Auditor interviewed an Investigative Staff member. The staff member confirmed that the facility notifies a resident who made an allegation of sexual abuse that the allegation has been determined to be unfounded, substantiated, or substantiated.

Documentation Review

Not applicable. An additional sample of alleged sexual abuse investigations was completed by the agency. Documentation of administrative findings for the proper standard of proof. 115.322 (a)-2, In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0. Further, 115.373 (a)-2, The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 0.

From 2019 to 2004, the facility reported zero incidents of sexual abuse or sexual harassment, Nonconsensual sexual acts, staff sexual harassment, and staff misconduct were reported up to the first day of the on-site portion of the audit. The document reviewed from the 2023 PREA Final Report indicates there were no allegations of sexual abuse or sexual harassment in the previous 12 months.

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

115.373 (b)-1 Not Applicable. When an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

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

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

Documentation Review

Not applicable. An additional sample of alleged sexual abuse investigations was completed by the agency. Documentation of administrative findings for the proper standard of proof. 115.322 (a)-2, In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0. Further, 115.373 (a)-2, The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 0.

From 2019 to 2004, the facility reported zero incidents of sexual abuse or sexual harassment, Nonconsensual sexual acts, staff sexual harassment, and staff misconduct were reported up to the first day of the on-site portion of the audit. The document reviewed from the 2023 PREA Final Report indicates there were no allegations of sexual abuse or sexual harassment in the previous 12 months.

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

	whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 115.373 (c)-1 Yes. Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: • The staff member is no longer posted within the resident's unit; • The staff member is no longer employed at the facility; • The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted of a charge related to sexual abuse within the facility. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Reporting to Incarcerated Individuals (effective 10/01/2025), pages 44-45 115.373 (c)-2 No. There has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months. 0. 115.373 (c)-3 Not applicable. **Documentation Review** Not applicable. An additional sample of alleged sexual abuse investigations was completed by the agency. Documentation of administrative findings for the proper standard of proof. 115.322 (a)-2, In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0. Further, 115.373 (a)-2, The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 0. From 2019 to 2004, the facility reported zero incidents of sexual abuse or sexual harassment, Nonconsensual sexual acts, staff sexual harassment, and staff misconduct were reported up to the first day of the on-site portion of the audit. The document reviewed from the 2023 PREA Final Report indicates there were no allegations of sexual abuse or sexual harassment in the previous 12 months. 115.373 (d): Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that

	the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 115.373 (d)-1 Yes. Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: • 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, Sexual Abuse Prevention, 02-01-115, Section C. Reporting to Incarcerated Individuals (effective 10/01/2025), pages 44-45. 115.373 (e): All such notifications or attempted notifications shall be documented. 115.373 (e)-1 The agency has a policy that all notifications to residents described under this standard are documented. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Reporting to Incarcerated Individuals (effective 10/01/2025), pages 44-45. 115.373 (e)-2 In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0. 115.373 (e)-3 Of those notifications made in the past 12 months, the number that was documented: 0. **Documentation Review** Not applicable. Logs or other documentation of notifications to confirm the number provided. An additional sample of alleged sexual abuse investigations was completed by the agency. Documentation of administrative findings for the proper standard of proof. 115.322 (a)-2, In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0. Further, 115.373 (a)-2, The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 0. From 2019 to 2004, the facility reported zero incidents of sexual abuse or sexual harassment, Nonconsensual sexual acts, staff sexual harassment, and staff misconduct were reported up to the first day of the on-site portion of the audit. The document reviewed from the 2023 PREA Final Report indicates there were no allegations of sexual abuse or sexual harassment in the previous 12 months. 115.373 (f): An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody. Auditor is not required to audit this provision.

	Evidence Relied Upon: 1. Pre-audit questionnaire 2. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Reporting to Incarcerated Individuals (effective 10/01/2025), pages 44-45. 3. Standard 115.322 (a)-2 4. Interview with the Warden 5. Interview with an Investigator **Conclusion:** The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions. This discussion also includes corrective action recommendations where the facility does not meet the standard.

115.376	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.376 - Disciplinary sanctions for staff 115.376 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 115.376 (a)-1 Yes. Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section IX. Subsection A. Disciplinary Sanctions for Staff (effective 10/01/2025), pages 45-46: staff shall be subject to disciplinary sanctions up to and including termination for violating the Department's sexual abuse or sexual harassment policies. (See Policy 04-03-103, “Information and Standards of Conduct for Department Staff”). IDOC Policy, Policy and Administrative Procedure, 04-03-103, Information and Standards of Conduct for Department Staff (effective 4/1/2024), pages 1-37. 115.376 (b): Terminations shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. 115.376 (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. 115.376 (b)-2 In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse

	or sexual harassment policies: 0. **Documentation Review** Not applicable. Additional sample records of terminations, resignations, or other sanctions for violations of sexual abuse or sexual harassment policies. See Standard 115.376 (b)-2. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0. 115.376 (c): Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. 115.376 (c)-1 Yes. 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, Sexual Abuse Prevention, 02-01-115, Section IX. Subsection A. Disciplinary Sanctions for Staff (effective 10/01/2025), pages 45-46: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. IDOC Policy, Policy and Administrative Procedure, 04-03-103, Information and Standards of Conduct for Department Staff (effective 4/1/2024), pages 1-37. 115.376 (c)-2 In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): 0. **Documentation Review** Not applicable. Records of disciplinary sanctions taken against staff for violations of the agency sexual abuse or sexual harassment policies in the past 12 months. See Standard 115.376 (b)-2. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0. 115.376 (d): All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

	115.376 (d)-1 Yes. 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, Sexual Abuse Prevention, 02-01-115, Section IX. Subsection A. Disciplinary Sanctions for Staff (effective 10/01/2025), pages 45-46. IDOC Policy, Policy and Administrative Procedure, 04-03-103, Information and Standards of Conduct for Department Staff (effective 4/1/2024), pages 1-37. 115.376 (d)-2 In the past 12 months, the number of staff from the facility who have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0. **Documentation Review** Reports to law enforcement for violations of agency sexual abuse or sexual harassment policies. See Standard 115.376 (b)-2. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0. **Evidence Relied Upon:** 1. Pre-audit questionnaire 2. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section IX. Subsection A. Disciplinary Sanctions for Staff (effective 10/01/2025), pages 45-46. 3. IDOC Policy, Policy and Administrative Procedure, 04-03-103, Information and Standards of Conduct for Department Staff (effective 4/1/2024), pages 1-37. **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 also includes corrective action recommendations where the facility does not meet the standard.

115.377	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.377 - Corrective action for contractors and volunteers

	115.377 (a): Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. 115.377 (a)-1 Yes. 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. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section B. Corrective Action for Contractors and Volunteers (effective 10/01/2025), page 46. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with incarcerated individuals, removed from the facility, and shall be reported to law enforcement agencies, unless the activity was clearly not criminal. A substantiated finding of sexual abuse shall be reported to relevant licensing bodies where applicable and documented. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with incarcerated individuals in the case of any other violation of Department sexual abuse or sexual harassment policies by a contractor or volunteer. 115.377 (a)-2 Yes. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section B. Corrective Action for Contractors and Volunteers (effective 10/01/2025), page 46. 115.377 (a)-3 No. In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. 115.377 (a)-4 In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0. **Documentation Review** Not applicable. Documentation of referrals to law enforcement and/or relevant licensing bodies and Investigative reports is not applicable during this reporting period. See Standard 115.377 (a) 3-4. 115.377 (b): The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 115.377 (b)-1 Yes. The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

	During this audit, the Auditor interviewed the Warden. The Warden confirmed that the facility takes appropriate remedial measures and shall consider whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. **Evidence Relied Upon:** 1. Pre-audit questionnaire 2. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section B. Corrective Action for Contractors and Volunteers (effective 10/01/2025), page 46. 3. Interview with the Warden **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 also includes corrective action recommendations where the facility does not meet the standard.

115.378	**Interventions and disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.378 - Interventions and disciplinary sanctions for residents 115.378 (a): A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. 115.378 (a)-1 Yes. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 10/01/2025), pages 46-47. Incarcerated individuals shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the incarcerated individual engaged in incarcerated individual-on-incarcerated individual sexual abuse or following a criminal finding of guilt for incarcerated individual-on-incarcerated individual sexual abuse. (See Policy and Administrative Procedures 02-04-101, “The Disciplinary Code for Adults,” and 03-02-101, “Code of Conduct for Youth.”) IDOC Policy, Policy and Administrative Procedure, 03-02-101, Code of Conduct for Youths (effective 4/1/2019), pages 1-14.

	115.378 (a)-2 Yes. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 10/01/2025), pages 46-47. (See Policy and Administrative Procedures 02-04-101, “The Disciplinary Code for Adults,” and 03-02-101, “Code of Conduct for Youth.”) IDOC Policy, Policy and Administrative Procedure, 03-02-101, Code of Conduct for Youths (effective 4/1/2019), pages 1-14. 115.378 (a)-3 In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0. 115.378 (a)-4 In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0. 115.378 (b): Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. 115.378 (b)-1 Yes. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 10/01/2025), pages 46-47. (See Policy and Administrative Procedures 02-04-101, “The Disciplinary Code for Adults,” and 03-02-101, “Code of Conduct for Youth.”) IDOC Policy, Policy and Administrative Procedure, 03-02-101, Code of Conduct for Youths (effective 4/1/2019), pages 1-14. 115.378 (b)-2 Yes. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 10/01/2025), pages 46-47. (See Policy and Administrative Procedures 02-04-101, “The Disciplinary Code for Adults,” and 03-02-101, “Code of Conduct for Youth.”)

	IDOC Policy, Policy and Administrative Procedure, 03-02-101, Code of Conduct for Youths (effective 4/1/2019), pages 1-14. 115.378 (b)-3 Yes. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 10/01/2025), pages 46-47. (See Policy and Administrative Procedures 02-04-101, “The Disciplinary Code for Adults,” and 03-02-101, “Code of Conduct for Youth.”) IDOC Policy, Policy and Administrative Procedure, 03-02-101, Code of Conduct for Youths (effective 4/1/2019), pages 1-14. 115.378 (b)-4 In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0. 115.378 (b)-5 In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0. 115.378 (b)-6 In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities: 0. During this reporting period, the Auditor interviewed the Warden. The Warden confirmed that disciplinary sanctions can be imposed on residents subject to following an administrative or criminal finding that the resident engaged in resident--on--resident sexual abuse and sanctions would be proportionate to the nature and circumstances of the abuses committed, previous disciplinary histories, and the sanctions imposed for similar offenses by other incarcerated individuals with similar histories. A mental disability or mental illness could inform decision-making when determining disciplinary sanctions. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 10/01/2025), page 46: The disciplinary process shall consider whether an incarcerated individual’s mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed. **Documentation Review** Not applicable. Investigative reports and documentation of sanctions imposed. 115.378 (b)-4, in the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0. 115.378 (c): The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining

	what type of sanction, if any, should be imposed. During this reporting period, the Auditor interviewed the Warden. The Warden confirmed that disciplinary sanctions can be imposed on residents subject to following an administrative or criminal finding that the resident engaged in resident--on--resident sexual abuse and sanctions would be proportionate to the nature and circumstances of the abuses committed, previous disciplinary histories, and the sanctions imposed for similar offenses by other incarcerated individuals with similar histories. A mental disability or mental illness could inform decision-making when determining disciplinary sanctions. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 10/01/2025), page 46: The disciplinary process shall consider whether an incarcerated individual's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed. **Documentation Review** Not applicable. Investigative reports and documentation of sanctions imposed. 115.378 (b)-4, in the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0. 115.378 (d): If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition of access to general programming or education. 115.378 (d)-1 Yes. The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. 115.378 (d)-2 Yes. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. 115.378 (d)-3 Yes. Access to general programming or education is not conditional on participation in such interventions. During this reporting period, the Auditor interviewed a mental health and medical practitioner separately. Each practitioner confirmed that the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse, and the facility would consider whether to offer these services to an offending resident. Unless mandated by the courts, participation is optional.

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

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

Documentation Review

Not applicable. Additional records of disciplinary actions against residents for sexual conduct with staff. Investigative reports and documentation of sanctions imposed. 115.378 (b)-4, in the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0.

115.378 (f): For disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (f)-1 Yes. 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, Sexual Abuse Prevention, 02-01-115, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 10/01/2025), pages 46-47. (See Policy and Administrative Procedures 02-04-101, “The Disciplinary Code for Adults,” and 03-02-101, “Code of Conduct for Youth.”)

IDOC Policy, Policy and Administrative Procedure, 03-02-101, Code of Conduct for Youths (effective 4/1/2019), pages 1-14.

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

115.378 (g)-1 Yes. During this audit, the agency confirmed that it prohibits all sexual activity between residents.

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 10/01/2025), pages 46-47. (See Policy and Administrative Procedures 02-04-101, “The Disciplinary Code for Adults,” and 03-02-101, “Code of Conduct for Youth.”)

IDOC Policy, Policy and Administrative Procedure, 03-02-101, Code of Conduct for Youths (effective 4/1/2019), pages 1-14.

115.378 (g)-2 Yes. If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 10/01/2025), pages 46-47. (See Policy and Administrative Procedures 02-04-101, “The Disciplinary Code for Adults,” and 03-02-101, “Code of Conduct for Youth.”)

IDOC Policy, Policy and Administrative Procedure, 03-02-101, Code of Conduct for Youths (effective 4/1/2019), pages 1-14.

Evidence Relied Upon:

1. Pre-audit questionnaire
2. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Disciplinary Sanctions for Incarcerated Individuals (effective 10/01/2025), pages 46-47.
3. IDOC Policy, Policy and Administrative Procedure, 03-02-101, Code of Conduct for Youths (effective 4/1/2019), pages 1-14.
4. Interview with the Warden
5. Interview with a Mental Health Practitioner
6. Interview with a Medical Practitioner

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 also includes corrective action recommendations where the facility does not meet the standard.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.381 - Medical and mental health screenings; history of sexual abuse 115.381 (a): If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. 115.381 (a)-1 All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section XII. Medical and Mental Health Care (effective 10/01/2025), pages 47-48 states that if the screening pursuant to 115.41/341 indicates that an incarcerated individual has experienced

	prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the incarcerated individual is offered a follow-up meeting with a medical or behavioral health practitioner within fourteen (14) days of the screening intake. If the screening pursuant to 115.41/341 indicates that a prison-incarcerated individual or incarcerated individual has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the incarcerated individual is offered a follow-up meeting with a behavioral health practitioner within fourteen (14) days of the screening. 115.381 (a)-2 Yes. A follow-up meeting is offered within 14 days of the intake screening with a medical or mental health practitioner. 115.381 (a)-3 In the past 12 months, the percent of residents who disclosed prior victimization during screening was offered a follow-up meeting with a medical or mental health practitioner: 100. 115.381 (a)-4 Yes. Medical and mental health staff maintain secondary materials (e.g., forms, logs) documenting compliance with the above-mentioned screening referrals. **Documentation Review** Additional medical/mental health secondary materials were submitted for review (AH). During the audit, the Auditor interviewed two individuals who revealed experiencing sexual victimization during risk screening. Both confirmed that after disclosing their history, they were asked if they wanted to see a medical or mental health practitioner. They also agreed that the referral was made within two weeks, or earlier. During this audit, the Auditor interviewed a staff member responsible for risk screening. The staff member confirmed that a resident who has experienced prior sexual victimization, whether in an institutional setting or in the community, is offered a follow-up meeting with a medical or mental health practitioner. **Documentation Review** Additional medical/mental health secondary materials were submitted for review (AH). 115.381 (b): If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. 115.381 (b)-1 Yes. All residents who have previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the

intake screening.

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section XII. Medical and Mental Health Care (effective 10/01/2025), pages 47-48, states that if the screening pursuant to 115.41/341 indicates that an incarcerated individual has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the incarcerated individual is offered a follow-up meeting with a medical or behavioral health practitioner within fourteen (14) days of the screening intake.

If the screening pursuant to 115.41/341 indicates that a prison-incarcerated individual or incarcerated individual has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the incarcerated individual is offered a follow-up meeting with a behavioral health practitioner within fourteen (14) days of the screening.

115.381 (b)-2 Yes. A follow-up meeting was offered within 14 days of the screening intake.

115.381 (b)-3 In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow-up meeting with a mental health practitioner: 0.

115.381 (b)-4 Yes. Mental health staff maintain secondary materials (e.g., forms, logs) documenting compliance with the above required services.

During this audit, the Auditor interviewed a staff member responsible for risk screening, who confirmed that residents with a history of sexual abuse or prior sexual victimization—whether in an institutional setting or in the community—are offered follow-up meetings with a medical or mental health professional.

Documentation Review

Additional medical/mental health secondary materials were submitted for review (AH).

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

115.381 (c)-1 Yes. Information related to sexual victimization or abuse that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

- Delta electronic case management (limited access, password-protected)

115.381 (c)-2 NO, the information shared with other staff is strictly limited to

informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

- Not applicable, skip to 115.381 (d).

PREA Audit Site Review

RECORD STORAGE

During the site review, the Auditor:

Observe the physical storage area for 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 whether the area is secured (e.g., locked and key).

Observe electronic safeguards of any information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., risk screening information) to determine how access to the information is secured (e.g., password-protected, Delta, accessible only in certain areas, role-based security).

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

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

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section XII. Medical and Mental Health Care (effective 10/01/2025), pages 47-48.

During this audit, the Auditor interviewed a Medical and a mental health practitioner separately. During their interviews, each confirmed that consent is obtained from a resident before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under 18. They are also mandated reporters under state law.

Evidence Relied Upon:

1. Pre-audit questionnaire
2. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section XII. Medical and Mental Health Care (effective 10/01/2025), pages 47-48
3. Interview with a medical practitioner (1)
4. Interview with a mental health practitioner (1)

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 also includes corrective action recommendations where the facility does not meet the standard.

115.382	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.382 - Access to emergency medical and mental health services 115.382 (a): Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. 115.382 (a)-1 Yes. Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section B. Access to Emergency Medical and Behavioral Health Services (effective 10/01/2025), page 48. Incarcerated individual 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 behavioral health practitioners according to their professional judgment. 115.382 (a)-2 Yes. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. 115.382 (a)-3 Yes. Medical and mental health staff maintain secondary materials (e.g., forms, logs) 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. • During this reporting period, no incidents of sexual abuse were reported. During this audit, the Auditor interviewed a medical and mental health practitioner. The medical practitioner confirmed that resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. During an interview with a mental health practitioner, the practitioner also confirmed that resident victims of sexual abuse shall receive timely, unimpeded

access to emergency crisis intervention services, the nature and scope of which are determined by mental health practitioners according to their professional judgment.

During this audit, no residents reported sexual abuse. See Standard 115.322.

Documentation Review

- Not applicable. See Standard 115.322. Additional medical/mental health secondary materials describing access to services.

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

During this audit, the Auditor interviewed a security staff member, a non-security staff member, and a first responder. The security first responder explained the responsibilities of a first responder, such as safeguarding the victim, notifying a supervisor, protecting the crime scene, and protecting physical evidence (e.g., clothing, no brushing teeth, showering, or changing clothes).

During an interview with a non-security staff member. The nonsecurity staff member described the action they would take as a first responder to an allegation of sexual abuse, such as: Notifying a supervisor, moving the victim to safety, separating the victim and the abuser, preserving evidence, documenting the incident (Delta electronic medical record).

Documentation Review

- Not applicable during this reporting period. See Standard 115.322.

115.382 (c): Resident victims

of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

115.382 (c)-1 Yes. Resident victims of sexual abuse while incarcerated is 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.

During this audit, the Auditor interviewed a medical and mental health practitioner. The medical practitioner confirmed that resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

	During an interview with a mental health practitioner, the practitioner also confirmed that resident victims of sexual abuse shall receive timely, unimpeded access to emergency crisis intervention services, the nature and scope of which are determined by mental health practitioners according to their professional judgment. During this audit, the facility reported no incidents of alleged sexual abuse during this reporting period. **Documentation Review** Not applicable. See Standard 115.322. Additional medical/mental health secondary materials describing access to services. 115.382 (d): Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 115.382 (d)-1 Yes. 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. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section B. Access to Emergency Medical and Behavioral Health Services (effective 10/01/2025), page 48. **Evidence Relied Upon:** 1. Pre-audit questionnaire 2. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section B. Access to Emergency Medical and Behavioral Health Services (effective 10/01/2025), page 48. 3. Interview with a medical practitioner (1) 4. Interview with a mental health practitioner (1) 5. Interview with a first responder (security) 6. Interview with a first responder (non-medical) **Conclusion:** The above narrative thoroughly covers all evidence used to determine compliance or non-compliance, as well as the Auditor's analysis, reasoning, and conclusions. It also includes suggestions for corrective action if the facility fails to meet the standard.

115.383	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Standard 115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers 115.383 (a): The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 115.383 (a)-1 Yes. The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Ongoing Medical and Behavioral Health Care for Sexual Abuse Victims and Abusers (effective 10/01/2025), pages 48-49, states that the facility shall offer a medical and behavioral health evaluation and, as appropriate, treatment to all incarcerated individuals who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 115.383 (b): The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Ongoing Medical and Behavioral Health Care for Sexual Abuse Victims and Abusers (effective 10/01/2025), pages 48-49 states that 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 by phone, who explained the procedures followed to stabilize a sexual abuse victim before transporting them to a local hospital for a forensic examination, including treating any life-threatening injuries. During the audit, the Auditor interviewed a mental health practitioner who outlined the procedures followed for a sexual abuse victim before and after being taken to a local hospital for a forensic exam. The treatment, when needed, involved stabilizing symptoms, creating a treatment plan, providing individual counseling, and making referrals as appropriate. **Documentation Review** Not applicable. See Standard 115.322. 115.383 (c): The facility shall provide such victims with medical and mental health services consistent with the community level of care. During this audit, the Auditor interviewed a medical practitioner. The practitioner

confirmed that medical services are consistent with community levels of care.

During this audit, the Auditor interviewed a mental health practitioner. The practitioner confirmed that mental health services are consistent with community levels of care.

Documentation Review

Not applicable. See Standard 115.322.

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

115.383 (d)-1 Yes. Female victims of sexual abuse vaginal penetration while incarcerated are offered pregnancy tests.

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Ongoing Medical and Behavioral Health Care for Sexual Abuse Victims and Abusers (effective 10/01/2025), page 49, states that incarcerated individual victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the conduct described in (4)(vaginal penetration while incarcerated), such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

115.383 (e): If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

115.383 (e)-1 Yes. 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.

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Ongoing Medical and Behavioral Health Care for Sexual Abuse Victims and Abusers (effective 10/01/2025), page 49, states that 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.

During this audit, the Auditor interviewed a medical practitioner. The practitioner confirmed that if pregnancy results from the conduct described in paragraph (d) of this section, victims will receive timely and complete information about, and prompt access to, all lawful pregnancy-related medical services.

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

115.383 (f)-1 Yes. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Ongoing Medical and Behavioral Health Care for Sexual Abuse Victims and Abusers (effective 10/01/

2025), page 49, states that resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Documentation Review

Not applicable. See Standard 115.322.

115.383 (g): Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.383 (g)-1 Yes, 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, Sexual Abuse Prevention, 02-01-115, Section C. Ongoing Medical and Behavioral Health Care for Sexual Abuse Victims and Abusers (effective 10/01/2025), page 49, 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.

115.383 (h): The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

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

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Ongoing Medical and Behavioral Health Care for Sexual Abuse Victims and Abusers (effective 10/01/2025), page 49, the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

During the audit, the Auditor interviewed a mental health practitioner. The practitioner confirmed that the facility offers a mental health evaluation for all identified resident-on-resident abusers within 60 days of learning about their abuse history, providing treatment when deemed appropriate by mental health professionals.

Documentation Review

Not applicable. See Standard 115.322.

Evidence Relied Upon:

1. Pre-audit questionnaire
2. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Ongoing Medical and Behavioral Health Care for Sexual Abuse Victims and Abusers

	(effective 10/01/2025), pages 48-49. 3. Interview with a resident who reported sexual abuse (0) 4. Interview with a medical practitioner (1) 5. Interview with a mental health practitioner (1) **Conclusion:** The above narrative provides a detailed overview of all evidence used to determine compliance or non-compliance, along with the Auditor's analysis, reasoning, and conclusions. It also includes recommendations for corrective action if the facility does not meet the standard.

115.386	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.386 - Sexual abuse incident reviews 115.386 (a): The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. 115.386 (a)-1 Yes. 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. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section XIII. Data Collection and Review, Subsection A. Sexual Abuse Incident Reviews (effective 10/01/2025), pages 49-50. See Standard 115.322. No sexual abuse allegations during this reporting period. 115.386 (a)- 2 In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0. **Documentation Review** Not applicable. Additional documentation of completed criminal or administrative investigations of sexual abuse (0). See Standard 115.322. 115.386 (b): Such review shall ordinarily occur within 30 days of the conclusion of the investigation. 115.386 (b)-1 Yes. The facility ordinarily conducts a sexual abuse incident review

	within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. Not applicable. Additional documentation of completed criminal or administrative investigations of sexual abuse (0). See Standard 115.322. 115.386 (b)-2 In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 0. Not applicable. Additional documentation of completed criminal or administrative investigations of sexual abuse (0). See Standard 115.322. **Documentation Review** Not applicable. Additional documentation of completed criminal or administrative investigations of sexual abuse (0). See Standard 115.322. 115.386 (c): The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. 115.386 (c)-1 Yes. 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. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section XIII. Data Collection and Review, Subsection A. Sexual Abuse Incident Reviews (effective 10/01/2025), pages 49-50. During this audit, the Auditor interviewed the Warden. The Warden confirmed that the review team includes upper-level management officials, with input from line supervisors and investigators. **Documentation Review** Not applicable. Additional documentation of completed criminal or administrative investigations of sexual abuse (0). See Standard 115.322. 115.386 (d): The review team shall: (1) Consider whether the allegations submitted investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6)

	Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Compliance Manager. 115.386 (d)-1 Yes. 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)-(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. **Documentation Review** Not applicable: Additional reports of findings from sexual abuse incident reviews. See Standard 115.322. During this audit, the Auditor interviewed the Warden. The Warden explained that the incident review team uses information from sexual abuse incident reviews to inform policy reviews or changes, training decisions, and security practices. During this audit, the Auditor interviewed the PREA Compliance Manager (PCM), who confirmed that the facility reviews incidents involving both substantiated and unsubstantiated sexual abuse allegations. The PCM explained that these reviews include preparing written reports that detail the findings and determinations, consistent with PREA Standard 115.386. In most cases, the Warden participates in the incident review. However, if the Warden is not involved, the review findings are forwarded for appropriate action. During this audit, the Auditor interviewed a member of the Incident Review Team. The team member verified that the committee considers all aspects specified in this standard, including the incident's location, motivating factors, and gang affiliation. **Documentation Review** Not applicable: Additional reports of findings from sexual abuse incident reviews. See Standard 115.322. 115.386 (e): The facility shall implement the recommendations for improvement or shall document its reasons for not doing so. 115.386 (e)-1 Yes. The facility implements the recommendations for improvement or documents its reasons for not doing so. Not applicable for this review period. Documentation supporting implementation of recommendations or documentation of reasons for not implementing recommendations. See Standard 115.322. **Documentation Review** Not applicable. Additional reports of findings from sexual abuse incident reviews.

	See Standard 115. 386 (b)-2 and 115.322. **Evidence Relied Upon:** 1. Pre- audit questionnaire 2. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section XIII. Data Collection and Review, Subsection A. Sexual Abuse Incident Reviews (effective 10/01/2025), pages 49-50. 3. Interview with the Warden 4. Interview with a member of the Incident Review Team (1) 5. Interview with the PREA Compliance Manager **Conclusion:** The above narrative thoroughly covers all evidence used in deciding compliance or non-compliance, including the Auditor's analysis, reasoning, and conclusions. It also contains recommendations for corrective action if the facility fails to meet the standard.

115.387	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.387 - Data collection 15.387 (a): The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. 115.387 (a)-1 Yes. The facility collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section B. Data Collection (effective 10/01/2025), page 50, states that the Department 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. All reports of Nonconsensual Sexual Acts, Abusive Sexual Contact, Staff Sexual Misconduct, and Sexual Harassment as defined in this policy and administrative procedure shall be reported on a Sexual Incident Report. The facility PREA Compliance Manager shall submit a Sexual Incident Report for each allegation that is a PREA-related incident via the PREA Reporting Application – Survey of Sexual Victimization. All incident reports, investigation reports, or written statements shall be attached. It shall not be released to incarcerate individuals or the public, unless court-ordered.

- Delta PREA Reporting App
    - SIR Data Legacy Data
    - Survey of Sexual Victimization
    - Definitions
- 2024 LPJ SAP Report
- IDOC Agency Annual PREA Report 2025

115.387 (b): During this audit, the agency confirmed that it aggregates the incident-based sexual abuse data at least annually.

115.387 (b)-1 Yes. The agency aggregates the incident-based sexual abuse data at least annually.

Documentation Review

See Standard 115.387 (a)-1. Sample of aggregated data

115.387 (c): The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

115.387 (c)-1 Yes. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section B. Data Collection (effective 10/01/2025), page 50.

115.387 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.387 (d)-1 Yes. 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, Sexual Abuse Prevention, 02-01-115, Section B. Data Collection (effective 10/01/2025), page 50.

115.387 (e): The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

115.387 (e)-1 Yes. The agency obtains incident-based and aggregated data from every private facility with which it contracts to confine its residents.

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section B. Data Collection (effective 10/01/2025), page 50.

115.387 (e)-2 Yes. The data from private facilities comply with SSV reporting regarding content.

	Documentation Review Not applicable. Sample of incident-based and aggregated data from a private facility. 115.387 (f): Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than 30 June. 115.387 (f)-1 Yes. The agency provided the Department of Justice (DOJ) with data from the previous calendar year. **Evidence Relied Upon:** 1. Pre-audit questionnaire 2. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section B. Data Collection (effective 10/01/2025), page 50. 3. Interview with the Agency Head 4. Interview with the PREA Coordinator 5. 2024 LPJ SAP Report 6. IDOC Agency Annual PREA Report 2025 7. Delta PREA Reporting App 8. Definitions **Conclusion:** The narrative below must include a comprehensive discussion of all evidence relied upon to make the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions. This discussion must also include recommendations for corrective action if the facility does not meet the standard.

115.388	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.388 - Data review for corrective action 115.388 (a): The agency shall review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. 115.388 (a)-1 The agency reviews data collected and aggregated pursuant to

§115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:

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

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Data Review for Corrective Action (effective 10/01/2025), page 51.

Documentation of Corrective Action Plans/Annual Reports

- 2024 LAPORTE Sexual Prevention Annual Report, dated 1/31/2025
- 2025 LAPORTE Sexual Prevention Annual Report, dated 1/31/2026
- 2025 Agency: Sexual Abuse Prevention Program Annual Report, dated 2/19/2026

During this audit, the Auditor reviewed data collected and aggregated pursuant to § 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas.

During this audit, the Auditor interviewed the Agency Head. The Agency Head confirmed that the corrective action plans have been reviewed and approved, and that annual reports have been written pursuant to 115.388. They also confirmed that the agency reviews, collects, and aggregates pursuant to 155.387 to assess and improve the effectiveness of its sexual abuse prevention and implementation efforts.

During this audit, the Auditor interviewed the PREA Coordinator, who described their role in collecting and consolidating data from all IDOC facilities. The agency then reviews this data, gathered under 115.387, to evaluate and enhance its sexual abuse prevention strategies, policies, responses, and training programs.

During the audit, the Auditor interviewed the PREA Compliance Manager, who clarified that this role involves reviewing and managing all PREA-related data collected and aggregated under 115.387. This process aims to evaluate and improve the agency's policies and training for preventing, detecting, and responding to sexual abuse. The PCM then prepares a report for the Warden and PREA Coordinator, which includes recommendations, corrective actions, and comparisons with previous years' data.

Documentation Review

Documentation of Corrective Action Plans/Annual Reports

- 2024 LAPORTE Sexual Prevention Annual Report, dated 1/31/2025

- 2025 LAPORTE Sexual Prevention Annual Report, dated 1/31/2026
- 2025 Agency: Sexual Abuse Prevention Program Annual Report, dated 2/19/2026

115.388 (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.

115.388 (b)-1 Yes. The annual report includes a comparison of the current year's data and corrective actions with those from prior years.

See Standard 115.388 (a)-1

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

See Standard 115.388 (a)-1

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

115.388 (c)-1 Yes. During this audit, the agency confirms that its annual report is readily available to the public on its website at least once a year.

Confirmed: Internet search of the agency’s website.

115.388 (c)-2 If NO, the agency makes it available through other means.

- Not applicable. The report is available on the website once approved.

115.388 (c)-3 Yes. During this audit, the agency confirms that its annual reports are approved by the agency head.

During this audit, the Auditor interviewed the Agency Head. The Agency Head confirmed that the corrective action plans have been reviewed and approved, and that annual reports have been written pursuant to 115.388.

115.388 (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 redacted material.

115.388 (d)-1 Yes. During this audit, the agency confirmed that PII is redacted from an annual report prior to publication; the redactions are limited to materials that would pose a clear and specific threat to the facility's safety and security.

See Standard 115.388 (a)-1

115.388 (d)-2 Yes. During this audit, the agency confirmed that it indicates the nature of the material redacted.

	See Standard 115.388 (a)-1
	
	During this audit, the Auditor interviewed the PREA Coordinator. The PREA Coordinator confirmed that the agency prepares an annual report of its findings from its data review and any corrective actions.
	
	Evidence Relied Upon:
	
	1. Pre-audit questionnaire
	2. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section C. Data Review for Corrective Action (effective 10/01/2025), page 51.
	3. Documentation of Corrective Action Plans/Annual Reports
	    1. 2024 LAPORTE Sexual Prevention Annual Report, dated 1/31/2025
	    2. 2025 LAPORTE Sexual Prevention Annual Report, dated 1/31/2026
	    3. 2025 Agency: Sexual Abuse Prevention Program Annual Report, dated 2/19/2026
	4. Internet search of the agency's website.
	5. Interview with the Agency Head
	6. Interview with the PREA Coordinator
	7. Interview with the PREA Compliance Manager
	
	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 also includes corrective action recommendations where the facility does not meet the standard.

115.389	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.389 - Data storage, publication, and destruction 115.389 (a)-1 During this audit, the agency confirmed that it ensures that incident-based and aggregate data are securely retained. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section D. Data Storage, Publication, and Destruction (effective 10/01/2025), page 52. The Department shall ensure that data collected pursuant to 115.87/387 is securely retained. The Department 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 the Department's website.

Before making aggregated sexual abuse data publicly available, the Department shall remove all personal identifiers. The Department shall maintain sexual abuse data collected pursuant to 115.87/387 for at least ten (10) years after the date of the initial collection.

During this audit, the Auditor interviewed the PREA Coordinator, who confirmed that the agency reviews collected and aggregated data as required by this standard to evaluate the effectiveness of its sexual abuse prevention policies, identify issues, and determine training needs.

PREA Audit Site Review

RECORD STORAGE

During the site review, the Auditor:

Observe the physical storage area for 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 whether the area is secured (e.g., lock-and-key, Delta).

Observe electronic safeguards of any information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., risk screening information) to determine how access to the information is secured (e.g., password-protected, accessible only in certain areas, role-based security).

Conducted informal conversations with staff to verify that sensitive data is securely retained.

115.389 (b): During this audit, the agency confirmed that it makes all aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts readily available to the public at least annually through its website or, if it does not have one, through other means.

115.389 (b)-1 Yes. During this audit, the agency verified that its policy mandates publicly accessible aggregated sexual abuse data from both its directly managed facilities and contracted private facilities, with at least annual updates on its website.

IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section D. Data Storage, Publication, and Destruction (effective 10/01/2025), page 52. The Department 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 the Department's website.

115.389 (b)-2 If NO, the agency makes it available through other means

• Not applicable.

Documentation Review

Confirmed: Review the website or other means for publicly available aggregated sexual abuse data.

115.389 (c): During this audit, the agency confirmed that aggregated sexual abuse data is publicly available; the agency shall remove all personal identifiers.

115.389 (c)-1 Yes. During this audit, the agency verified that it deletes all personal identifiers prior to publishing aggregated sexual abuse data.

Documentation Review

Confirmed: Sample of publicly available sexual abuse data to check that personal identifiers have been removed.

115.389 (d): During this audit, the agency confirmed that it shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

115.389 (d)-1 Yes. During this audit, the agency confirmed that it maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

Evidence Relied Upon:

1. Pre-audit questionnaire
2. Site Review and Facility Tour
    1. Storage
        1. Physical
        2. Electronic - Delta
3. IDOC Policy, Sexual Abuse Prevention, 02-01-115, Section D. Data Storage, Publication, and Destruction (effective 10/01/2025), page 52.
4. Interview with the PREA Coordinator
5. Sampled publicly available sexual abuse data to check that personal identifiers have been removed, internet search
6. Confirmed: Review the website or other means for publicly available aggregated sexual abuse data, internet search

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 also includes corrective action recommendations where the facility does not meet the standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.403 - Audit contents and findings 115.401 (a): Yes. During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. 115.401 (b): Yes. On 20 August 2013, the agency shall ensure that at least one-third of each facility type operated by the agency or by a private organization on behalf of the agency is audited. 115.401 (h): Yes. The Auditor had access to and observed all areas of the audited facilities. 115.401 (i): Yes. The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). 115.401 (m): Yes. The Auditor shall be permitted to conduct private interviews with residents. 115.401 (n): Yes. Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.403 - Audit contents and findings 115.403 (f): Yes. The agency shall ensure that the Auditor final report is published on the agency's website if it has one or is otherwise made readily available to the public. • Internet search

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

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

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

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	no
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	**Supervision and monitoring**	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	**Supervision and monitoring**	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
115.315 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.315 (f)	**Limits to cross-gender viewing and searches**	

	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.316 (a)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or	yes

	coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual	yes

	abuse or any resignation during a pending investigation of an allegation of sexual abuse?	
115.317 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	**Hiring and promotion decisions**	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	**Hiring and promotion decisions**	

	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	**Upgrades to facilities and technologies**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	**Upgrades to facilities and technologies**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based	yes

	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.)	
115.321 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory	yes

	interviews?	
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	na
115.321 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322	**Policies to ensure referrals of allegations for investigations**	

(c)		
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	na
115.331 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to	yes

	mandatory reporting of sexual abuse to outside authorities?	
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	**Employee training**	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	**Volunteer and contractor training**	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.332 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with residents been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	**Resident education**	
	During intake, do residents receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	**Resident education**	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	**Resident education**	

	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	**Resident education**	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	**Resident education**	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334	**Specialized training: Investigations**	

(b)		
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341	**Obtaining information from residents**	

(a)		
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	**Obtaining information from residents**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	**Obtaining information from residents**	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Physical disabilities?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	**Obtaining information from residents**	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	**Obtaining information from residents**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	**Placement of residents**	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes

	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	**Placement of residents**	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (d)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (e)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342	**Placement of residents**	

(f)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (g)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (h)	**Placement of residents**	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	**Placement of residents**	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	**Resident reporting**	

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

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

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

	the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	**Resident access to outside confidential support services and legal representation**	

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

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

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

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

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

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

	is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	
115.371 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	**Criminal and administrative agency investigations**	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal	yes

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

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

	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	**Reporting to residents**	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual	yes

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

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

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

115.381 (c)	**Medical and mental health screenings; history of sexual abuse**	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	**Medical and mental health screenings; history of sexual abuse**	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	**Access to emergency medical and mental health services**	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	**Access to emergency medical and mental health services**	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382	**Access to emergency medical and mental health services**	

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

	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

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

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

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

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