

# PREA Facility Audit Report: Final

**Name of Facility:** Miami Correctional Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 09/08/2024

**Date Final Report Submitted:** 09/13/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Sonya Love	<b>Date of Signature:</b> 09/13/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Love, Sonya
<b>Email:</b>	sonya.love57@outlook.com
<b>Start Date of On-Site Audit:</b>	05/20/2024
<b>End Date of On-Site Audit:</b>	05/22/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Miami Correctional Facility
<b>Facility physical address:</b>	3038 West 850 South , Bunker Hill, Indiana - 46914
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Lorna Harbaugh
<b>Email Address:</b>	lharbaugh@idoc.in.gov
<b>Telephone Number:</b>	7654613974

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Brian English
<b>Email Address:</b>	BEnglish@idoc.in.gov
<b>Telephone Number:</b>	3176056791

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Aaron Smith
<b>Email Address:</b>	aarsmith@idoc.in.gov
<b>Telephone Number:</b>	O: (765) 689-8920
<b>Name:</b>	Lorna Harbaugh
<b>Email Address:</b>	lharbaugh@idoc.in.gov
<b>Telephone Number:</b>	O: (317) 605-6791

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	LeeAnn Ivers
<b>Email Address:</b>	Lee.Ivers@idoc.in.gov
<b>Telephone Number:</b>	7656333008

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	3188
<b>Current population of facility:</b>	1755
<b>Average daily population for the past 12 months:</b>	1424

<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	21-81
<b>Facility security levels/inmate custody levels:</b>	1-4
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	399
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	88
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	75

#### AGENCY INFORMATION

<b>Name of agency:</b>	Indiana Department of Correction
<b>Governing authority or parent agency (if applicable):</b>	State of Indiana
<b>Physical Address:</b>	302 West Washington Street, IGCS, RM E334, Indianapolis, Indiana - 46204
<b>Mailing Address:</b>	
<b>Telephone number:</b>	3172325711

#### Agency Chief Executive Officer Information:

<b>Name:</b>	Christina Reagle
<b>Email Address:</b>	creagle@idoc.in.gov
<b>Telephone Number:</b>	317-232-5711

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Matthew Bishir	<b>Email Address:</b>	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	
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#### Number of standards met:

45	
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#### Number of standards not met:

0	
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## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-05-20
2. End date of the onsite portion of the audit:	2024-05-22

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Indiana SAVIN 1-866-891-0330

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	3188
15. Average daily population for the past 12 months:	1424
16. Number of inmate/resident/detainee housing units:	17
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	1429
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	10
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	2

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>8</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>3</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>7</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>During the facility tour, the Auditor toured and observed offenders placed in RHU. None of the offenders indicated placement in RHU was due to being safeguarded from sexual victimization. I had informal conversations with a specific group of offenders about the reasons for their placement in RHU. The offenders were curious about my identity and purpose. After introductions, they understood that I was the PREA Auditor, as the PREA Audit notice displayed in all living units indicated. Zero offenders in RHU requested to speak with the Auditor in a private setting beyond inquiring who I was and what was my purpose. This Auditor received zero private correspondence from offenders in this facility.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>399</p>

<b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	75
<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	88
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	<p>Several contractors were interviewed for two reasons: first, because they were contractors (e.g., medical, mental health practitioners, and other health care staff), and second, because they were identified as specialized staff. The sampling for the interviews was based on staff assigned to work during the onsite portion of this audit and their role and responsibilities within the facility. During the onsite portion zero volunteers were scheduled to volunteer at Miami. This Auditor, did interview one volunteer by phone and left a message for a second volunteer. Custody staff sampling was determined based on custody staff working on each day of the onsite portion of the audit, their shift assignment, and their role and responsibility in the facility. This Auditor sampled custody staff from different shifts.</p>
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	22



<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Samples were taken based on a number of factors such as housing unit, physical disability, emotional disability, LEP, history of sexual victimization, and reporting sexual abuse in the past 12-month period.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Random offenders were selected by living unit, age, gender, length of placement, and ethnicity. The transgender population was oversampled, as research suggests that this vulnerable population is generally underserved in prisons.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>18</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>

<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>2</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>6</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>2</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>3</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the facility tour, the Auditor visited offenders in the RHU room by room. None of the offenders indicated that being placed in RHU was due to safeguarding from sexual victimization. I informally conversed with a specific group of offenders about the reasons for their placement in RHU. The offenders were curious about my identity and purpose. After introductions, they understood that I was the PREA Auditor, as indicated on the notice displayed on their living units. None of the offenders requested to speak with me privately.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>The transgender population was oversampled, as research suggests that this vulnerable population is generally underserved in prisons. Offenders (LEP) randomly selected for interviews spoke fluent English, and Spanish. This Auditor identified one (LEP) offender to which the language line was used to communicate with the offender.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>14</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>Some Nigerian-born staff spoke a language other than English. Some Latin-born staff spoke Spanish.</p>

<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Random staff were selected from a group of custody staff scheduled to work during the onsite portion of this audit, work assignment, and responsibilities.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>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.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>16</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	Medical and mental health practitioners are contract employees

## 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.

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

Yes

No

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

**85. 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

**86. 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

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

Yes

No

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

Yes

No



<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>This Auditor tested the telephone system, and reporting via offender tablets</p>
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**Documentation Sampling**

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

<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>Records were randomly sampled by the Auditor in addition to evidence initially provided by the facility.</p>
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**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	33	33	0	33
<b>Staff-on-inmate sexual abuse</b>	10	10	0	10
<b>Total</b>	43	43	0	43

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	9	0	9	0
<b>Staff-on-inmate sexual harassment</b>	6	0	6	0
<b>Total</b>	15	0	15	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.

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	5	1	0	0	0
<b>Staff-on-inmate sexual abuse</b>	3	1	1	0	0
<b>Total</b>	8	2	1	0	0

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

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	2	0	7	0
<b>Staff-on-inmate sexual harassment</b>	0	1	5	0
<b>Total</b>	2	1	12	0

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

**Sexual Abuse Investigation Files Selected for Review**

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

15

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>15</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>2</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>5</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>5</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No text provided.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>115. 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.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

## Non-certified Support Staff

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

Yes

No

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

2

## AUDITING ARRANGEMENTS AND COMPENSATION

121. 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



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

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

Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), effective 04/01/2020, Section III, Definitions, Subsection C, Executive Director of PREA, page 3, and Section IV, Prevention Planning, Subsection A, Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator, page 6, state that the Commissioner of the Indiana Department of Correction will appoint an upper-level person or their designee to serve as the agency PREA Coordinator for the Indiana Department of Correction according to the IDOC organizational chart. During his interview, the PREA Coordinator/Director confirmed for the Auditor that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with its facilities' PREA standards. The IDOC agency PREA Coordinator reports to the Director of the Office of Investigations and Intelligence (OII). The Investigations and Intelligence Director reports to the Executive Director of Field Operations. The Executive Director of Field Operations reports to the Deputy Commissioner of Operations, who reports to the IDOC Commissioner. The PREA Coordinator is five levels away from the agency commissioner. During an interview with the agency head, she confirmed her full support for the agency's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. The IDOC Commissioner was quite familiar with the efforts of the PREA Coordinator to develop, implement, and oversee agency efforts to comply with its facilities' PREA standards.

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

IDOC Policy 02-01-115 (Sexual Abuse Prevention), which became effective on April 1, 2020, supports this requirement. After conducting audits in multiple IDOC facilities, each facility has a designated PREA Compliance Manager, as required in this standard. Additionally, PREA audits posted on the agency website provide a list of PREA Compliance Managers for each facility. The Miami Correctional Facility (MCF) organizational chart confirms that the PREA Compliance Manager reports to the facility Deputy Warden of Operations, who in turn reports directly to the facility Warden. Previous PREA audits also support standard 115.11 (c). All facilities audited in the most recent cycle provide contact information and interviews with a PREA Compliance Manager by the Auditor. Furthermore, during an interview, the PREA Coordinator confirmed that each IDOC facility had identified a PREA Compliance Manager. The role and responsibilities of the PREA Compliance Manager were detailed during the facility audit by the PREA Compliance Manager. The PREA Compliance Manager confirmed having sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

**Evidence relied upon:**

	<ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Organizational Chart (facility)</li> <li>3. Organizational Chart (agency) (internet search)</li> <li>4. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)</li> <li>5. Interview with the PREA Coordinator/Director of PREA</li> <li>6. Interview with the PREA Compliance Manager</li> </ol> <p><b>Conclusion:</b></p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.12: Contracting with other entities for the confinement of inmates</p> <p>115.12 (a): A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.</p> <p>Indiana Department of Correction (IDOC), Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection B, Contracting With Other Entities for Confinement of Offenders, pages 7 - 8, indicates that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, will include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. Further, IDOC contracts Lake County contract, Exhibit A Statement of Work, PREA Section, page 18, explicitly requires vendors with contracts for the confinement of its inmates to adopt and comply with the PREA standards, according to the contract administrator. This Auditor sampled the following contracts to determine compliance with this substandard: Lake County Government contract, Exhibit A, Requirements for a Work-Release Center Under a Grant/Contract with the Indiana Department of Corrections, page 18, Volunteers of America contract, Exhibit B, Scope of Work, page 12, John P. Craine House,</p>

Requirements for a Work-Release Center Under a Grant/Contract with the Indiana Department of Corrections, Exhibit A, page 22, includes the entity's obligation to adopt and comply with the PREA standards.

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

Indiana Department of Correction (IDOC), Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection B, Contracting With Other Entities for Confinement of Offenders, pages 7 - 8, indicates that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, will include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. Further, IDOC contracts Exhibit A, Requirements for a Work-Release Center Under a Grant/Contract with the Indiana Department of Correction, and Exhibit B, Statement of Work, PREA Section, explicitly requires vendors with contracts for the confinement of its inmates to adopt and comply with the PREA standards, according to the Contract Administrator. The agency contract administrator confirmed that the agency is responsible for monitoring the agency contract, specifically the PREA Coordinator, to ensure compliance with all PREA standards. The Auditor also interviewed the PREA Coordinator, who confirmed that it was his responsibility to monitor the application of this standard.

**Evidence relied upon:**

1. Pre-Audit Questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)
3. Lake County Government Contract, Exhibit A, Requirements for a Work-Release Center Under a Grant/Contract with the Indiana Department of Corrections,
4. John P. Craine House Contract, Inc., Exhibit A, Requirements for a Work-Release Center Under a Grant/Contract with the Indiana Department of Corrections
5. Volunteers of America of Indiana Contract, Exhibit B - Scope of Work, PREA Section
6. Interview with the agency Contract Administrator
7. Interview with the PREA Coordinator/Director of PREA

**Conclusion:**

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

<b>115.13</b>	<b>Supervision and monitoring</b>
	<p data-bbox="256 188 959 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 264 544 300"><b>Auditor Discussion</b></p> <p data-bbox="256 340 1485 918">115.13 (a): The agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.</p> <p data-bbox="256 958 1477 1783">IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection C, Supervision and Monitoring, pages 8 – 9; Miami Correctional Facility 2024 Facility Staffing Plan Review; IDOC Miami Correctional Facility Post Summary, Post Analysis, and Post Justification documents; Miami Correctional Facility Master Roster and Shift Roster documents; and Memo: Miami Correctional Facility Critical Post/Minimum Staffing/Below minimal Staffing Plan all confirm that IDOC has a mandate to ensure that each facility it operates shall develop, document, and do its best to comply regularly with a staffing plan that provides for adequate staffing levels and, where applicable, video monitoring to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.</p> <p data-bbox="256 1823 1477 1984">IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection C, Supervision and Monitoring, pages 8 – 9, indicates that the department shall establish a Post Plan for each facility. The Miami Correctional Facility Post Plan included a Post Justification, POST Summary, and POST Analysis documents.</p> <p data-bbox="256 2024 1430 2060">IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning,</p>

Subsection C, Supervision and Monitoring, pages 8 – 9, specifically indicates that IDOC shall, whenever necessary, but at least once a year for each facility, the agency Executive Director of Adult Facilities or the Executive Director of Youth Services in consultation with the Executive Director of PREA (PREA Coordinator) shall, in consultation with others in the agency, assess, determine, and document whether adjustments are needed to the staffing plan, video, and other monitoring technology, as well as the resources the facility has available to adhere to the staffing plan. Noteworthy, in recent organizational title changes, the Executive Director of PREA is now titled the PREA Coordinator/Director of PREA.

The facility staffing plan includes the approval of the Warden. During an interview, the Warden confirmed a review of the facility staffing plan and consultation with the PREA Coordinator/Director of PREA by email dated 01/2004. All IDOC facility Wardens are to complete an annual staffing plan review in January each year. The review is then sent to the PREA Coordinator/Director of PREA and the applicable regional director. The PREA Coordinator/Director of PREA confirmed receipt and review of the Miami Correctional Facility's staffing plan on 01-26-24.

During the facility tour, this Auditor observed facility staffing and compared the staffing plan to the staff assigned and working during the onsite portion of this audit. The Auditor observed the number of staff and contractors present (including security and non-security staff) and staffing patterns during the shift, which included locations such as all housing units, all segregation units, programming, recreation, education, the library, work areas, staff sight lines and other locations where sexual abuse was likely to occur according to the facility staffing and informal conversations with custody staff. Zero volunteers were present during the onsite portion of this audit.

Further, observations also included the level of supervision and frequency of cell checks in housing, sight lines from internal security posts with sight lines to showers and upper tiers in the housing units, indirect supervision practices on living units, and from the control room, including camera placement. Problematic: during the facility tour, this Auditor was able to directly observe inmates/offenders in a state of undress while taking showers.

Informal conversations with custody staff and non-custody staff confirmed that current understaffing was not an issue and that supervision practices were adequate, given the population decline and the change in the facility's culture.

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

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection C, Supervision and Monitoring, pages 8 – 9, confirms that when staffing falls below the established minimum, the facility documents the event and justifies all deviations from the staffing plan as mandated in the policy. During his interview, the facility Warden confirmed this.

The PREA Compliance Manager (PCM) denied MCF deviated from the staffing plan during this reporting period. According to PAQ, 115.13 (b)-1 indicated n/a, meaning no

deviations from the staffing plan during this review period. This Auditor selected random dates to determine compliance with this substandard by examining a sample of post plans for the weeks of 01/07/2024 - 01/13/2024, 02/11/2024 - 02/17/2024, and 03/17/2024 - 03/24/2024. A review of staffing reports during the onsite portion of this audit indicated adequate staff. Problematic: this Auditor seeks clarification of a handwritten memo written by the secretary to the Major to address this substandard dated Tuesday, 05/28/2024, identified by the Auditor in a random sample (03/17/2024-03/27/2024) to address this substandard. Zero documents or written justifications were submitted in the PAQ for this standard.

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

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection C, Supervision and Monitoring, pages 8 - 9, specifically indicates that IDOC shall, whenever necessary, but at least once a year for each facility, the agency the Executive Director of Adult Facilities or the Executive Director of Youth Services in consultation with the Executive Director of PREA (PREA Coordinator) shall, in consultation with others in the agency, assess, determine, and document whether adjustments are needed to the staffing plan, video, and other monitoring technology, as well as the resources the facility has available to adhere to the staffing plan.

The Miami staffing facility staffing plan was reviewed by the PREA Coordinator/ Director of PREA as confirmed in an email dated 01/2004. The PREA Coordinator/ Director of PREA confirmed receipt, consultation, and review of the Miami Correctional Facility's staffing plan on 01-26-24.

115.13 (d): Each agency operating a facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection C, Supervision and Monitoring, pages 8 - 10, the agency mandates that each 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. The same policy and practice are mandated for implementation for all shifts. Each facility shall have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring

unless such announcement is related to the facility's legitimate operational functions. Interviews with intermediate or higher-level supervisors confirmed their understanding of the policy.

During an interview with a Higher-Level Facility Staff member (custody staff), he confirmed that an Intermediate—or Higher-Level Facility Staff conduct random unannounced rounds in the facility. To confirm compliance with this substandard, this Auditor reviews select dates to examine as evidence, such as the weeks of 01/07/2024 - 01/13/2024, 02/11/2024 - 02/17/2024, and 03/17/2024 - 03/24/2024. A review of staffing reports during the onsite portion of this audit indicated adequate staff. Problematic: this Auditor seeks clarification of a handwritten memo written by the secretary to the Major to address this substandard dated Tuesday, 05/28/2024, identified by the Auditor in a random sample (03/17/2020-03/27/2024) to address this substandard.

**Evidence relied upon:**

1. Pre-Audit Questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)
3. Review of the facility staffing plan
4. Review of staff assignment onsite during the onsite audit period
5. Review of email from the PREA Coordinator/Director of PREA confirming his review of the facility staffing plan (dated 01-26-24)
6. Review of documentation of the staffing plan development process
7. Facility tour and observations
8. Observation of supervision practices
9. Observation of the camera system from control rooms
10. Observation of staffing assignments
11. Interview with the Warden
12. Interview with the PREA Coordinator/Director of PREA
13. Interview with the PREA Compliance Manager
14. Interview with an Intermediate or Higher-Level Facility Staff

**Corrective Action:**

1. IDOC PREA Coordinator/Director of PREA will provide this Auditor with evidence that he reviewed the facility staffing plan during this reporting period. (completed)
2. PAQ 115.13 (b): In circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan. Problematic: this Auditor seeks clarification of a handwritten memo written by the secretary to the Major to address this substandard dated Tuesday, 05/28/2024, identified by the Auditor in a random sample (03/17/2024-03/27/2024) to address this substandard. The facility will clarify in writing the handwritten information contained in an email dated Tuesday, 05/28/2024. This Auditor will re-sample for unannounced rounds on all shifts to determine compliance



with this standard. Miami Correctional Facility will upload select evidence that rounds covered all shifts.(completed)

**Conclusion:**

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

115.14	Youthful inmates
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>  115.14 (a): A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through the use of a shared dayroom or other common space, shower area, or sleeping quarters.  IDOC Policy 01-04-102 (Classification Assignment for Youth Incarcerated as Adults and Alternative Sentenced Youth), Section IV, Intake, Subsection B, Intake for Youth Incarcerated as Adult, pages 3-4, indicates that Indiana counties will deliver Youth Incarcerated as Adult offenders to a designated Department of Youth Services (DYS) facility:  1.) Male: Pendleton Juvenile Correctional Facility; and, 2). Female: LaPorte Juvenile Correctional Facility.  Miami Correctional Facility is an adult facility housing offenders 18 and older. Youthful male residents are assigned to the Pendleton Juvenile Correctional Facility. A review of the housing units, which includes the date of birth for each offender, did not show any offenders under the age of 18. This standard does not apply to this facility.  Interviews with the facility's Warden, PCM, and PREA Coordinator/Director of PREA confirmed that zero youthful inmates are housed at the facility. Further, informal conversations with a medical and mental health practitioner during the on-site portion of this audit confirmed that MCF does not house youthful inmates.

	<p>115.14 (a)-1 The facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through the use of a shared dayroom or other common space, shower area, or sleeping quarters.</p> <p>115.14 (a)-2 MCF indicates "no." the facility does not house youthful inmates. They are not assigned to this facility.</p> <p>According to the PAQ, MCF does not house youthful inmates or confined persons.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. IDOC Policy 01-04-102 (Classification Assignment for Youth Incarcerated as Adults and Alternative Sentenced Youth) (effective 10/1/2020)</li> <li>3. Review of daily housing assignments for all offenders placed at Miami during the onsite portion of this audit</li> <li>4. Review of the daily population report</li> <li>5. Interview the Warden</li> <li>6. Interview the PREA Compliance Manager</li> <li>7. Interview the PREA Coordinator/Director of PREA</li> </ol> <p><b>Conclusion:</b></p> <ol style="list-style-type: none"> <li>1. Based on the evidence relied upon in making the compliance determination for this standard, the Auditor’s analysis and reasoning, and the Auditor’s conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</li> </ol>
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<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.15 (a): The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection E, Limits to Cross-Gender Viewing and Searches, pages 10 - 11, and IDOC Policy 02-03-101 (Searches), pages 1 - 20, provides guidance for correctional staff on how to conduct cross-gender search strip searches or cross-gender visual body cavity searches.</p>

IDOC Policy 02-03-101, (Searches), Section VII, Opposite Gender Offender Pat Search, Subsections A and B, pages 6-7, indicates that a pat search of an adult male offender may be conducted in accordance with approved opposite gender search lessons and training plans.

PAQ 115.15 (a)-2 Miami Correctional Facility indicates, in the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates was zero.

During interviews, a non-medical staff member denied participating in a cross-gender strip search or visual body search. Informal conversations with some offenders revealed that they were reluctant to discuss the facility search procedures in front of their peers. Later, during random interviews, the same offender expressed concern that others would think he was disclosing illegal behavior in the facility, and that his gang members would disapprove of him talking to an auditor or outsider. However, other offenders were more open and willing to discuss the search procedures. None of the random offenders indicated problems with the search procedure in the last 12-month period. Zero logs of cross-gender strip searches and cross-gender visual body cavity searches in the past 12-month period were reviewed by this Auditor, see PAQ 115.15 (a)-2. Interviews with random and specialized staff (all) confirmed that cross-gender strip or cross-gender visual body cavity searches of inmates are prohibited by policy except in exigent circumstances. Each random staff interview provided the Auditor with one example of an exigent circumstance, such as a medical life-saving emergency, a riot, or a fire.

During the facility tour, the auditor observed the location where strip searches, visual body cavity searches, and pat-down searches typically take place, Intake. There were no offenders present during the facility tour, and no new admissions occurred. Moreover, there were no transferring or incoming offenders during the on-site portion of this audit. During an informal conversation with a correctional staff supervisor in Intake, the Auditor inquired whether opposite-gender supervisors were required to supervise or observe strip searches. The supervisor indicated that if an opposite-gender supervisor is required, that opposite-gender staff supervisor would stand out of the visual vicinity but be nearby during the search procedure to provide guidance if necessary. This Auditor observed a room where searches take place. It allowed offenders a measure of privacy. Other staff or passersby would have sufficient distance from where the search would be conducted.

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

According to the facility section of the PAQ, Miami Correctional Facility has a rated or designated capacity of 3188 and a current capacity of 1755.

PAQ 115.15 (b)-1 Miami Correctional Facility answered "no". The facility does not

permit cross-gender pat-down searches of female inmates absent exigent circumstances (facilities have until August 20, 2015, to comply, or August 20, 2017, if their rated capacity does not exceed 50 inmates).

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection E, Limits to Cross-Gender Viewing and Searches, pages 10 – 11, prohibits staff from conducting cross-gender strip searches or cross-gender visual searches except in exigent circumstances.

IDOC Policy 02-03-101 (Searches), Section IX., Opposite Gender Fisk Searches, page 7, provides guidance for correctional staff on how to conduct cross-gender search strip searches or cross-gender visual body cavity searches.

IDOC Policy 02-03-101 (Searches), Section VII., PAT Search, page 7, provides guidance for correctional staff on how to conduct PAT search in the least intrusive manner as presented in approved lessons/training plans developed by the Division of Staff Development and Training.

IDOC Policy 02-03-101 (Searches), Section XI., Strip Search, page 8, provides guidance for correctional staff to afford offenders with reasonable privacy and indicates that opposite-gender strip searches shall not be conducted unless the staff member, in his/her professional judgment, has reasonable cause to believe a delay in retrieving possible prohibited property, possibly contraband, would jeopardize the safety, order, and/or security of the facility.

IDOC Policy 02-03-101 (Searches), Section XII., Body Cavity Search, page 9, indicates that body cavity searches require the approval of the Warden. Body cavity searches by policy would occur if there is reasonable cause to believe that the offender has concealed contraband or prohibited property in a body cavity, and such a search is necessary to remove the items.

PAQ 115.15 (b)-2 Miami Correctional Facility indicates "not applicable." The facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities to comply with this provision. The facility is an adult male facility, with zero transgender males assigned to it during the on-site portion of this audit.

PAQ 115.15 (b)-3 The number of pat-down searches of female inmates conducted by male staff at Miami Correctional Facility indicates "not applicable."

PAQ 115.15 (b)-4 The number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstance(s): Miami Correctional Facility indicates "not applicable." The facility is an adult male facility, with zero transgender males assigned to it during the on-site portion of this audit.

Interviews with random staff confirm that MCF is an adult male facility with zero female offenders and zero transgender males. Interviews with medical and mental health practitioners also confirm that Miami Correctional Facility is an adult male facility with zero transgender males and zero females assigned to the facility. A

review of the housing roster supports that zero females were assigned to the facility during the on-site portion of this audit. Zero logs of cross-gender searches of females were reviewed by this Auditor. Zero videos documenting pat-down searches of female offenders conducted by male staff were available for review by the Auditor.

PAQ 115.15 (c): Miami Correctional Facility confirmed that the facility shall document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat-down searches of female inmates.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection E, Limits to Cross-Gender Viewing and Searches, pages 10 - 11, and IDOC Policy 02-03-101 (Searches), pages 1 - 20, provides guidance for correctional staff on how to conduct cross-gender search strip searches or cross-gender visual body cavity searches. This section of the policy requires emergency or exigent circumstances to be thoroughly documented and included in the documentation; staff conducting the search must justify the search.

IDOC Policy 02-03-101 (Searches), Section IX., Opposite Gender Fisk Searches, page 7, provides guidance for correctional staff on how to conduct cross-gender search strip searches or cross-gender visual body cavity searches.

IDOC Policy 02-03-101 (Searches), Section VII., PAT Search, page 7, provides guidance for correctional staff on how to conduct PAT search in the least intrusive manner as presented in approved lessons/training plans developed by the Division of Staff Development and Training.

IDOC Policy 02-03-101 (Searches), Section XI., Strip Search, page 8, provides guidance for correctional staff to afford offenders with reasonable privacy and indicates that opposite-gender strip searches shall not be conducted unless the staff member, in his/her professional judgment, has reasonable cause to believe a delay in retrieving possible prohibited property, possibly contraband, would jeopardize the safety, order, and/or security of the facility.

IDOC Policy 02-03-101 (Searches), Section XII., Body Cavity Search, page 9, indicates that body cavity searches require the approval of the Warden. Body cavity searches by policy would occur if there is reasonable cause to believe that the offender has concealed contraband or prohibited property in a body cavity, and such a search is necessary to remove the items.

PAQ 115.15 (c)-2 MCF indicates "not applicable" that the facility policy requires that all cross-gender pat-down searches of female inmates be documented. The facility does not house female inmates.

Interviews with random staff confirm that MCF is an adult male facility with zero female offenders and zero transgender males. Interviews with medical and mental health practitioners also confirm that Miami Correctional Facility is an adult male facility with zero transgender males and zero females assigned to the facility. A review of the housing roster supports that zero females were assigned to the facility during the on-site portion of this audit. Zero logs of cross-gender searches of females

were reviewed by this Auditor. Zero videos documenting pat-down searches of female offenders conducted by male staff are available for review by the Auditor.

Likewise, interviews with random staff all confirmed that the facility would document in the unit logbook and an incident report if a staff conducted a cross-gender strip search or cross-gender visual body cavity search.

As indicated above, body cavity searches require the approval of the Warden. A body cavity search could, by policy, occur if there is reasonable cause to believe that the offender has concealed contraband or prohibited property in a body cavity, and such a search is necessary to remove the items.

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

PAQ 115.15 (d)-1 Miami Correctional Facility confirmed that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection E, Limits to Cross-Gender Viewing and Searches, pages 10 - 11, states that all offenders and juvenile offenders must be able to shower, perform bodily functions, and change clothing without a nonmedical staff member of the opposite gender viewing their breast, buttocks, or genitalia unless there are urgent circumstances or the viewing is incidental to routine security checks. There was an issue during the facility tour where the Auditor observed an offender in RHU naked in the shower. The facility promptly corrected the problem and provided pictures of the corrective action.

PAQ 115.15 (d)-2 Miami Correctional Facility confirmed that policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection E, Limits to Cross-Gender Viewing and Searches, pages 10 - 11, support this substandard. Interviews with both random and targeted offenders confirmed that they have the right to privacy when showering, performing bodily functions, and changing clothing, particularly in front of staff of the opposite gender. During the facility tour, the Auditor heard opposite-gender announcements made by staff as she entered male housing units. An incident was observed where an offender's naked body was partially visible to the Auditor and from the control room. The facility

promptly addressed the issue and provided evidence of corrective action.

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

PAQ 115.15 (e)-1 Miami Correctional Facility confirmed that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection E, Limits to Cross-Gender Viewing and Searches, pages 10 - 11, support this substandard. This section of the policy expressly indicates that staff shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. Genital status must be determined by a medical practitioner or during conversations with a medical or mental health practitioner.

PAQ 115.15 (e)-2 Miami Correctional Facility indicates "no," the number of searches as described in 115.15 (e)-1 that occurred in the past 12 months was zero.

Interviews with a sample of random targeted offenders all deny being searched or physically examined for the sole purpose of determining the offender's genital status. Interviews with random staff during the on-site portion of this audit all deny searching or physically examining an offender for the sole purpose of determining the offender's genital status. Likewise, this Auditor also interviewed an Intake staff person who also denied searching or physically examining an offender for the sole purpose of determining the offender's genital status. Zero intersex offenders were interviewed. According to health care practitioners interviewed, zero intersex offenders exist in the population.

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

PAQ 115.15 (f)-1 Miami Correctional Facility indicates the percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs..

This Auditor also examined the IDOC Staff Development and Training, PowerPoint Slides Pat Frisk, and Modified Frisk Search of Adult Male Offenders PowerPoint curriculum., Section II, Content Presentation, Subsection A., Importance of Searches, page 2, (R2/26/18).

- Slide three: The importance of a professional search.
- Slide four: Staff's Attitude about Searches

On page 3 of the PP training handout, the IDOC policy mandate is discussed. This mandate requires staff to communicate and interact with offenders professionally. Staff are reminded that the agency prohibits using jargon or derogatory remarks toward offenders. To determine full compliance, Miami must submit a select sample of training logs for review. This substandard requires corrective action.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection E, Limits to Cross-Gender Viewing and Searches, pages 10 - 11, indicates the Department shall train security/custody staff to conduct cross-gender pat searches and searches of transgender and intersex offenders in a professional and respectful manner and the least intrusive manner possible, consistent with security needs.

Interviews with random custody staff all confirmed that they participated in the required IDOC Staff Development and Training, Pat Frisk, and Modified Frisk Search of Adult Male Offenders class. All confirmed that the training includes training on how to conduct cross-gender pat-down searches in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs, and how to conduct searches of transgender and intersex inmates in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)
3. IDOC Policy 02-03-101 (Searches) (effective date 06/01/2019)
4. IDOC Staff Development and Training, Pat Frisk, and Modified Frisk Search of Adult Male Offenders PowerPoint curriculum (R2/26/18)
5. Facility tour and observations
6. Interviews with random staff
7. Interview with Intake staff
8. Interviews with random offenders
9. Interviews with targeted offenders
10. Informal conversation with offenders regarding opposite-gender announcements
11. Informal conversation with a supervisor in Intake
12. Observations during the facility tour
13. Photos of RHU showers (before)
14. Photos of RHU showers (after)
15. Examination of a select group of training files (corrective action)

**Corrective Action:**



	<ol style="list-style-type: none"> <li>1. According to PAQ 115.15 (f)-1, the agency is required to provide training for security staff on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional, respectful, and least intrusive manner possible while still meeting security needs. Miami initially needed sample files in OAS to demonstrate that their security staff completed the required training as outlined in this standard. (Completed)</li> <li>2. According to PAQ 115.15 (d)-1: The Miami Correctional Facility confirmed that it has implemented policies and procedures to ensure that inmates can shower, use the restroom, and change clothes without non-medical staff of the opposite gender seeing their breasts, buttocks, or genitalia, except in urgent situations or during routine cell checks (this includes viewing via video camera). During the facility tour, the Auditor observed offenders fully undressed in a shower. The facility quickly addressed this issue during the onsite portion of the audit, and the Auditor is satisfied.. (Completed)</li> </ol> <p><b>Conclusion:</b></p> <ol style="list-style-type: none"> <li>1. Miami submitted a select group of training documents (5) to satisfy PAQ 115.15 (f)-1.</li> <li>2. Miami satisfied PAQ 115.15 (d)-1 by developing a curtain that shields the breasts, buttocks, or genitalia in RHU.</li> <li>3. Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</li> </ol>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.16 (a): The agency shall take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both</p>

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

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

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection F., Offenders with Disabilities and Offenders who are Limited English Proficient, pages 11 - 13, indicates that the agency will take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity or undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans With Disabilities Act, 28 CFR 35.164.

The Auditor examined the IDOC written material used to effectively communicate with offenders with disabilities about PREA. The offender PREA-related brochure and handbook were written in Spanish, a common language in the facility. It was problematic that the facility PREA-related informational brochures was not provided in English for this Auditor to gauge full compliance with this standard for offenders with disabilities.

This Auditor examined a quantity purchase agreement (QPA) with the State of Indiana and Propio LS, LLC. The QPA establishes telephonic interpretive services for IDOC. It can be mutually renewed yearly for two additional years under the same terms and conditions. Renewals are subject to the approval of the Department of Administration and the State Budget Agency. The total term of this agreement, including all renewals, shall not exceed four years. Services are available 24/7, with no additional charges for after-hours calls. The provider includes instructions for using this

interpretive contract. Instructions for using this contract: - Dial the unique 800 number provided to your agency and/or division. - Press 1 for Spanish or 2 for all other languages. - If non-Spanish, enter the appropriate two-digit language code found on the card provided by the vendor. - Enter a four-digit account number found on the card provided by the vendor. Authorized users may be asked intake questions as requested by their agencies. Languages include Spanish, Burmese, Chin, Arabic, French, Vietnamese, Mandarin, Kinyarwanda, and non-core languages. The contractual agreement extends from 01/08/2021 to 02/01/2024. Problematic IDOC will provide evidence of compliance with this standard in the form of an updated contract or alternative manners to satisfy this substandard.

During the interview with the agency head, she explained how the agency is following Standard 115.16 by utilizing a contract for interpretive services and having staff members read PREA-related documents to the offender using a language line for communication, when necessary. An interpreter from Propio LS, LLC, assisted the Auditor in obtaining permission from the LEP offender to conduct the interview in a language the offender understood. The offender confirmed receiving a PREA-related brochure and handbook in Spanish, but mentioned losing the handbook and requested another one if possible. The auditor also noted that MCF provided the handbook.

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

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

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection F., Offenders with Disabilities and Offenders who are Limited English Proficient, pages 11 - 13., Offenders with Disabilities and Offenders who are Limited English Proficient, page 11, indicates that the Department will take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it

can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity or undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans With Disabilities Act, 28 CFR 35.164.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection F., Offenders with Disabilities and Offenders who are Limited English Proficient, pages 11 - 13, indicates that staff shall provide offenders that have a disability with reasonable accommodations in accordance with Policy and Administrative Procedure 00-02-0202, Offenders/Students with Physical Disabilities. Accommodations may be made using the Braille version of the PREA brochure, using an American Sign Language interpreter through a State QPA, showing the PREA video with closed captioning, or reading the offender the brochure. Medical and mental health practitioners may also assist with communication with offenders with developmental disabilities.

115.16 (c): The agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under § 115.64, or the investigation of the inmate's allegations.

PAQ 115.16 (c)-1 Agency policy prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations.

PAQ 115.16 (c)-2 Miami Correctional Facility confirmed that the facility would document electronic medical records (EMR) in any emergent circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used.

PAQ 115.16 (c)-3 Miami Correctional Facility confirmed that in the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used, and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations was zero.

Based on interviews with various random staff members, it was mentioned that using an interpreter for an offender would be restricted to life-threatening medical emergencies. All random staff members interviewed stated that they would first seek help from a bilingual staff member or use the language line for interpretation. However, no documented cases were found where inmate interpreters, readers, or other inmate assistants were utilized. Moreover, IDOC by policy always refrains from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response

duties under §115.64, or the investigation of the offender's allegations.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)
3. Examination of the quantity purchase agreement (QPA) with the State of Indiana and Propio LS, LLC (interpretive language line) (effective dates 01/08/2021 to 02/01/2024)
4. Policy and Administrative Procedure 00-02-202, Offenders/Students with Physical Disabilities (effective date 05/01/2021)
5. Examination of written PREA-related material (Spanish)
6. Examination of written Offender Handbook (Spanish)
7. Interview with the IDOC Commissioner
8. Interviews with random staff
9. Interview offender with a physical disability (1) and Limited English Proficient (LEP) (1)

**Corrective Action:**

1. PAQ 115.16 (a)-1 The agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
2. MCF will provide evidence of the curriculum for the training.
3. The interpretive contract ended on 2/2024. IDOC will provide evidence of a renewed contract with an interpretive service or the method for satisfying this substandard such as hiring professionals to communicate with offenders with LEP.
4. MCF will uploaded revised 2024 IDOC Policy 02-01-115 (Sexual Abuse Prevention) alludes to Policy and Administrative Procedure 00-02-202, Offenders/Students with Physical Disabilities (effective date 05/01/2021).
5. MCF will upload the said policy to OAS for review by the Auditor.
6. MCF will upload the English version of the PREA brochure and the inmate handbook.

**Conclusion:**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

PAQ 115.17 (a)-1 IDOC confirmed that the agency has a policy that prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

IDOC Policy 02-02-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection G, Hiring and Promotion Decision, pages 13 - 14, indicates that IDOC shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor who may have contact with inmates, who— (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

IDOC Policy 04-03-103 (Information and Standards of Conduct for Departmental Staff), Section VIII, Employment Requirements, Subsection A, Background Checks, pages 13 - 16, indicates all person hired will undergo a criminal background records check, a driver's license check, fingerprinting, sex offender registry check, employment verification, education verification, license verification, and in appropriate cases Child Protective Services check, DIANA screen, in limited cases, credit history check, or any screen or check deemed necessary by the appointing authority or designee.

This Auditor examined ten random employee files of persons hired or promoted in the past 12 months to determine if the agency properly conducted criminal records

background reviews. Evidence supports that background checks were conducted in accordance with this standard.

IDOC Policy 02-02-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection G, Hiring and Promotion Decision, pages 13 - 14, indicates that IDOC shall not hire anyone 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.

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

PAQ 115.17 (b)-1 confirms that the agency's policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor who may have contact with inmates.

IDOC Policy 02-02-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection G, Hiring and Promotion Decision, pages 13 - 14, indicates that IDOC shall consider an incident of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor who may have contact with offenders. Through the interview process with administrative staff, this Auditor confirmed IDOC's policy as it pertains to this substandard.

Through the interview process with administrative staff, the staff person confirmed that the agency considers any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates and considers any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with offender.

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

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

IDOC Policy 04-03-102 (Human Resources), Section XIII, Criminal Background Checks, page 15, indicated that the agency should conduct a criminal background records

check in accordance with Policy and Administrative Procedure 04-03-102 before listing enlisting the services of any individuals who may have contact with offenders.

IDOC Policy 04-03-102 (Human Resources), Section XIV, Employment Verification, page 15, indicated in accordance with the agency procedures, employers requesting verification of the employment of a current or former agency may be provided the following name, job title, business address, business telephone job description, and dates of employment.

IDOC Policy 04-03-103, (Information and Standards of Conduct for Departmental Staff), Section VIII, Employment Requirements, Subsection A, Background Checks, pages 13 - 16, indicates all person hired will undergo a criminal background records check, a driver's license check, fingerprinting, sex offender registry check, employment verification, education verification, license verification, and in appropriate cases Child Protective Services check, DIANA screen, in limited cases, credit history check, or any screen or check deemed necessary by the appointing authority or designee.

PAQ 115.17 (c)-2 Miami Correctional Facility confirmed that in the past 12 months, 192 persons were hired who may have contact with inmates who have had criminal background record checks.

Through interviews, this Auditor interviewed administrative (Human Resources) staff, who confirmed that 192 persons were hired who may have contact with offenders who may have had criminal background records checks. Further, the administrative staff person also confirmed that before hiring new employees who may have contact with offenders, the agency performs a criminal background records check as required in IDOC Policy 04-03-102 (Human Resources), Section XIII, Criminal Background Checks, page 15, and Policy and Administrative Procedure 04-03-102 before enlisting the services of any individuals who may have contact with offenders. Further, the administrative staff person confirmed that before hiring new employees who may have contact with offenders, IDOC, 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. The agency follows Standard 115.17 as prescribed.

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

PAQ 115.17 (d)-1 IDOC confirmed that the agency has a policy requiring a criminal background record check before enlisting the services of any contractor who may have contact with inmates.

IDOC Policy 04-03-102 (Human Resources), Section XIII., Criminal Background Checks, page 15, indicated that the agency should conduct a criminal background records check in accordance with Policy and Administrative Procedure 04-03-102 before enlisting the services of any individuals who may have contact with offenders.



IDOC Policy 04-03-102 (Human Resources), Section XIV., Employment Verification, page 15, indicated under the agency procedures, employers requesting verification of the employment of a current or former agency may be provided the following name, job title, business address, business telephone job description, and dates of employment.

PAQ 115.17 (d)-2 Miami Correctional Facility confirmed that in the past 12 months, there were three contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates.

This Auditor examined criminal background records checks (10 total) for newly hired employees, transfer and promoted employees, and five-year background checks for this reporting period. Problematic, omitted from the evidence were three background checks for new contract employees. This substandard requires corrective action.

Through interviews, this Auditor interviewed administrative (Human Resources) staff, who confirmed that the agency performs a criminal background records check before enlisting the services of any contractor who may have contact with inmates. As mentioned above, absent from evidence was documented evidence that Miami performed a criminal background records check before enlisting the services of three contractors who may have had contact with offenders.

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

PAQ 115.17 (e)-1 IDOC confirmed that the agency has a policy requiring that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates or that a system is in place for otherwise capturing such information for current employees.

By examining employee criminal background records, this auditor determined that MCF has a system in place to capture criminal background information, which is termed Indiana Data and Communication System (IDACS). The Indiana Data and Communications System (IDACS) is a computerized law enforcement/criminal justice communications and information storage and retrieval system. This system is designed to serve as a tool in providing more effective and efficient law enforcement for both the citizens of this State and, through interfacing with the National Crime Information Center (NCIC) computer and the International Justice and Public Safety Network (Nlets) computer, the Nation as a whole. This Auditor examined documentation of criminal background records checks (10 total) for newly hired employees, transfer and promoted employees, and five-year background checks for this reporting period to determine compliance with this substandard.

According to the administrative staff, IDOC conducts IDACS criminal records checks every four years to maintain compliance with this standard, but at least every five years of current employees and contractors may have contact with inmates or have

in place a system for otherwise capturing such information for current employees.

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

By examining new employee onboarding applications, this Auditor determined that IDOC asks all applicants and employees who may have contact with offenders **about previous misconduct** described in paragraph (a) of this section in written applications or interviews for hiring or promotions, and the agency imposes upon employees a continuing affirmative duty to disclose any such misconduct.

STD Discipline Policy Statement: Statement of Policy, page 1, indicates that a classified employee in the civil service is subject to discipline for just cause. Just cause can include;

1. Doing an act which a person ought not to do.
2. The omission of an act which a person ought not to do.
3. Improper doing of a permissible act.

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

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

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

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

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-02-115 (Sexual Abuse Prevention) (effective date 04/01/2020)
3. IDOC Policy 04-03-103 (Information and Standards of Conduct for Departmental Staff) (effective date 12/01/2012)(revised 04/01/2024)
4. IDOC Policy 04-03-102 (Human Resources) (effective date 11/01/2020)

5. STD Discipline Policy Statement: Statement of Policy (effective date 08/01/2012)
6. Internet search Indiana Data and Communication System (IDACS)
7. Interview with administrative staff
8. Examination of personnel files of persons hired in the past 12 months
9. Examination of records of contractors hired in the past 12-month period (corrective action)
10. Examination of IDAC background records checks of current employees in five-year intervals
11. Examination of Request for Information, Prison Rape Elimination Act (PREA) Investigations form (revised 08/25/2017)

**Corrective Action:**

1. PAQ 115.17 (a)-1 IDOC confirmed that the agency has a policy that prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. This Auditor examined ten employee files of persons hired or promoted in the past 12 months to determine if the agency properly checked criminal records background as required in this standard. The problematic background records check for one person being promoted to lieutenant did not include PREA-related questions. MCF will provide this Auditor with evidence that the Lieutenant answered all mandatory questions outlined in this standard. Further corrective actions will be determined by the submission of evidence to support this standard.
2. PAQ 115.17 (d)-2 Miami Correctional Facility confirmed that in the past 12 months, three contracts for services required criminal background record checks on all staff covered in the contract who might have contact with inmates.

This Auditor examined criminal background records checks (10 total) for newly hired employees, transfer and promoted employees, and five-year background checks for this reporting period. Problematic, omitted from the evidence were background checks for new contract employees, three. Miami will provide this Auditor with evidence that the three contractors hired in the past 12 months completed criminal background checks before gaining employment.

**Conclusion:**

	<p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.18 (a): When designing or acquiring any new facility and planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.</p> <p>PAQ 115.18 (a)-1 Miami Correctional Facility indicated "no" that the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>During an interview with the head of the agency, it was confirmed that the Miami Correctional Facility has not acquired new facilities or made significant expansions or modifications to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. The agency head mentioned that several other facilities are in the planning stages and stated that the prevention of sexual abuse is a top priority. To address sexual abuse, the agency head indicated that stakeholders, during the planning phase, will consider improving video technology and eliminating blind spots.</p> <p>The agency head confirmed that when the agency designed or acquired a new facility or planned a substantial expansion or modification of existing facilities, it considered the effect of the design, acquisition, expansion, or modification on its ability to protect inmates from sexual abuse.</p> <p>During an interview with the facility's Warden, he indicated that the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. This Auditor did not examine the documentation for any facility design, renovation, or expansion for Miami Correctional Facility.</p> <p>PAQ 115.18 (b)-1 The facility Warden confirmed that the Miami Correctional Facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>IDOC Policy 02-01-115 (Sexual Prevention), Section IV, Prevention Planning, Subection</p>

H, Upgrade to Facilities and Technologies, page 14 - 15, states that when designing or acquiring any new facility and planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect offenders from sexual abuse.

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

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Interview with the IDOC Commissioner
3. Interview with the Warden
4. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)

**Conclusion:**

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

<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.21 (a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>PAQ 115.21 (a)-1 IDOC/Miami Correctional Facility confirmed that the facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct).</p> <p>PAQ 115.21 (a)-2 IDOC/Miami Correctional Facility confirmed that the agency/facility is responsible for conducting criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct).</p>

PAQ 115.21 (a)-3 IDOC/Miami Correctional Facility indicated "not applicable" that another agency does not have responsibility for conducting either administrative or criminal sexual abuse investigations.

PAQ 115.21 (a)-4 IDOC/Miami Correctional Facility confirmed when conducting a sexual abuse investigation; the agency investigators follow a uniform evidence protocol.

IDOC Sexual Assault Manual outlines how investigators and medical practitioners initially assess a sexual assault victim.

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

All random staff interviewed during the on-site portion of this audit incited that if an offender was sexually assaulted, the staff member would protect the victim, notify a medical practitioner on duty, protect usable evidence by closing off the crime scene, advise the victim not to brush their teeth, take a shower, or change clothes, notify a supervisor, and immediately document the incident. A review of the uniform evidence protocol indicates that the protocol's critical factors maximize the potential for obtaining usable physical evidence for administrative proceedings or criminal prosecution.

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

PAQ 115.21 (b)-2 IDOC confirmed "yes" that the evidence 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.

The Staff Development and Training plan, approved by the PREA Coordinator/ Executive Director on 03/03/2016, was created to train SART First Responders in their responsibilities in protecting evidence and providing initial incident information to facility investigators. It refers to sources such as the National Prison Rape Elimination Commission, 92012: Standard for the Detection, Response, and Monitoring of Sexual Abuse in Adult Prisons and Jails, A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents 2nd ED 4/2013, IDOC Policy 00-01-103 (Investigations and Intelligence), IDOC Policy 02-01-115 (Sexual Abuse Prevention),

and the Indiana Coalition Against Domestic Violence.

By examination, this Auditor confirmed that IDOC has an evidence protocol adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

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

PAQ 115.21 (c)-1 Miami Correctional Facility confirmed that the facility offers all offenders who experience sexual abuse access to forensic medical examinations.

This Auditor found that Indiana has a statewide resource booklet for Indiana Medical Forensic Examination Providers (2024). The Indiana SANE Training Project informs all counties about the availability of Sexual Assault Nurse Examiners (SANE) throughout the state. The training project advises that if a forensically trained provider is not available, patients should be transferred to or referred to the nearest trained provider. They also recommend contacting the hospital or healthcare facility before referring a patient. Many of the locations where a SANE conducts forensic examinations offer services to adults and adolescents. The services are available 24/7/365.

PAQ 115.21 (c)-2 The Miami Correctional Facility indicated "no" that the facility does not offer all offenders who experience sexual abuse access to forensic medical examinations onsite.

When asked to explain PAQ 115.21 (c)-2, a medical practitioner indicated that the facility does not provide forensic services to a victim of sexual abuse onsite. Instead, the facility would stabilize the victim, treat life-threatening injuries, consult with a SANE provider, and arrange for the victim to be transported to a hospital with SANE services for a forensic examination. The Miami Correctional Facility confirmed that it offers all offenders forensic medical examinations without financial cost to the victim.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section V, Responsive Planning, Subsection A, Evidence Protocol and Forensic Examinations, pages 15 - 16, states the agency shall offer all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary and medically appropriate.

PAQ 115.21 (c)-5 The Miami Correctional Facility confirmed that 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 02-01-115 (Sexual Abuse Prevention), Section V, Responsive Planning, Subsection A, Evidence Protocol and Forensic Examinations, pages 15 - 16, such examinations shall be performed by a Sexual Assault Forensic Examiner (SAFEs) or a Sexual Assault Nurse Examiner (SANE) or performed by a qualified medical practitioner.

PAQ 115.21 (c)-6 The Miami Correctional Facility confirmed that when SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section V, Responsive Planning, Subsection A, Evidence Protocol and Forensic Examinations, pages 15 - 16, such examinations shall be performed by a Sexual Assault Forensic Examiner (SAFEs) or a Sexual Assault Nurse Examiner (SANE) or performed by a qualified medical practitioner.

PAQ 115.21 (c)-7 The Miami Correctional Facility confirmed that the facility documents efforts to provide SANEs or SAFEs.

PAQ 115.21 (c)-8 The Miami Correctional Facility indicated that the number of forensic medical exams conducted during the past 12 months was 14.

PAQ 115.21 (c)-9 The Miami Correctional Facility indicated that the number of exams performed by SANEs/SAFEs during the past 12 months was 14.

PAQ 115.21 (c)-10 The Miami Correctional Facility indicated that zero exams were performed by a qualified medical practitioner during the past 12 months.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section V, Responsive Planning, Subsection A, Evidence Protocol and Forensic Examinations, pages 15 - 16, states the agency shall offer all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary and medically appropriate. Through an interview with a medical practitioner, this Auditor confirmed that the IDOC offers all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate.

115.21 (d): The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency makes available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For 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.



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

PAQ 115-21 (d)-2. The Miami Correctional Facility confirms documenting their efforts.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section V, Responsive Planning, Subsection A, Evidence Protocol and Forensic Examinations, pages 15 - 16, indicates that the facility 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 provide a qualified staff member. The IDOC-qualified staff member are trained as a member of the facility Sexual Assault Response Team. SART first responder demonstrates an understanding the they play as a victim advocate for an offender who has been the victim of sexual abuse. The SART victim curriculum prepares SART members to serve as victim advocates in correctional settings as the expectation shifts due to Covid precautions.

PAQ 115.21 (d)-3 The Miami Correctional Facility indicates that if and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member (SART) to support the victim throughout the investigative process and the forensic examination. Moreover, SART serves as the victim advocate.

The Indiana Department of Correction (IDOC) has partnered with local advocacy organizations to establish a Sexual Assault Response Team (SART) at each facility and assigned to every shift. The SART team is responsible for responding to every allegation of sexual abuse. They accompany victims of sexual assault to a local hospital and offer support as victim advocates. The SART training plan, approved by the Executive Director/PREA Coordinator with an effective date of 03/03/2016, was developed to educate SART First Responders about their duties, including safeguarding evidence and providing initial incident details to facility investigators. The plan draws on sources such as the National Prison Rape Elimination Commission and various IDOC policies for reference.

Through an interview with the PREA Compliance Manager, this Auditor determined that IDOC has multiple SART staff members trained and assigned to every shift as first responders to support victims of sexual abuse. Further, the Auditor interviewed two offenders who reported sexual abuse during this reporting period. Based on the investigation and the offender (John Doe #1) telling of the details, the offender was not taken to the hospital for a forensic examination due to the time frame between the sexual assault and when the offender reported being raped by a peer. Investigative documents indicate that a victim advocate was provided, and a SART member completed a report of the incident. The alleged aggressor was placed in restricted housing pending an investigation into the allegations.

**The second offender (John Doe #2)**, who reported sexual abuse during a random interview, was airlifted to a local hospital with serious injuries, likely including head trauma. He remembers very little about his time in the hospital, but he recalls the events leading up to his injuries. He was associated with a well-known gang and believes that his gang targeted him due to becoming aware of his sexual orientation.

He was not sexually assaulted. It is unclear from the investigative report whether the victim received or requested any support services. This lack of sufficient evidence requires corrective action.

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

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

During this reporting period, a review of two offenders who reported sexual abuse revealed the following:

For John Doe #1, investigative documents and the offender's own report supported that John Doe #1 was provided a victim advocate by a qualified agency staff member (SART) who served as the victim advocate during the incident.

Problematic: The investigative report does not indicate whether John Doe #2 was provided with a victim advocate or whether he requested one due to the serious nature of his injuries. This substandard requires corrective action to determine whether the offender requested an advocate and, if so, whether the agency provided one as requested to support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals.

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

PAQ 115.21 (f)-1 Miami Correctional Facility indicates "not applicable," checked N/A, the agency/facility is responsible for conducting administrative and criminal sexual abuse investigations.

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

Auditor is not required to audit this provision.

PAQ 115.21 (h): Miami Correctional Facility confirmed that for the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in

this role and has received education concerning sexual assault and forensic examination issues in general.

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

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115, Sexual Abuse Prevention (effective date 04/01/2020)
3. IDOC Policy 00-01-103 Investigations and Intelligence (effective date 06/01/2022)
4. Indiana Sexual Assault Manual, Indiana Department of Correction, Health Services Division (effective date 04/01/2022)
5. Interviews with random staff
6. Interview with the PREA Compliance Manager
7. Interviews with offenders who reported sexual abuse (2)
8. Examination of the IDOC Uniform Evidence Protocol
9. Examination of Evidence Protocol Curriculum, Sexual Assault Response Team (SART) (effective date 01/03/2016)
10. Indiana SANE Training Project, Indiana Medical Forensic Examination Providers (effective date 01/00/2024)
11. Examination of select documentation of efforts to provide SANE/SAFEs
12. Documentation of screening, documentation of appropriate training  
**(corrective action)**
13. Documentation to corroborate that all offenders and victims of sexual abuse have access to forensic medical examinations. (corrective action)
14. Indiana Staff Development and Training, Victim Advocacy Curriculum, PowerPoint (effective date R 08/15/2019)

**Corrective Action:**

1. PAQ 115.21 (e)-1 Miami Correctional Facility indicates that if the victim requests it, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory

interviews and provides emotional support, crisis intervention, information, and referrals. Problematic: The investigative report does not indicate whether John Doe #2 was provided with a victim advocate or whether he requested one due to the severe nature of his injuries. This substandard requires corrective action to determine whether the offender requested an advocate and, if so, whether the agency provided one as requested to support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals.

2. Miami Correctional Facility is required to demonstrate compliance with the standard by providing documentation that shows the offender was offered the services of a victim advocate or qualified staff member to support the victim during the forensic medical examination process and investigatory interviews. This includes offering emotional support, crisis intervention, information, and referrals.

An update on the situation is that John Doe #2 was not offered a victim advocate, as the offenders claimed that his assault was not sexual but gang-related. Additionally, John Doe #1 did not immediately report any allegations of sexual abuse to facility administrators. By the time John Doe #1 came forward, valuable time had been lost, and the window to collect usable physical evidence had passed.

John Doe #2 was taken to a local hospital accompanied by a SART member. However, due to the significant lapse in time, usable physical evidence could not be obtained. Further details can be found in the investigative report.

**Conclusion:**

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

<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.22 (a): The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
	PAQ 115.22 (a)-1 IDOC confirmed that the agency ensures that an administrative or

criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse and staff sexual misconduct).

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section V, Responsive Planning, Subsection B, Policies to Ensure Referral of Allegations for Investigations, page 16 - 17, indicates that the agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

PAQ 115.22 (a)-2 Miami Correctional Facility indicates that in the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received was 58.

Through an interview with the facility investigator, he confirmed that in the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received was 58.

PAQ 115.22 (a)-3 Miami Correctional Facility indicates that in the past 12 months, the number of allegations resulting in an administrative investigation was 15.

Through an interview with the facility investigator, he confirmed that in the past 12 months, the number of allegations resulting in an administrative investigation was 15.

PAQ 115.22 (a)-4 Miami Correctional Facility indicates that 43 allegations were referred for criminal investigation in the past 12 months.

Through an interview with the facility investigator, he confirmed that in the past 12 months, the number was 43. Noteworthy, upon speaking to the PREA Coordinator/Director or PREA, he explained that IDOC used the practice of counting all allegations that could be criminal to answer PAQ 115.22 (a)-4. The PREA Coordinator/Director of PREA indicated that during the past 12-month period through the investigative process, two cases were substantiated and referred to the Prosecutor's office for action (one offender-on-offender and one staff-on-offender). Five investigative cases are pending DNA analysis from the crime lab.

PAQ 115.22 (a)-5 Miami Correctional Facility indicates "no" that all administrative and/or criminal investigations were completed regarding allegations received during the past 12 months. MCF reports 5 investigations still pending DNA results.

Documentation of investigations, including full investigative reports with findings and through an interview with the PREA Coordinator/Director of PREA, he confirmed that five investigations of sexual abuse are pending DNA analysis, and 2 substantiated allegations of sexual abuse were forwarded to the Prosecutor's office for action for this reporting period.

Through an interview with the Agency Head, she confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

115.22 (b): The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with

the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The agency publishes such policy on its website or, if it does not have one, makes the policy available through other means. The agency documents all such referrals.

PAQ 115.22 (b)-1 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 00-01-103, Investigations and Intelligence, Section M., Referrals for Criminal Prosecution, page 39, ensures that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The agency publishes such a policy on its website or, if it does not have one, makes it available through other means. The agency documents all such referrals.

This Auditor conducted an internet search of the IDOC website and confirmed that the agency's sexual abuse prevention policy is published there. IDOC Policy 000-01-103, Investigations and Intelligence, Section M., Referrals for Criminal Prosecution, indicates that all investigative cases suspected of involving criminal activity or apparent criminal activity shall include information on the actions taken to refer the case to an outside law enforcement agency or referred to the local Prosecutor's office. IDOC conducts criminal and administrative investigations. The IDOC referral report includes monthly updated activity on cases previously referred to the Prosecutor's office for criminal prosecution.

PAQ 115.22 (b)-3 Miami Correctional Facility confirmed that the agency documents all referrals of allegations of sexual abuse that are potentially criminal for criminal investigation. Likewise, each confirmed during separate interviews that all sexual harassment allegations are also investigated to a conclusion.

Further, through an interview with the facility investigator, he detailed and confirmed that the agency documents all referrals of allegations of sexual abuse or sexual harassment. Further during this reporting period, the facility investigator and the agency PREA Coordinator/Director of PREA each confirmed during individual conversations that Miami Correctional Facility documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. The facility investigator and the PREA Coordinator/Director of PREA confirmed that IDOC is responsible for conducting criminal investigations.

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

IDOC is responsible for conducting criminal and administrative investigations and has

the legal authority to do so. (See Policy 00-01-103, Investigations and Intelligence)

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

Auditor is not required to audit this provision.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115, Sexual Abuse Prevention (effective date 04/01/2020)
3. IDOC Policy 00-01-103 Investigations and Intelligence (effective date 06/01/2022)
4. Documentation of reports of sexual abuse
5. Documentation of reports of sexual harassment
6. Documentation of investigations, including findings
7. Documentation of referrals of allegations of sexual abuse (2) and/or sexual harassment
8. Interview with the IDOC Commissioner
9. Interview with the facility Investigator staff
10. Interview with the PREA Coordinator/Director of PREA
11. Internet search of the IDOC website

**Corrective Action:**

1. Miami will submit evidence of documentation of reports of sexual abuse
2. Miami will submit evidence of documentation of reports of sexual harassment
3. This Auditor will review the findings for all investigations submitted
4. MCF will submit documentation of referrals for prosecution (2)

**Conclusion:**

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

<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.31 (a): The agency shall train all employees who may have contact with inmates

on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

PAQ 115.31 (a)-1 IDOC confirmed that the agency trains all employees who may have contact with inmates on the agency's zero-tolerance policy for sexual abuse and sexual harassment.

This Auditor examined the IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PowerPoint (PP), Page 1 of 32 (R 06/12/2020).

IDOC Policy 02-02-115 (Sexual Abuse Prevention), Section VI, Training and Education, Subsection A, Employee Training, pages 17 - 18, indicates the agency shall train all employees who may have contact with offenders on (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

PAQ 115.31 (a)-2 IDOC confirmed that the agency trains all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.

By examination of the Acknowledgement of Receipt of Training (12) and the Staff Information Brochure on Sexual Abuse Prevention and Reporting, this Auditor determined that Miami/IDOC met this substandard.

PAQ 115.31 (a)-3 IDOC confirmed that the agency trains all employees who may have contact with inmates on the right of inmates to be free from sexual abuse and sexual harassment. By examination of the IDOC STAFF DEVELOPMENT & TRAINING, Prison



Rape Elimination Act, PP 13, Rights of Offenders/Youth and Staff Under PREA, pages 9-10; this Auditor confirmed that Miami/IDOC was complaint with this substandard.

PAQ 115.31 (a)-4 IDOC confirmed that the agency trains all employees who may have contact with inmates on the rights of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment. By examination of the IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP13, Rights of Offenders/Youth and Staff Under PREA, page 10, this Auditor confirmed Miami/IDOC was compliant with this substandard.

PAQ 115.31 (a)-5 IDOC confirmed that the agency trains all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement. By examination of the IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP 14-15, Section E., Dynamics of Sexual Abuse, page 10, this Auditor confirmed that Miami/IDOC complaint with this substandard.

PAQ 115.31 (a)-6 IDOC confirmed that the agency trains all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims. By examination of the IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP20, Section E., PP 20, How May Victims Respond, page 12, this Auditor confirmed that Miami/IDOC compliant with this substandard.

PAQ 115.31 (a)-7 IDOC confirmed that the agency trains all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse. By examination of the IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP23, Section F., Detecting Signs of Sexual Abuse, page 13, this Auditor confirmed Miami/IDOC complaint with this substandard.

PAQ 115.31 (a)-8 IDOC confirmed that the agency trains all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates' IDOC Policy 04-03-103, Information and Standards of Conduct for Departmental Staff, Section C., Contact and/or Relationships with Incarcerated Individuals, page 24-26, by examination indicates that no employee shall have any personal contact with incarcerated individuals.

PAQ 115.31 (a)-9 IDOC confirmed that the agency trains all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates. IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP51, Section J., Professional/Appropriate Conduct, page 27, this Auditor confirmed that Miami/IDOC was complaint with this substandard.

PAQ 115.31 (a)-10 IDOC confirmed that the agency trains all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP53-54, Section L., Mandatory Reporting Laws and Age of Consent, page 28, by examination indicates that no employee shall have any personal contact with incarcerated individuals.

Interviews with random staff (12) and a review of training records, all confirm that IDOC provides and documents training as outlined in the standard.

PAQ 115.31 (b): By examination, this Auditor determined that IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act is gender neutral, thereby tailored to the gender of the inmates at the employee's facility. According to the PREA Compliance Manager, any employee transferring would receive additional training if the employee is reassigned from a facility that houses only female inmates, or vice versa. MCF is an adult male facility.

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

PAQ 115.31 (b)-2 IDOC confirmed that employees who are reassigned from facilities housing the opposite gender are given additional training. IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VI, Training and Education, Subsection A, Employee Training, pages 17 - 18, indicates that training should be tailored to the gender of the facility's inmates.

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

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

Upon examination, the Auditor found that IDOC uses an eLearning platform to provide PREA-related education and updates to its staff on a yearly basis. The performance objectives align with the mandatory PREA education outlined in this standard. Additionally, the Auditor interviewed 12 custody staff members during the onsite audit, all of whom confirmed the requirement to participate in annual PREA-related eLearning. The same sample of custody staff also confirmed that other types of training are delivered in the form of memos read during shift briefings. A sample of training records (12) support this substandard.

PAQ 115.31 (c)-3 IDOC confirmed that the frequency with which employees who may have contact with inmates receive refresher training on PREA requirements.

Upon examination, the Auditor found that IDOC uses an eLearning platform to provide PREA-related education and updates to its staff on a yearly basis. The performance objectives align with the mandatory PREA education outlined in this standard. Additionally, the Auditor interviewed 12 custody staff members during the onsite audit, all of whom confirmed the requirement to participate in annual PREA-related

eLearning. The same sample of custody staff also confirmed that other types of training are delivered in the form of memos read during shift briefings. A sample of training records (12) support this substandard.

115.31 (d): IDOC confirmed that the agency documents, through employee signature or electronic verification, that employees understand the training they have received.

By examination of training records (12), this Auditor determined that IDOC employee signatures or electronic verification that employees understand the training they have received.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/20/2020)
3. IDOC Policy 04-03-103 (Information and Standards of Conduct for Departmental Staff) (effective date 04/01/2024)
4. Examination of IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PowerPoint (PP), Page 1 of 32 (R06/12/2020).
5. Examination of IDOC Acknowledgement of Receipt of Training (12)
6. IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP 13, Rights of Offenders/Youth and Staff Under PREA
7. IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP13, Rights of Offenders/Youth and Staff Under PREA
8. IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP 14-15, Section E., Dynamics of Sexual Abuse
9. IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP20, Section E., PP 20, How May Victims Respond
10. IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP51, Section J., Professional/Appropriate Conduct
11. IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP53-54, Section L., Mandatory Reporting Laws and Age of Consent
12. Interviews with random staff (12)

**Correction Action:**

1. No corrective action is needed

**Conclusion:**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

115.32 (a): The agency shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

115.32 (a)-1 IDOC confirmed that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

IDOC Policy 02-10-115 (Sexual Abuse Prevention), Section VI, Training and Education, Section B, Volunteer and Contractor Training, page 18, requires all volunteers and contractors who interact with inmates to be trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

PAQ 115.32 (a)-2 Miami Correctional Facility confirms that 163 volunteers and contractors who may have contact inmates have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

In interviews with a medical and mental health practitioner, both confirmed that completing PREA-related training was a requirement of their respective agencies. Furthermore, they both confirmed that their training included a review of relevant policies and procedures regarding the prevention, detection, and response to sexual abuse and sexual harassment.

This Auditor reviewed a specific sample of training records for 3 volunteers and 3 contractors who may have interacted with inmates. Interviews with 2 contract staff members confirmed their participation in the annual mandatory PREA-related training provided by the IDOC.

PAQ 115.32 (b): Miami Correctional Facility confirmed that the level and type of training provided to volunteers and contractors shall be based on the services they provide and their level of contact with inmates. However, all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

PAQ 115.32 (b)-1 Miami Correctional Facility confirmed that the level and type of training provided to volunteers and contractors is based on their services and the level of contact they have with inmates.

According to the PREA Coordinator/Director of PREA, contract staff are required to complete the same training as IDOC staff. Volunteers receive an abbreviated version

of PREA education based on their level of contact with offenders. (See PAQ 115.31 (a)-1 attachment for the PREA education offered to IDOC staff and contractors).

According to volunteer acknowledgments and an interview (1), volunteers are provided a staff PREA brochure, which provides information on how and who to report sexual abuse and sexual harassment and information regarding the agency's zero-tolerance policy. When asked who would report sexual abuse or sexual harassment inside the facility, the volunteer indicated the shift supervisor. (See staff brochure attachment)

PAQ 115.32 (b)-2 Miami Correctional Facility confirmed that all volunteers (3) and contractors (3) who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

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

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

By examining training records and acknowledgments for a select number of contractors (3) and volunteers (3), the Auditor determined that the Miami Correctional Facility is compliant with this substandard.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)
3. Examination of IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PowerPoint (PP), Page 1 of 32 (R 06/12/2020).
4. Examination of IDOC Acknowledgement of Receipt of Training for volunteers and contractors
5. IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP 13, Rights of Offenders/Youth and Staff Under PREA
6. IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP13, Rights of Offenders/Youth and Staff Under PREA
7. IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP 14-15, Section E., Dynamics of Sexual Abuse
8. IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP 20, Section E., How May Victims Respond
9. IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP 51, Section J., Professional/Appropriate Conduct
10. IDOC STAFF DEVELOPMENT & TRAINING, Prison Rape Elimination Act, PP 53-54, Section L., Mandatory Reporting Laws and Age of Consent
11. Interviews with volunteers
12. Interviews with contractors

	<p>13. Sample of training records for volunteers  14. Sample of training records for contractors  15. Examination of staff brochure, IDOC, Sexual Prevention and Reporting</p> <p><b>Corrective Action:</b></p> <p>None</p> <p><b>Conclusion:</b></p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
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<b>115.33</b>	<b>Inmate education</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.33 (a): During the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>PAQ 115.33 (a)-1 Miami Correctional Facility confirmed that offenders receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VI, Training and Education, Subsection C, Offender Education, pages 19 - 20, states that during the intake process, offenders shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment by being provided with a copy of the Offender PREA Brochure also called Offender Student Information Brochure.</p> <p>PAQ 115.33 (a)-2 Miami Correctional Facility confirmed that 685 inmates admitted during the past 12 months were given this information at intake.</p> <p>Through the interview process, this Auditor interviewed an intake staff member (1). The intake staff confirmed who is responsible for conducting the intake process and that during the intake process, offenders are provided an Offender PREA Brochure, also called the Offender Student Information Brochure in English or Spanish. During the onsite portion of this audit, zero offenders were transferred or assigned to the facility. This Auditor met offenders transferring from the facility.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning,</p>

Subsection F, Offenders with Disabilities and Offenders who are Limited English Proficient, pages 11 - 13, and Section VI, Training and Education, Subsection C, Offender Education, pages 19 - 20, both indicate that the agency will take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity or undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans With Disabilities Act, 28 CFR 35.164.

The Auditor examined the IDOC written material used to effectively communicate with offenders about PREA with disabilities. The offender PREA-related brochure and handbook were written in Spanish, a common language in the facility.

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

During the onsite portion of this audit, the Auditor also interviewed social services staff, who confirmed that offender orientation to the facility includes staff reading out loud the information contained in the Offender PREA Brochure, also called the Offender Student Information Brochure, to incoming offenders with disabilities and showing a PREA video. Further, offenders assigned to a mental health practitioner are responsible for ensuring that each offender is involved in providing the required information to offenders with cognitive or functional disabilities.

An informal conversation with custody staff indicated that if an offender spoke Spanish, the first inclination would be to call a staff member who was bilingual and could interpret communication to and from the LEP offender.

The Auditor also tested the online interpretive service. For results, please refer to PAQ 115.16 (a)-1. According to the contract reviewed, the vendor provides interpretive services 24/7/365. During the testing, the Auditor found that the service could be accessed from any office with landline access and did not require a PIN number or self-identification. Intake records of a selected sample of offenders (1) confirmed that the Miami Correctional Facility offers LEP offenders access to interpretive services and has a contractual agreement with an interpretive service to translate for LEP offenders 24 hours a day.

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

PAQ 115.33 (b)-1 Miami Correctional Facility confirmed that 685 inmates admitted during the past 12 months (whose length of stay in the facility was 30 days or more) received comprehensive education on their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.

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

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

PAQ 115.33 (c)-1 Miami Correctional Facility confirmed that of those who were NOT educated (as stated in 115.33(b)-1) within 30 days of intake, all offenders have been educated subsequently. The facility commented, "all educated."

PAQ 115.33 (c)-2 Miami Correctional Facility "N/A" is not applicable as indicated in the comment box. The facility indicated that all offenders had been educated.

PAQ 115.33 (c)-4 IDOC confirms that it has a policy that requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility.



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

Through the interview process, this Auditor interviewed an intake staff member (1). The intake staff confirmed who is responsible for conducting the intake process and that during the intake process, offenders are provided an Offender PREA Brochure, also called the Offender Student Information Brochure in English or Spanish. During the onsite portion of this audit, zero offenders were transferred or assigned to the facility.

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

PAQ 115.33 (d)-1 Miami Correctional Facility confirmed that offender PREA education is available in formats accessible to all inmates, including those who are limited English proficient.

During the onsite portion of this audit, the Auditor interviewed a non-English-speaking offender. In an office space with a landline and speaker phone and the assistance of the interpretive service, the Auditor was able to communicate with the offender in a language he understood. The offender indicated that Miami Correctional Facility employed the interpretive service when speaking to him, but in court, the Judge provided an interpreter in the courtroom. Further, the offender indicated that during intake, he was issued educational materials in his native language. (See offender brochure in Spanish)

PAQ 115.33 (d)-2 Miami Correctional Facility confirmed that the inmate PREA education is available in formats accessible to all inmates, including those who are deaf.

An interview with the agency Head confirmed that delivery of PREA education is available for deaf offenders through written material and in braille.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection F, Offenders with Disabilities and Offenders who are Limited English Proficient, pages 11 - 13, and Section VI, Training and Education, Subsection C, Offender Education, pages 19 - 20, both indicate that the agency will take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately,

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

PAQ 115.33 (d)-3 Miami Correctional Facility confirmed that inmate PREA education is available in formats accessible to all inmates, including those who are visually impaired.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection F, Offenders with Disabilities and Offenders who are Limited English Proficient, pages 11 - 13, and Section VI, Training and Education, Subsection C, Offender Education, pages 19 - 20, both indicate that the agency will take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity or undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans With Disabilities Act, 28 CFR 35.164.

PAQ 115.33 (d)-4 Miami Correctional Facility confirmed that inmate PREA education is available in formats accessible to all inmates, including those who are otherwise disabled.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection F, Offenders with Disabilities and Offenders who are Limited English Proficient, pages 11 - 13, and Section VI, Training and Education, Subsection C, Offender Education, pages 19 - 20, both indicate that the agency will take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when

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

PAQ 115.33 (d)-5 Miami Correctional Facility confirmed that inmate PREA education is available in formats accessible to all inmates, including those with limited reading skills.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IV, Prevention Planning, Subsection F, Offenders with Disabilities and Offenders who are Limited English Proficient, pages 11 - 13, and Section VI, Training and Education, Subsection C, Offender Education, pages 19 - 20, both indicate that the agency will take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity or undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans With Disabilities Act, 28 CFR 35.164.

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

PAQ 115.33 (e)-1 Miami Correctional Facility confirmed that the agency maintains documentation of inmate participation in PREA education sessions.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VI, Training and Education, Subsection C, Offender Education, pages 19 - 20, indicates that the agency shall maintain documentation of offender participation in these education sessions.

This Auditor examined a select sample (1) of offender education to confirm compliance with this substandard.

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

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

During the facility tour, this Auditor observed PREA-related education posted in English and Spanish, in brochures for staff and offenders, on bulletin boards through posters, near telephones in all living units, and in staff and offender common areas. The font size was of the size, and the information posted was adequate for most people with visual acuity challenges. The educational information was accurate and included information on how to report sexual abuse and sexual harassment, contact information for offenders seeking emotional support for sexual victimization, and contact information for the outside reporting entity. During informal conversations in the living units, select offenders indicated they knew where to obtain reporting information, but the offenders indicated they would use their tablets to make a PREA report. Further, the same offenders stated the tablets provide an added measure of privacy, which allows an offender to make a report from his cell rather than in a public dayroom where another offender could potentially read over their shoulder as they made a report or listen in to their conversation. The educational and informational materials examined and observed (e.g., posters, and brochures) were in compliance with the standard.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 Sexual Abuse Prevention (effective date 04/01/2020)
3. Facility tour
4. Interview with the IDOC Commissioner
5. Interview with Intake Staff
6. Interview with random offenders
7. Informal conversation with offenders
8. Testing the interpretive services
9. Examine a select number of intake records
10. Examine relevant PREA education (offender brochure)
11. Examine relevant education brochures on how to report sexual abuse or sexual harassment (offender posters)
12. Examine relevant how to contact outside entities for emotional services
13. Sample documentation of Offender records of receipt acknowledgment for PREA-related education
14. Examination of the agency interpretive contract
15. PREA-education brochure, termed Offender PREA Brochure, also called the Offender Student Information Brochure in English or Spanish
16. Internet search Indiana DOC Ombudsman's Bureau Office, 402 West

Washington W 479., Indianapolis, Indiana, 46204 (OMBUD@idoa.IN.gov)  
 17. Ombudsman's Bureau Complaint Form, State Form, 51506 (R2-04) (effective date 00/00/0000)

**Corrective Action:**

1. None

**Conclusion:**

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

<b>115.34 Specialized training: Investigations</b>
<p><b>Auditor Overall Determination:</b> Meets Standard</p>
<p><b>Auditor Discussion</b></p>
<p>115.34 (a): In addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p>PAQ 115.34 (a)-1 IDOC confirmed that the agency policy requires that investigators be trained in conducting sexual abuse investigations in confinement settings.</p> <p>As confirmed during an interview with the facility investigator, the agency policy requires that investigators be trained in conducting sexual abuse investigations in confinement settings.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VI, Training and Education, Subsection D, Specialized Training: Investigations, pages 20 - 21, requires general training provided to all employees pursuant to § 115.31. The agency shall ensure that, to the extent it conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p>IDOC Policy 00-01-103 (Investigations and Intelligence), Section XIII, Investigating Sexual Abuse and Sexual Harassment of Incarcerated Individuals, page 17.</p> <p>National Institute of Corrections (NIC) satisfy specialized training requirements as</p>

outlined in Standard 115.34. The curriculum includes PREA investigative standards, a systematic approach to evidence collection; criteria and evidence for administrative action and prosecution; the role of medical and mental health in the investigation; understanding the victim; interviewing juveniles; interviewing and gender differences; and Garrity and Miranda Warnings.

IDOC, Staff Development, and Training, SART First Responders, Evidence Protocols and Investigations (approved 07/01/22) performance objectives include defining evidence, identifying the victim and the alleged perpetrator, evidentiary concerns, crime scene consideration, investigative consideration, and understanding the three kinds of investigative findings.

By examining this, the Auditor examined the training records for a sample of investigators.

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

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

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

Miami omitted evidence of specialized training for 6 investigators. IDOC agency maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)
3. IDOC Policy 00-01-103 (Investigations and Intelligence) (effective date 06/01/2022)
4. IDOC, Staff Development, and Training, SART First Responders, Evidence Protocols and Investigations (approved 07/01/22)
5. Interview with a facility investigator (1)
6. Examination of NIC Curriculum

**Corrective Action:**

1. IDOC will submit the training records for all (6) investigators.

**Conclusion:**

	<p>1. Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
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<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.35 (a): The agency ensures that all full- and part-time medical and mental health care practitioners who regularly work in its facilities have been trained in (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>PAQ 115.35 (a)-1 IDOC confirms that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VI, Training and Education, Subsection E, Specialized training: Medical and Mental Health, page 21, indicates the agency shall ensure that all full and part-time medical and mental health practitioners who regularly work in the facilities are trained in:</p> <ul style="list-style-type: none"> <li>• How to detect and assess signs of sexual abuse and sexual harassment</li> <li>• How to preserve physical evidence of sexual abuse</li> <li>• How to respond effectively and professionally to victims of sexual abuse and sexual harassment: and,</li> <li>• How and to whom to report allegations or suspicions of sexual abuse and sexual harassment</li> </ul> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VI, Training and Education, Subsection E, Specialized training: Medical and Mental Health, page 21, indicates that facility Health Services staff shall not conduct forensic examinations unless required by contract.</p> <p>After conducting interviews with medical and mental health practitioners, this Auditor discovered that these practitioners work as contract staff for a company called Centurion. Although IDOC mandates that all staff, including contractors, must complete the annual eLearning class on PREA, Centurion, the vendor, also provides mandatory training known as PREA Overview (updated August 2021), which includes all the required elements outlined in the training.</p>

PAQ 115.35 (a)-2 Miami Correctional Facility confirmed that 61 of the medical and mental health care practitioners who regularly work there received the training required by agency policy.

PAQ 115.35 (a)-3 Miami Correctional Facility: The percentage of all medical and mental health care practitioners who regularly work at this facility and have received the training required by agency policy was 61 percent.

Interviews with medical and mental health practitioners confirm that PREA-related training is completed yearly in addition to specialized training for medical and mental staff.

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

PAQ 115.35 (b)-1 Miami answered "no," that the agency medical staff at this facility conducts forensic medical exams.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VI, Training and Education, Subsection E, Specialized training: Medical and Mental Health, page 21, indicates the agency shall ensure that all full and part-time medical and mental health practitioners who regularly work in the facilities are trained in:

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

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VI, Training and Education, Subsection E, Specialized training: Medical and Mental Health, page 21, indicates that facility Health Services staff shall not conduct forensic examinations unless required by contract.

In separate interviews, medical and mental health practitioners denied participating in a forensic examination. Each practitioner indicated that they were prohibited by company and agency policy from conducting or participating in a forensic medical examination. The medical practitioner made it clear that their role would be to stabilize the victim and prepare them for transport to a local hospital with a SANE/SAFE Examiner. Moreover, the facility does not conduct forensic exams.

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

PAQ 115.35 (c)-1 IDOC confirmed that the agency maintains documentation showing that medical and mental health practitioners have completed the required training.



	<p>Examination of specialized training documentation (3) for medical and mental health practitioners confirms that practitioners complete the required training.</p> <p>PAQ 115.35 (d): Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending on their status at the agency.</p> <p>Training documents for a selected group of medical and mental health practitioners (3) (contractors) confirm their participation in the required training outlined in this standard.</p> <p>Miami Correctional Facility has no volunteer medical or mental health practitioners, so this requirement is not applicable.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. IDOC Policy (02-01-115) Sexual Abuse Prevention (effective date 04/01/2020)</li> <li>3. Centurion Adult Medical Training, PREA Overview (Updated August 2021)</li> <li>4. Interview with a medical practitioner (contractor)</li> <li>5. Interview with a mental health practitioner (contractor)</li> <li>6. Examination of training record for medical practitioner</li> <li>7. Examination of training record for a mental health practitioner</li> <li>8. Examination of a list of medical and mental health practitioners and a select sample of training documentation</li> </ol> <p><b>Corrective Action:</b></p> <ol style="list-style-type: none"> <li>1. Miami will submit training documentation for a select medical and mental health provider group.</li> </ol> <p><b>Conclusion:</b></p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis, sampling strategy and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
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<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.41 (a): All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or

sexually abusive toward other inmates.

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

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

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

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

During the onsite audit, the Auditor did not observe any screening of incoming offenders, and no offenders were placed during this period. The Auditor asked the intake staff and the case manager for detailed descriptions outlining how each would fulfill their roles and responsibilities during the intake of an incoming offender. The case manager provided a detailed description of how they would assess the offender for the risk of victimization and abuse using the screening instrument provided by the agency. Both the intake staff and the case manager confirmed that interviews with incoming offenders take place in a private area or office outside of earshot of others. The case manager affirmed that she asked offenders about their sexual orientation during screening. An examination of the screening instrument confirmed that it provides a determination of risk for victimization or abusiveness. Further, the case manager indicated that court documents (default information) and, where applicable, probation documents are also a source of information that could be used to complete the risk screening process. The default information is criminogenic information or documents that are pre-loaded into The Delta System, and the information must be verified by reviewing the offender's record and the answers provided by the offender on the Adult PREA Assessment Questionnaire.

Informal conversation with custody staff during intake confirmed that each offender is interviewed in a private setting to provide the offender with a sense of privacy and to answer questions during the intake process. Further, informally, one offender indicated that "it is a prison," but after over 40 years in prison, he prefers the Wabash intake process to the practices and procedures at the Miami Correctional Facility. The same offender declined to explain his reasoning.

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

PAQ 115.41 (b)-1 Miami Correctional Facility confirmed that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VII, Screening for Risk of Sexual Victimization and Abusiveness, Subsection A, Screening for Risk of Sexual Victimization and Abusiveness, pages 21 - 23, indicates intake screening shall ordinarily take place within seventy-two (72) hours of the arrival at the facility.

PAQ 115.41 (b)-2 Miami Correctional Facility confirmed that the number of inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility was 685.

This Auditor reviewed a specific group of 40 offenders admitted to the facility to check if they were properly screened as per the standard procedure. The Indiana Department of Corrections (IDOC) uses a risk screening instrument called Delta Risk Assessment (Delta). The Delta System was implemented a year ago. Some documents provided to the Auditor were completed electronically using Delta, while others were handwritten copies of approved forms. The risk assessment tool was previously known as SVAT (sexual victimization assessment tool). The current risk screening instrument by examination is objective and score-based, and it assesses the risk of victimization or abusiveness using all the criteria (1-10) outlined in the standard.

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

PAQ 115.41 (c)-1 Miami Correctional Facility confirmed risk assessments are conducted using an objective screening instrument.

The Auditor reviewed a specific group of 40 offenders admitted to the facility to ensure they were appropriately screened according to the standard. The risk screening process is objective and score-driven. The Auditor reviewed the Delta Risk Assessment Manual, an IDOC risk screening instrument, to ensure that each item required by the PREA standard was included and assessed. To comply with the standard, the screening should assess risk using all criteria (1-10) at a minimum. The Auditor determined that the screening instrument was objective and screened offenders for risk of victimization and abusiveness as required in this substandard.

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

experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes.

According to the staff responsible for risk screening (Case manager), the risk screening instrument includes using criteria 1-10 as outlined in this Substandard.115.41 (d) to assess risk.

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

According to the staff responsible for risk screening (Case manager), the risk screening instrument includes using criteria 1-10 as outlined in this Substandard.115.41 (d).

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

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VII, Screening for Risk of Sexual Victimization and Abusiveness, Subsection A, Screening for Risk of Sexual Victimization and Abusiveness, pages 21 - 23, sets the time period not to exceed 30 days or based on additional relevant information received by the facility since intake screening.

PAQ 115.41 (f)-2 In the past 12 months, the Miami Correctional Facility confirmed that 685 offenders entered the facility through intake or transfer and stayed for 30 days or more. Within 30 days of their arrival, these offenders were reassessed for their risk of sexual victimization or being sexually abusive based on any additional, relevant information received since intake.

Through an interview with the Case Manager responsible for risk screening, she confirmed that within 30 days of their arrival, these offenders were reassessed for their risk of sexual victimization or being sexually abusive based on any additional, relevant information received since intake with the assistance of an alert system found in Delta (See Delta Risk Assessment Manual, PAQ 115.41(c)-1.). Further, In Delta, the Case Manager from the PREA Screening List will indicate the appropriate screening type. In this case, the staff person would select re-assessment.

During the onsite portion of this audit, random offenders were interviewed, and all confirmed participating in intake orientation and PREA education. This education included receiving a procedure outlining how and to whom to report sexual abuse and harassment, verbal reading of the said information, and contact information for emotional support and for reporting such incidents to an outside entity.

This Auditor examined a select group of initial risk assessments and reassessments to determine compliance with this standard.

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

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

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VII, Screening for Risk of Sexual Victimization and Abusiveness, Subsection A, Screening for Risk of Sexual Victimization and Abusiveness, pages 21 - 23, addresses this substandard.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VII, Screening for Risk of Sexual Victimization and Abusiveness, Subsection A, Screening for Risk of Sexual Victimization and Abusiveness, pages 21 - 23, addresses this substandard. This section of the policy indicates that staff should reassess an offender's risk level when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.

Records of 15 offenders were reviewed to determine if Miami reassessed the offenders for risk of sexual victimization or abusiveness within 30 days of arrival. From the same sample of records this Auditor determined a mix of offenders inclusive in the group of offenders sampled included offenders with a history of sexual victimization and perpetrators of sexual abuse. Some offenders interviewed confirmed being offered a referral to a mental health practitioner.

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

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

During an audit, an offender reported that he was involved in a physical altercation at Miami Correctional Facility due to his sexual relationship with another inmate to which he too had been a member of the same gang. The inmate claimed that he was seriously assaulted because of his sexuality. Reviewing the investigative report indicates that this offender associated his assault with a denouement of a gang and his sexual relationship with another offender in the prison and not sexual abuse or sexual harassment.

When asked if he had been a victim of sexual abuse in a correctional institution, the inmate refused to answer. He confirmed that he identifies as transgender but did not

respond to whether he identifies as lesbian, gay, or bisexual. The same inmate denied being disciplined for refusing to answer questions about his sexuality.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VII, Screening for Risk of Sexual Victimization and Abusiveness, Subsection A, Screening for Risk of Sexual Victimization and Abusiveness, pages 21 - 23, indicates that offenders may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to paragraphs (4), (4)(g), or (4)(i) of this section of the IDOC policy.

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

During the facility tour, the Auditor observed physical files stored in a file room with filing cabinets and locked doors. Information regarding offender Personally Identifiable Information (PII) is stored in the electronic medical record and the Delta system. Access to both systems is limited to the facility's roles and responsibilities. Electronic safeguards include password protection and permission-driven access managed by the agency's IT Administrator. An informal conversation with administrative support indicated that access to several electronic platforms, including the medical and Delta Systems, is restricted.

Interview with the PREA Coordinator/Director to discuss electronic storage safeguards in Delta. Interview with the PREA Compliance Manager to discuss reassessment in the Delta System and electronic safeguards to the system.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)
3. Interview with staff responsible for risk screening
4. Interview with a select group of offenders
5. Examination of a select group of records of offenders admitted to the facility in the past 12 months for evidence of appropriate screening within 72 hours
6. Examination of the Delta Risk Assessment Manual, Facilitators Guide (revised 12/06/2022)
7. Review of the risk screening instrument (10 criteria) to assess risk
8. Offender assessment reviews
9. Offender assessment reassessments
10. Sample of records (15) of offenders who were victims or perpetrators of sexual abuse for confirmation of reassessment
11. Interview with the PREA Coordinator/Director of PREA
12. Interview with the PREA Compliance Manager

**Corrective Action:**

	<ol style="list-style-type: none"> <li>1. <b>PAQ 115.41 (f):</b> Within a set period, not to exceed 30 days from the inmate’s arrival at the facility, the facility will reassess the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. This Auditor examined a select group of initial risk assessments and reassessments to determine compliance with this standard.</li> <li>2. <b>PAQ 115.41 (g)-1</b> Records of inmates who were reassessed for risk of sexual victimization or abusiveness. Sample of records of inmates who have been victims or perpetrators of sexual abuse for confirmation of reassessment</li> </ol> <p><b>Conclusion:</b></p> <ol style="list-style-type: none"> <li>1. Miami submitted evidence of compliance with Substandard 115.41 (F) to demonstrate complete compliance for this reporting period based on sampling.</li> <li>2. Miami submitted evidence of compliance with Substandard 115.41 (g)-1 to demonstrate complete compliance for this reporting period based on sampling.</li> </ol>
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<b>115.42</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.42 (a): The agency shall use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and six risk assessments for transgender offenders to determine that Miami documents risk-based housing decisions.</p> <p>115.42 (b): The agency shall make individualized determinations about how to ensure the safety of each inmate.</p> <p>PAQ 115.42 (b)-1 IDOC/Miami confirms that the facility makes individualized determinations about how to ensure the safety of each inmate.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VII, Screening for Risk of Sexual Victimization and Abusiveness, Subsection C, Use of Screening Information, page 25, indicates that the agency shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety and whether the placement would present management or security problems.</p> <p>A review of relevant policies supports the idea that the agency requires each facility</p>

to make individualized determinations about how to ensure the safety of each offender.

PAQ 115.42 (b)-1 IDOC/Miami confirmed individualized determinations about how to ensure the safety of each offender.

Through an interview with a Case Manager (staff responsible for risk screenings), the Auditor confirmed that individualized determinations about how to ensure the safety of each offender are considered during the intake process, annually, and when warranted.

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

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

IDOC Policy 02-01-118 (Inclusive Gender Practices for Incarcerated Individuals), pages 1-6, support this substandard. The policy statement indicates that the agency shall receive, evaluate, house, and provide secure and humane custody of all persons committed to or held by the agency.

By examination of six risk assessment reviews and bi-annual reviews of transgender offenders, the Auditor determined that Miami considers on a case-by-case basis whether a placement would ensure the offender's health and sexual safety.

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

IDOC Policy 02-01-118 (Inclusive Gender Practices for Incarcerated Individuals), Section VI, Housing Assignment, pages 4 - 6, indicates that in deciding whether to assign a transgender, gender diverse, or intersex incarcerated individual to a facility of their identified gender and in making other housing and programming assignments, the Department shall consider, on a case-by-case basis, whether a placement would ensure the incarcerated individual's health, safety, and security and whether it would present management or other safety or security concerns. Serious consideration shall be given to such an incarcerated individual's own views with respect to their own safety. The Transgender Review Committee shall consider the following information at minimum:

- A. The incarcerated individual's own views of where they feel safe;
- B. Medical and Mental Health assessment;
- C. Security Threat Group (STG) affiliation;



- D. Criminal history: sex or violent offense;
- E. Conduct history: sex or violent offense;
- F. PREA flag status;
- G. Gender expression;
- H. Policy and Administrative Procedure 01-04-101, "Adult Classification,"
- I. Policy and Administrative Procedure 01-07-101, "The Development and Delivery of Programs, Pre-Release, and Case Management;"
- J. Security level; and,
- K. Any other factors impacting safety and security

The Transgender Review Committee shall make a recommendation on State Form 56615 for the placement of the incarcerated individual based on all information reviewed. The PREA Compliance Manager shall forward the completed State Form 56615, the last completed PREA Risk Screening (formerly Sexual Violence Assessment Tool-SVAT), and State Form 56492, "Transgender Evaluation," to the PREA Coordinator/Director of PREA within five (5) business days.

Interviews with seven **transgender** offenders confirmed that MCF completed assessments and bi-annual risk assessments for each offender. Through an interview with the **PREA Compliance Manager, there was confirmation that as part of her** role and responsibility, the PCM monitors the sexual safety and risk status of offenders identified as vulnerable in Delta. Documentation of reassessments for risk screening (**seven**) confirmed that Miami reviews and considers placement and programming assignments for each transgender or intersex offender at least twice each year to review any safety experience by the offender. All transgender offenders interviewed spoke highly of the PCM. All transgender offenders interviewed confirmed in speaking with the PCM, their own views with respect to his or her safety were given serious consideration when making facility and housing placement decisions and programming assignments. Noteworthy, zero intersex offenders were identified by medical practitioners interviewed during this audit. All transgender offenders interviewed indicated that they have the opportunity to shower in the daily schedule, but most indicated that privacy is not an issue given the showers are compartmentalized with privacy curtains to shield their breasts, buttocks, and genitals.

Through an interview with the PREA Coordinator/Director of PREA, he indicated that MCF is currently not under a consent decree, legal settlement, or judgment requiring a facility to establish a dedicated unit, wing of facility for lesbians, gay, bisexual, transgender, or intersex offenders.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)
3. IDOC Policy 02-01-118 (Inclusive Gender Practices for Incarcerated Individuals) (effective date 01/01/2023)
4. IDOC State Form 56615 for the placement of the incarcerated individual based

	<p>on all information reviewed</p> <ol style="list-style-type: none"> <li>5. IDOC State Form 56492, Transgender Evaluation</li> <li>6. Interview with staff responsible for risk screening</li> <li>7. Interview with the PREA Coordinator/Director of PREA</li> <li>8. Interview with the PREA Compliance Manager</li> <li>9. Interviews with transgender offenders</li> <li>10. Examination of documentation of use of screening information</li> <li>11. Examination of documentation in Delta on how decisions are made</li> <li>12. Examination of risk-based decisions in Delta of housing decisions</li> </ol> <p><b>Corrective Action:</b></p> <ol style="list-style-type: none"> <li>1. None</li> </ol> <p><b>Conclusion:</b></p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant reporting period.</p>
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<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.43 (a): Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.</p> <p>PAQ 115.43 (a)-1 IDOC confirmed that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of</p>

separation from likely abusers.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VIII, Screening for Risk of Sexual Victimization and Abusiveness, Subsection E, Protective Custody, pages 26 - 27, prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.

IDOC Policy 02-01-107 The Use and Operation of Protective Custody, Section VI., Review Procedures, pages 3 - 4, indicates if the decision is to place an offender in a protected area, either voluntarily or involuntarily, while under investigation and review for protective custody, the facility shall conduct a Classification Committee Hearing within seventy-two (72) hours of the incarcerated individual's admission to administrative restrictive status housing, excluding weekends and holidays, in accordance with all applicable policies.

115.43 (a)-2 Miami Correctional Facility confirmed that the number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment was zero.

During an interview with the facility Warden, he indicated that to the best of his knowledge, the number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment was zero. The Warden is relatively new to this facility. Informal conversations with RHU custody staff indicate that, to their knowledge, zero offenders were placed in RHU to protect their sexual safety.

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

Through a formal interview with an eight-year veteran staff supervisor of segregated housing, this Auditor confirmed that offenders placed in segregated housing have access to virtual programs and education, but work opportunities are not offered to any offender in restricted housing. The supervisor indicated if the facility restricts access to programs, privileges, education, or work opportunities, the unit will document the limitation of the opportunity, the duration of the limitation, and the reason for the restriction.

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

PAQ 115.43 (c)-1 Miami Correctional Facility confirmed that in the past 12 months, the number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement was

zero.

As noted in PAQ 115.43 (a) 2, During an interview with the facility Warden, he indicated that to the best of his knowledge, the number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment was zero. The Warden is relatively new to this facility. Informal conversations with RHU custody staff indicate that, to their knowledge, zero offenders were placed in RHU to protect their sexual safety.

As noted in PAQ 115.42 (a) 2, There were zero records for length of placement in segregated housing for those at risk of sexual victimization to verify that (1) inmates are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged; and (2) inmates are placed in involuntary segregated housing for a period that does not ordinarily exceed 30 days. The segregation supervisor explained the process Miami Correctional Facility would take if an offender was placed in segregation for protection.

IDOC Policy 02-01-107 The Use and Operation of Protective Custody, Section VI., Review Procedures, pages 3 - 4, indicates if the decision is to place an offender in a protected area, either voluntarily or involuntarily, while under investigation and review for protective custody, the facility shall conduct a Classification Committee Hearing within seventy-two (72) hours of the incarcerated individual's admission to administrative restrictive status housing, excluding weekends and holidays, in accordance with all applicable policies.

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

PAQ 115.43 (d)-1 Miami Correctional Facility confirmed that the number of offenders case files (Delta) at risk of sexual victimization and held in involuntary segregated housing in the past 12 months, was zero.

The facility did not have any case files that met the criteria of both (a) including a statement of the basis for concern for an offender's safety and (b) specifying the reasons why alternative means of separation could not be arranged. No case files of offenders at risk of sexual victimization held in involuntary segregated housing in the past 12 months were reviewed for this aspect. The Warden stated that the facility would make alternative accommodations in other living units if an offender's sexual safety was at risk. The facility's Classification Committee would meet within 72 hours of the individual's admission to administrative restrictive status housing, excluding weekends and holidays, in line with relevant policies.

During the facility tour, this Auditor entered into informal conversations with offenders placed in segregated housing. From the select sample of offenders, zero indicated placement was a result of concerns for their sexual safety.

115.43 (e): Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.

PAQ 115.43 (e)-1 Miami Correctional Facility confirmed that if an involuntary segregated housing assignment is made, the facility reviews each such offender every 30 days to determine whether there is a continuing need for separation from the general population.

IDOC Policy 02-01-107 The Use and Operation of Protective Custody, Section VI., Review Procedures, pages 3 - 4, indicates that the Classification Committee or other designated staff shall review all offenders assigned to a protective custody unit every seven (7) days for the first two (2) months and, at least, every thirty (30) days after that.

During this reporting period, the PREA Compliance Manager confirmed that zero reviews were conducted, but if an offender were placed in segregation for risk of victimization, the facility would conduct a classification committee meeting as required in IDOC Policy 02-01-107, Section VI., Review Procedures, pages 3 - 4.

During the facility tour, this Auditor entered into informal conversations with offenders placed in segregated housing, going from room to room. After introducing myself and indicating my purpose, from a select sample of offenders willing to talk, zero indicated placement was a result of concerns for their sexual safety.

During interviews with the facility Warden and the facility PCM, both confirmed that if an offender were placed in segregation involuntarily because of the high risk of sexual victimization, they would be afforded a review to determine whether there is a continuing need for separation from the general population every thirty days.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-114 Sexual Abuse Prevention (effective date 04/01/2020)
3. IDOC Policy 02-01-107 The Use and Operation of Protective Custody (effective date 08/01/2018)
4. Interview with the facility Warden
5. Interview with the facility PREA Compliance Manager
6. Interview with staff who supervise offenders in segregation
7. Informal interviews with offenders in segregation
8. Facility tour and observations to include segregation (RHU)

**Conclusion:**

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

<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="256 264 544 293"><b>Auditor Discussion</b></p> <p data-bbox="256 338 1449 499">115.51 (a): The agency shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="256 539 1477 736">PAQ 115.51 (a)-1 IDOC confirmed that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about (a) sexual abuse or sexual harassment, (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="256 777 1469 1016">IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VIII, Reporting, Subsection A, Offender Reporting, pages 27 - 28, the agency shall provide multiple internal ways for inmates to report privately to agency officials about (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="256 1057 1477 1507">By examination of the offender PREA-related brochure, termed Sexual Prevention and Reporting Offenders/Student Information, this Auditor determined that the brochure includes information on what should be supported, such as abusive sexual contact, nonconsensual acts, sexual harassment, and staff/volunteer/contractor misconduct. Offenders are also informed through this brochure how to report sexual abuse or sexual harassment internally and externally to the Office of Indiana Ombudsman Bureau. Random interviews with a select sample of offenders confirmed receipt of the brochure from the intake staff during the intake process. All offenders interviewed provided this Auditor with at least one internal method to notify the facility of a sexual abuse or sexual harassment incident, such as telling a trusted staff person, telling a family member or friend, or notifying the PCM.</p> <p data-bbox="256 1547 1430 1747">Through interviews with random staff, all confirmed that offenders have multiple ways of reporting sexual abuse, including telling a trusted staff person. Further, all confirmed if an offender shared information regarding sexual abuse or sexual harassment, that would safeguard the victim, protect useful evidence, notify a supervisor, and document the incident.</p> <p data-bbox="256 1787 1469 2072">During the facility tour, this Auditor noted PREA-related signage in staff and visitor common areas, on all living units, and in food service. The signage was specific to contact information for outside emotional services and how to report sexual abuse and sexual harassment internally and externally. The information contained on posters and signs was accurate and consistent throughout the facility. The size of the print of all posters was accommodating to most individuals. The signage was observed to be written in English and Spanish. The location of signage was in or</p>

around the telephones. It should be noted that during random interviews, most offenders indicate a preference for using their tablets if a report of sexual abuse or sexual harassment were necessary because they afford them more privacy. In addition, this auditor tested the telephone system in the living units. In all living units, most telephones were in good working order, but the offender has available several working phones on all living units to make calls. Offenders were asked to use their tablets to make contacts with reporting entities. The connection was very slow, but the auditor conducted an informal conversation with the telephone vendor about the tablets and telephone. The vendor indicated that the company was upgrading their system and, therefore, system access was slow. Through observation in common offender areas, this Auditor noted that writing instruments were plentiful. The mail receptacle was accessible to all offenders, but as mentioned, the greater majority of offenders interviewed during the audit preferred the use of their tablets to stay in contact with family and friends as opposed to mailing a letter. Record storage for physical files was observed in rooms with door locks, and inside the room, the files were contained in filing cabinets with locks. Access to file rooms was limited to roles, responsibilities, and authorization to enter.

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

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

From observation during the facility tour, all offenders are made aware of how to report sexual abuse and sexual harassment to an outside entity (Office of the Indiana Ombudsman Bureau). Posters with large red font lettering were observed on all living units, reminding offenders how to report to an outside entity. Offenders were also provided the address to the Office of the Indiana Ombudsman Bureau, 402 W. Washington Street., W479, Indianapolis, In., 46204.

During the on-site visit to this facility, this Auditor sent a test message from an offender's tablet to the Ombudsman's Bureau. Within the next day, this Auditor received a message acknowledging receipt of the test message.

PAQ 115.51 (b)-2 IDOC indicates "no." The agency does not have a policy requiring inmates detained solely for civil immigration purposes to be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

According to the PREA Coordinator/Director of PREA, IDOC does not detain offenders solely for civil immigration purposes. Zero documentation was reviewed regarding the documentation that would be provided to inmates detained solely for civil

immigration purposes.

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

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

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VIII, Reporting, Subsection A, Offender Reporting, pages 27 - 28, indicates that an offender can make a report via the internal hotline on the offender phone system, verbally or in writing to staff, file a grievance, or have a third party make the report on their behalf.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VIII, Reporting, Subsection A, Offender Reporting, pages 27 - 28, indicates that staff shall accept all reports made verbally, in writing, anonymously, and from third parties and shall promptly document all verbal reports. All reports of sexual abuse and sexual harassment shall be documented in an incident report prior to the end of the shift.

PAQ 115.51 (c)-2 Miami Correctional Facility confirmed that staff are required to document verbal reports.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VIII, Reporting, Subsection A, Offender Reporting, pages 27 - 28, indicates that staff shall accept all reports made verbally, in writing, anonymously, and from third parties and shall promptly document all verbal reports. All reports of sexual abuse and sexual harassment shall be documented in an incident report prior to the end of the shift.

Through random interviews with random staff, all confirmed that a verbal report of sexual abuse or sexual harassment would be accepted and documented immediately but no later than prior to the end of the shift in an incident report.

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

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

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VIII, Reporting, Subsection A, Offender Reporting, pages 27 - 28, states that staff are afforded reporting opportunities to privately report sexual abuse and sexual harassment to the Shift Supervisor, Investigations and Intelligence Investigator, PREA Compliance Manager, and Executive Director of PREA (now termed Director of PREA/PREA Coordinator) via the agency sexual assault hotline or PREA email posted on the agency's formal website.

During the examination, the Auditor confirmed that the PREA-education information brochure for IDOC includes methods for staff to confidentially report sexual abuse and sexual harassment. Interviews with a random sample of staff confirmed that they



were provided with these reporting methods. All staff interviewed indicated that, under normal circumstances, the reporting process would require them to notify their immediate supervisor. Private reporting methods include using the hotline, contacting Investigations and Intelligence Officers, and speaking directly with a supervisor or the Warden. The hotline operates 24/7.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)
3. Examination of the offender brochure
4. Examination of the staff brochure
5. Interview with random staff
6. Interview with random offenders
7. Facility tour
8. Observation of signage throughout the facility regarding contacting outside emotional support services
9. Observation of signage for how to sexual abuse and sexual harassment internally
10. Observation of signage throughout the facility contact information for the Ombudsman Bureau
11. Internal testing of the telephone system
12. Internal testing of outside entities using electronic methods (tablets)
13. Observation of mail receptacles

**Corrective Action:**

None

**Conclusion:**

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

<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.52 (a): An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.

PAQ 115.52 (a)-1 IDOC confirmed that the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VIII, Reporting, Subsection B, Exhaustion of Administrative Remedies, pages 28 - 30, indicates that the agency has administrative procedures to address offenders' grievances regarding a report of sexual abuse (Also see Policies Administrative Procedures 00-02-301 (Offender Grievances Process) (09/01/2020) or for juveniles 03-02-105 (Youth Grievance Process) (effective date 04/01/2015)).

115.52 (b):(1) The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require an inmate to use any informal grievance process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.

PAQ 115.52 (b)-1 IDOC confirmed that the agency's policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VIII, Reporting, Subsection B, Exhaustion of Administrative Remedies, pages 28 - 30, the agency shall not impose a time limit on when an offender may submit a grievance regarding allegations of sexual abuse.

PAQ 115.52 (b)-2 IDOC denies that the agency's policy requires an offender to use an informal grievance process or otherwise to attempt to resolve with staff an alleged incident of sexual abuse.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VIII, Reporting, Subsection B, Exhaustion of Administrative Remedies, pages 28 - 30, the agency does not require an offender to use any informal grievance process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse.

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

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VIII, Reporting, Subsection B, Exhaustion of Administrative Remedies, pages 28 - 30, the offender may submit a grievance without submitting it to the staff member who is the subject of the complaint.

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

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VIII, Reporting, Subsection B, Exhaustion of Administrative Remedies, pages 28 - 30, the offender may submit a grievance without submitting it to the staff member who is the subject of the complaint.

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

PAQ 115.52 (d)-1 IDOC, the agency's policy and procedure, requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VIII, Reporting, Subsection B, Exhaustion of Administrative Remedies, pages 28 - 30, indicates that the agency shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within ninety (90)days of the initial filing of the grievance. The computation time of 90 days shall not include time consumed by the offender in preparing and administrative appeals.

PAQ 115.52 (d)-2 IDOC/Miami Correctional Facility confirmed that in the past 12 months, the number of grievances filed that alleged sexual abuse was zero.

PAQ 115.52 (d)-3 IDOC/Miami Correctional Facility confirmed that in the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed was zero.

PAQ 115.52 (d)-4 IDOC/Miami Correctional Facility confirmed that in the past 12 months, the number of grievances alleging sexual abuse involved extensions because the final decision was not reached within 90 days was zero. According to the PREA Compliance Manager, no such extensions occurred during the past 12-month period.

PAQ 115.52 (d)-5 Miami Correctional Facility indicated "not applicable" in the comment box, but check yes to this question in cases where the agency requested an extension of the 90-day period to respond to a grievance and had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve, in error.

PAQ 115.52 (d)-6 Miami Correctional Facility indicated "not applicable" in the comment box. Therefore, this substandard is not applicable. (If YES, the number of grievances that took longer than a 70-day extension period to resolve was zero).

In error, PAQ 115.52 (d)-5 Miami Correctional Facility indicated "not applicable" in the comment box, but check yes to this question in cases where the agency requested an extension of the 90-day period to respond to a grievance and had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve.

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

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VIII, Reporting, Subsection B, Exhaustion of Administrative Remedies, pages 28 - 30, indicates that the agency shall notify the offender in writing of any such extension and provide a date by which a decision will be made.

During this reporting period, the Miami Correctional Facility indicated that zero extensions and notifications were necessary.

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

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

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VIII, Reporting, Subsection B, Exhaustion of Administrative Remedies, pages 28 - 30, indicates that third parties, including fellow offenders, staff members, family members, attorneys and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to sexual abuse, and shall also be permitted to file such request on behalf of the offender.

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

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VIII, Reporting, Subsection B, Exhaustion of Administrative Remedies, pages 28 - 30, indicates if the offender declines to have the request proceed on their behalf, the agency shall document the offender's decision.

PAQ 115.52 (e)-3 Miami Correctional Facility confirms the number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline was zero.

The Auditor submitted a third-party test during the on-site portion of this Audit. Contact information for **third-party reporting is on the agency's formal website.**

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

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VIII, Reporting, Subsection B, Exhaustion of Administrative Remedies, pages 28 - 30, indicates after receiving an emergency grievance alleging an offender is subject to substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance to a level of review at which immediate corrective action may be taken, shall provide an initial response within forty-eight (48) hours, and shall issue a final agency decision within five (5) calendar days.

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

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VIII, Reporting, Subsection B, Exhaustion of Administrative Remedies, pages 28 - 30, indicates after receiving an emergency grievance alleging an offender is subject to substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance to a level of review at which immediate corrective action may be taken, shall provide an initial response within forty-eight (48) hours, and shall issue a final agency decision within five (5) calendar days.

PAQ 115.52 (f)-3 Miami Correctional Facility confirms that the number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: was zero.

PAQ 115.52 (f)-4 Miami Correctional Facility confirms that zero of the grievances in 115.52(e)-3 received an initial response within 48 hours.

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

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section VIII, Reporting, Subsection B, Exhaustion of Administrative Remedies, pages 28 - 30, indicates after receiving an emergency grievance alleging an offender is subject to substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance to a level of review at which immediate corrective action may be taken, shall provide an initial response

within forty-eight (48) hours, and shall issue a final agency decision within five (5) calendar days.

PAQ 115.52 (f)-6 Miami Correctional Facility confirms the number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: was zero.

According to the PREA Compliance Manager, the number of emergency grievances filed pursuant to this standard was zero. Further, according to the PREA Coordinator, the number of emergency grievances filed pursuant to this standard was zero.

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

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

**IDOC Policy 02-04-101 The Disciplinary Code for Incarcerated Adults, 122 Asserting and/or Filing a False Lien or Judgement or Complaint, Violation for Bad Faith Report, page 3, indicates that asserting and/or filing a lien or judgment or complaint against any person when the said lien or judgment or complaint is false or otherwise untrue is reason for disciplinary action. (Effective 05/01/2023)**

PAQ 115.52 (g)-2 Miami Correctional Facility confirms that in the past 12 months, the number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith was zero.

After interviewing the PREA Compliance Manager, this Auditor determined that zero disciplinary actions were filed by offenders who had filed a grievance in bad faith.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 01-02-115 (Sexual Abuse Prevention) (effective date 04/01/2020)
3. IDOC Policy 02-04-101 (The Disciplinary Code for Incarcerated Adults) (effective date 05/01/2023)
4. IDOC Policy 00-02-301 (Offender Grievance Procedure) (effective date 09/01/2020)
5. IDOC Policy 03-02-105 (Youth Grievance Process) (effective date 04/01/2015)
6. Interview with offenders who reported sexual abuse

**Corrective Action:**

1. **None**

**Conclusion:**

	<p>1. Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.53 (a): The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible.</p> <p>PAQ 115.53 (a)-1 Miami Correctional Facility confirms that the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VIII, Reporting, Subsection C, Offender Access to Outside Confidential Support Services, pages 30 - 31, indicates that the facility shall provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organization. The facility shall enable reasonable communication between offenders and these organizations and agencies in as confidential a manner as possible. (See invoice 99</p>

PREA February dated 03-01-2024 for emotional services/ National Coalition Against Domestic Violence).

By examination of invoice 99 dated 03-01-2024 for emotional services/ National Coalition Against Domestic Violence, this Auditor determined that offenders have access to outside emotional services for offenders of sexual abuse.

PAQ 115.53 (a)-2 Miami confirmed that the facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations.

IDOC Policy 02-01-115 S(Sexual Abuse Prevention), Section VIII, Reporting, Subsection C, Offender Access to Outside Confidential Support Services, pages 30 - 31, indicates that the facility shall provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organization. The facility shall enable reasonable communication between offenders and these organizations and agencies in a manner that is as confidential as possible. (See invoice 99 PREA February dated 03-01-2024 for emotional services/ National Coalition Against Domestic Violence).

By examination, this Auditor observed signage posted throughout the facility including common areas, with contact information for the Indiana Coalition Against Domestic Violence, including the mailing address. From the living units, offenders have direct access to the victim advocacy organization with toll-free phone access by dialing #66 or writing:

Indiana Coalition Against Domestic Violence

1915 W. 18th Street

Indianapolis, IN 46202

Further, when this Auditor tested the phone system, she was immediately reminded that phone calls could be monitored.

PAQ 115.53 (a)-3 Miami Correctional Facility answered "no." The facility does not detain offenders for civil immigration issues. This substandard is not applicable.

The facility/agency does not detain individuals solely for civil immigration purposes.

PAQ 115.53 (a)-4 Miami Correctional Facility confirms that the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VIII, Reporting, Subsection C, Offender Access to Outside Confidential Support Services, pages 30 - 31, indicates that the facility shall provide offenders with access to outside victim advocates for



emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organization. The facility shall enable reasonable communication between offenders and these organizations and agencies in as confidential a manner as possible. (See invoice 99 PREA February dated 03-01-2024 for emotional services/National Coalition Against Domestic Violence).

By examination, this Auditor observed signage posted throughout the facility including common areas, with contact information for the Indiana Coalition Against Domestic Violence, including the mailing address. From the living units, offenders have direct access to the victim advocacy organization with toll-free phone access by dialing #66 or writing:

Indiana Coalition Against Domestic Violence

1915 W. 18th Street

Indianapolis, IN 46202

During the onsite portion of this audit, this Auditor interviewed an offender who reported sexual abuse. The report was made some 30 days after the offender indicated the abuse occurred; therefore, usable evidence was not obtainable. During his interview, the offender indicated that he knew outside emotional services were available; however, he did not recall specifics. He confirmed that the information is posted in his living unit if he needs it. This Auditor inquired what type of information was posted on his living unit, to which he said I remember #66 is a free call.

115.53 (b): The facility shall inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

PAQ 115.53 (b)-1 Miami Correctional Facility confirmed that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VIII, Reporting, Subsection C, Offender Access to Outside Confidential Support Services, pages 30 - 31, indicates that the facility shall provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organization. The facility shall enable reasonable communication between offenders and these organizations and agencies in a manner that is as confidential as possible. (See invoice 99 PREA February dated 03-01-2024 for emotional services/ National Coalition Against Domestic Violence).

PAQ 115.53 (b)-2 Miami Correctional Facility confirmed that the facility informs inmates, prior to giving them access to outside support services, of the mandatory

reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

DOC Policy 02-01-115 (Sexual Abuse Prevention), Section VIII, Reporting, Subsection C, Offender Access to Outside Confidential Support Services, pages 30 - 31, indicates that the facility shall inform offenders, prior to giving them access, of the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

During the facility tour, the auditor tested phones in all living units. All phones began with a recording advising offenders that their calls could be monitored. Further interviews with random offenders all confirmed that the telephone system informed the offender each time they made a call that their call could be recorded.

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

PAQ 115.53 (c)-1 IDOC confirmed maintaining a memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse.

This Auditor examined E-Contract extension 48021-A2 for the Indiana Coalition Against Domestic Violence dated June 21, 2023, for victim advocacy services for FY 21-24.

115.53 (c)-2, IDOC confirmed that the agency or facility maintains copies of those agreements.

This Auditor examined E-Contract extension 48021-A2 for the Indiana Coalition Against Domestic Violence dated June 21, 2023, for victim advocacy services for FY 21-24.

**Evidence relied upon:**

1. PRE-audit questionnaire
2. IDOC Policy 02-01-115 Sexual Abuse Prevention (effective date 04/01/2020)
3. IDOC Invoice for support services provided to an offender (dated 04/01/2024)
4. Interview with an offender who reported sexual abuse
5. Interviews with random offenders
6. Facility tour
7. Observation of signage (PREA-related)
8. Test telephones on the living unit for monitoring alert
9. Testing telephones to determine if they were operational (access to outside emotional support services)
10. Review of the agency's E-contract for emotional services

	<p><b>Corrective action:</b></p> <p>1. None</p> <p><b>Conclusion:</b></p> <p>1. Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
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<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.54 (a): The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute public information on how to report sexual abuse and sexual harassment on behalf of an inmate.</p> <p>PAQ 115.54 (a)-1 IDOC/Miami Correctional facility confirmed providing a method to receive third-party reports of inmate sexual abuse or sexual harassment.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section VIII, Reporting, Subsection D, Third-Party Reporting, page 31, indicates that the agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute public information on how to report sexual abuse and sexual harassment on behalf of the offender. Third-party reports can be made electronically by submitting an email to IDOCPREA@idoc.in.gov or telephoning (toll-free) the agency Sexual Assault Hotline at (877) 385-5877. Facilities are mandated to post contact information in common areas such as visiting rooms, published in the offender and visitor brochures, and on the agency's website.</p> <p>PAQ 115.54 (a)-2 The agency or facility publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates.</p> <p>By examining the agency's website, this Auditor confirmed that the agency publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of offenders. Likewise, during the facility tour, this Auditor observed posted notices of contact information for emailing IDOCPREA@idoc.in.gov or telephoning (toll-free) the agency Sexual Assault Hotline at (877) 385-5877. The signage was readable, accurate, and consistent throughout the facility.</p> <p><b>Evidence relied upon:</b></p>

	<ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)</li> </ol> <p><b>Conclusion:</b></p> <ol style="list-style-type: none"> <li>1. Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period</li> </ol>
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<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.61 (a): The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>PAQ 115.61 (a)-1 IDOC confirmed that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection A, Staff and Indiana Department of Correction reporting duties, pages 31 - 33, indicates the agency shall require all staff to report immediately and according to the agency policy and knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not a part of the agency; retaliation against an offender or staff who reports such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency shall also require all staff to comply with any applicable mandatory child abuse reporting.</p> <p>"During random and specialized staff interviews, the Auditor found that all the selected employees confirmed their obligation to promptly report any knowledge, suspicion, or information about an incident of sexual abuse or sexual harassment that occurred in a facility, regardless of whether it was part of the agency. This also includes reporting any retaliation against an offender or staff who reports such an incident, as well as any staff neglect or violation of responsibilities that may have</p>

contributed to an incident or retaliation, in accordance with agency policy." Further, all staff (random and specialized) interviewed during this audit provided one way to report sexual abuse and sexual harassment to a supervisor, using the hotline or through the IDOC email contact. Specialized practitioners confirmed that they are mandated by law to report. The email system is on-demand and available 24 hours per day. This Auditor tested the email system and received a reply within 24 hours. Moreover, all staff voiced awareness that if a direct supervisor was the subject of an allegation, they were not required to report the victimization to that supervisor.

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

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

By examination, this policy indicates the agency shall follow all staff to report immediately and according to the agency policy and knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not a part of the agency; retaliation against an offender or staff who reports such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency shall also require all staff to comply with any applicable mandatory child abuse reporting.

"During random staff interviews, the Auditor found that all the selected employees confirmed their obligation to promptly report any knowledge, suspicion, or information about an incident of sexual abuse or sexual harassment that occurred in a facility, regardless of whether it was part of the agency. This also includes reporting any retaliation against an offender or staff who reports such an incident, as well as any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, in accordance with agency policy." Further, all staff (random and specialized) interviewed during this audit provided one way to report sexual abuse and sexual harassment to a supervisor, using the hotline or through the IDOC email contact. The email system is on-demand and available 24 hours per day. This Auditor tested the email system and received a reply within 24 hours. Moreover, all staff voiced awareness that if a direct supervisor was the subject of an allegation, they were not required to report the victimization to that supervisor.

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

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

By examination, according to the agency policy, any staff with knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not a part of the agency, retaliation against an

offender or staff who reports such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation will immediately report the incident. The agency shall also require all staff to comply with any applicable mandatory child abuse reporting.

"During random staff interviews, the Auditor found that all employees selected for interviews participated in the interview process, and each confirmed their obligation to promptly report any knowledge, suspicion, or information about an incident of sexual abuse or sexual harassment that occurred in a facility, regardless of whether it was part of the agency. This also includes reporting any retaliation against an offender or staff who reports such an incident, as well as any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, in accordance with agency policy." Further, all staff (random and specialized) interviewed during this audit provided one way to report sexual abuse and sexual harassment to a supervisor, using the hotline or through the IDOC email contact. The email system is on-demand and available 24 hours per day. This Auditor tested the email system and received a reply within 24 hours. Moreover, all staff voiced awareness that if a direct supervisor was the subject of an allegation, they were not required to report the victimization to that supervisor.

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

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

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

Through random interviews, all staff (random and specialized) sampled confirmed that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions are deemed confidential.

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

By examination, the Auditor reviewed a sample of investigative reports from this reporting period to ensure compliance with this standard. Staff reported all

allegations of abuse and sexual harassment. In reports examined by the Auditor, the victim was offered a victim advocate, the shift supervisor was notified, the incident was documented and investigated, and appropriate medical attention was provided by a medical practitioner. Of the incidents sampled for this standard, zero were transported to a local hospital for a forensic examination due to a delay in notifying facility authorities, the allegation was alleged sexual harassment, and no sexual contact occurred as defined by PREA standards.

Interviews with select medical and mental health practitioners during this facility audit verified that they were by-law mandate reporters of abuse. Further, IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection A, Staff and Indiana Department of Correction reporting duties, pages 31 - 33, indicates the agency shall require all staff to report immediately and according to the agency policy and knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not a part of the agency; retaliation against an offender or staff who reports such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency shall also require all staff to comply with any applicable mandatory child abuse reporting.

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

Through an interview with the agency, the PREA Coordinator/Director of PREA, confirmed that Miami Correctional Facility is an adult male facility with zero youthful inmates. Further, through an interview with the facility's Warden, he confirmed that Miami Correctional Facility is an adult male facility with zero youthful inmates. During an internet search, this Auditor noted that youthful inmates are housed at juvenile facilities in the state until age 21. Likewise, in a review of the offender roster, this auditor found zero offenders under the age of 18.

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

Through the interview process, the facility Warden confirmed that the facility, including himself, is required to report all allegations of sexual abuse or sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy (Sexual Abuse Prevention) (effective date 04/01/2020)
3. Interview with a random sample of staff
4. Interview with a medical practitioner

5. Interview with a mental health practitioner
6. Interview with the facility Warden
7. Interview with the agency PREA Coordinator/Director of PREA
8. Informal conversation verifying random staff reporting methods
9. Sample investigative reports (administrative and criminal)
10. Test on-demand reporting system, Idocprea, prea
11. Review of a sample investigative reports for this reporting period

**Corrective Action:**

1. None

**Conclusion:**

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

115.62	Agency protection duties
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.62 (a): When an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.</p> <p>PAQ 115.62 (a)-1 IDOC/Miami Correctional facility confirmed that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection B, Indiana Department of Correction Protection Duties, page 33, indicates when staff learns that an offender is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the offender. This may include placing the offender in Protective Custody, Administrative Restrictive Status housing, Isolation, or any other appropriate action.</p> <p>PAQ 115.62 (a)-2 Miami Correctional Facility confirmed that in the past 12 months, the</p>



number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse was zero.

115.62 (a)-3 If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action: IDOC/Miami Correctional Facility indicated "not applicable" confirmed that if the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action: N/A.

In discussions with the PREA Compliance Manager about PAQ 115.62 (a)-3, it was mentioned that during the past 12 months, there were no instances where an offender was found to be at substantial risk of imminent sexual abuse. According to the PCM, in the event of such a determination, immediate action would be taken to protect the offender, evaluate the threat, and take appropriate measures. When asked about the specific actions that could be taken, it was explained that the accused individual could be placed in a restricted setting, the PCM would interview the victim (face-to-face), the victim could be moved to a different housing unit, relocated closer to the officer station for better supervision, or transferred to a different facility. However, placing the victim in segregation or protective custody would be considered only as a last resort. It was clarified that a victim would be placed in segregation if none of the other options were immediately available or if the offender voluntarily requested protective custody.

Through an interview with the Agency Head, she indicated that the agency would take immediate steps to protect any offender believed to be subject to a substantial risk of imminent sexual abuse. During an interview with the facility Warden, he indicated that during the current reporting period, zero offenders reported being subject to a substantial risk of imminent sexual abuse. If an offender reported being subject to a substantial risk of imminent sexual abuse, the facility would take immediate measures to safeguard the sexual safety and well-being of the offender. Efforts to safeguard the offender could include moving the aggressor to segregation pending the outcome of an investigation. A dorm move, a housing unit move, placement in a restricted housing unit, protective custody, a facility transfer, or any other appropriate action to avoid the threat of imminent sexual abuse.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)
3. Interview with the IDOC Commissioner
4. Interview with the facility Warden
5. Interview with the PREA Compliance Manager
6. Interview with a sample of random staff

**Corrective Action:**

1. None

	<p><b>Conclusion:</b></p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
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<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.63 (a): Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred.</p> <p>PAQ 115.63 (a)-1 IDOC confirmed that the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection C, Reporting to Other Confinement Facilities, page 33, indicates that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred. The notification shall be provided as soon as possible but no later than seventy-two hours (72) after receiving the allegation. The department shall document the notification. The Warden that receives the notification shall ensure that the allegation is investigated in accordance with the PREA standards and this policy and administrative procedure.</p> <p>PAQ 115.63 (a)-2 Miami Correctional Facility confirmed that in the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility was zero.</p> <p>PAQ 115.63 (a)-3 Miami Correctional Facility describes in the comment box that "the facility Warden would notify the other facility Warden in writing of the allegations."</p> <p>115.63 (b): Such notification shall be provided as soon as possible but no later than 72 hours after receiving the allegation.</p>

PAQ 115.63 (b)-1 IDOC confirmed that the 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 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection C, Reporting to Other Confinement Facilities, page 33, indicates that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred. The notification shall be provided as soon as possible but no later than seventy-two hours (72) after receiving the allegation. The department shall document the notification. The Warden that receives the notification shall ensure that the allegation is investigated in accordance with the PREA standards and this policy and administrative procedure.

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

PAQ 115.63 (c)-1 IDOC/Miami Correctional facility confirmed the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

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

By examination, Miami Correctional Facility, PCM provided this Auditor with an example of a notification of an allegation of sexual abuse, which the offender indicated occurred at Miami Correctional Facility in 2006. The letter or notification originated from the IDOC Reception and Diagnostic Center from PCM to the facility Warden at Miami Correctional Facility. The email was forwarded from the facility Warden to the Miami PCM and the Office of Intelligence and Investigative (OII) for action.

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

PAQ 115.63 (d)-1 IDOC/Miami Correctional Facility has a policy requiring that allegations received from other facilities and agencies be investigated in accordance with the PREA standards.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection C, Reporting to Other Confinement

Facilities, page 33, states that the Warden who receives the notification shall ensure that the allegation is investigated under these PREA standards, this policy, and administrative procedure.

PAQ 115.63 (d)-2 Miami Correctional Facility confirmed in the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was one.

Miami Correctional Facility provided me with an example of a notification of an allegation of sexual abuse. The letter or notification originated from the Warden at the IDOC Reception and Diagnostic Center. The offender stated that the sexual abuse incident occurred in Miami in 2006. The Warden at Miami Correctional Facility forwarded the allegation to the Miami PCM and the IDOC Office of Intelligence and Investigative (OII) for investigation. The Auditor confirmed that as a result of the offender coming forth, IDOC investigated the incident.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)
3. Interview with the IDOC Commissioner
4. Interview with the PCM
5. Interview with the facility Warden
6. Documentation that notification occurred within 72 hours after receiving the allegation
7. Evidence of the initiation of an investigation of the previous outcome regarding the 2006 allegation

**Corrective Action:**

1. Miami will submit evidence of the outcome of a 2006 allegation of sexual abuse
2. Miami will provide evidence that, upon receipt of such notification, the facility ensures that the allegation is investigated in accordance with these standards. Update Miami uploaded the letter of notification. See attached.

**Conclusion:**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

115.64 (a): Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

PAQ 115.64 (a)-1 IDOC confirmed that the agency has a first responder policy for allegations of sexual abuse.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection D, Staff First Responder Duties, page 33 - 34.

This Auditor examined the IDOC Staff Development and Training, SART First Responders, Evidence Protocols and Investigations training curriculum, which supports IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection D, Staff First Responder Duties, page 33 - 34; the training objectives include identification of the First Responder's Responsibilities, define evidence, identifies victim and alleged perpetrator evidentiary concerns, identifies crime scene evidence considerations, explores the different types of sexual assault investigations and identifies and list investigative considerations.

PAQ 115.64 (a)-2 IDOC confirmed that the policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuse.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection D, Staff First Responder Duties, page 33 - 34, indicates that the first security staff member to respond to the report should separate the alleged victim from the abuse.

Upon receiving a report of sexual abuse, the first security staff member to respond would:

- 1) Separate the alleged victim and abuser.
- 2) Preserve and protect any crime scene until evidence collection can take place.
- 3) If the abuse occurred recently enough that physical evidence could still be collected, ask the alleged victim to refrain from actions that could destroy physical evidence, such as washing, brushing teeth, changing clothes, urinating, defecating,

smoking, drinking, or eating.

4) Similarly, if the abuse occurred recently enough that physical evidence could still be collected, ensure that the alleged abuser does not take any actions that could destroy physical evidence, and document the incident while notifying the Shift Supervisor.

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

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection D, Staff First Responder Duties, page 33 - 34, directs staff to preserve the crime scene until appropriate steps can be taken to collect evidence.

Interviews with a select group of random staff all confirmed that they would preserve the crime scene until appropriate steps are taken to collect evidence, notify a supervisor and document the incident.

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

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection D, Staff First Responder Duties, page 33 - 34, the victim not to take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

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

Interviews with a select group of random staff all confirmed 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 ensures 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, notify a supervisor and document the incident.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection D, Staff First Responder Duties, page 33 -

34, if the abuse occurred within one hundred-twenty hour (120) time frame, ensure that the alleged abuser does not take any actions that would destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urination, defecating, smoking, drinking, or eating.

This Auditor examined a select sample of a report from outside the 120-hour window to obtain usable evidence and confirmed the timeframe as required in this standard. The incident was initially reported to mental health.

PAQ 115.64 (a)-6 Miami Correctional facility confirmed that in the past 12 months, the number of allegations that an inmate was sexually abused:43.

The Auditor reviewed a (1) select sample of a report regarding allegations of sexual abuse and harassment that were initiated during this reporting period. (See attached).

PAQ 115.64 (a)-7 Miami Correctional Facility confirmed that of these allegations of sexual abuse in the past 12 months, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was 43.

The Auditor reviewed a select sample of reports (15) regarding allegations of sexual abuse and harassment that were initiated during this reporting period. (See attached).

PAQ 115.64 (a)-8 Miami Correctional Facility confirmed that in the past 12 months, 14 allegations were made in which staff were notified within a period that still allowed for the collection of physical evidence.

The Auditor reviewed a select sample of reports regarding allegations of sexual abuse and harassment that were initiated during this reporting period. Page 13 of the attachment identifies the First Responder as a mental health practitioner. (See attached).

PAQ 115.64 (a)-9 Miami Correctional Facility confirmed that of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: was 14.

PAQ 115.64 (a)-10 Miami Correctional Facility confirmed that 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: was 14.

The Auditor reviewed a select sample of (1) report regarding allegations of sexual abuse and harassment that were initiated during this reporting period. A mental practitioner reported the initial incident. (See attached).

PAQ 115.64 (a)-11 Miami Correctional Facility confirmed that of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: was 14.

The Auditor reviewed a select sample of reports regarding allegations of sexual abuse and harassment that were initiated during this reporting period. (See attached).

During this audit, the Auditor interviewed two (2) security first responders separately. Each first responder described the actions they would take to an allegation of sexual abuse. The first responders first course of action was to protect the victim and separate them from the abuser, request that the victim take any action to destroy usable evidence, protect the crime scene, ensure that the abuser not take any action to destroy evidence, notify the Shift Supervisor, and medical and mental health practitioners on duty and document the incident.

The Auditor also interviewed a non-security staff member, who explained their responsibilities as a first responder. These include separating the victim from the abuser, preserving the crime scene, advising the victim not to take any actions that could destroy evidence, notifying the shift supervisor and their immediate supervisor, informing medical and mental health practitioners, and documenting the incident.

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

115.64 (b): 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.

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

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection D, Staff First Responder Duties, page 33 - 34, indicates if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence.

The Auditor also interviewed a non-security staff member, who explained their responsibilities as a first responder. These include separating the victim from the abuser, preserving the crime scene, advising the victim not to take any actions that could destroy evidence, notifying the shift supervisor and their immediate supervisor, informing medical and mental health practitioners, and documenting the incident.

PAQ 115.64 (b)-2 IDOC policy requires that if the first staff responder is not a security



staff member, that responder shall be required to notify security staff.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection D, Staff First Responder Duties, page 33 - 34, indicates requires that the first staff responder who is not a security staff member notify security staff.

The Auditor also interviewed a non-security staff member, who explained their responsibilities as a first responder. These include separating the victim from the abuser, preserving the crime scene, advising the victim not to take any actions that could destroy evidence, notifying the shift supervisor and their immediate supervisor, informing medical and mental health practitioners, and documenting the incident.

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

PAQ 115.64 (b)-4 Miami Correctional Facility indicated 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: was 3.

The Auditor also interviewed a non-security staff member, who explained their responsibilities as a first responder. These include separating the victim from the abuser, preserving the crime scene, advising the victim not to take any actions that could destroy evidence, notifying the shift supervisor and their immediate supervisor, informing medical and mental health practitioners, and documenting the incident.

PAQ 115.64 (b)-5 Miami Correctional Facility indicated that of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: was 3.

The Auditor also interviewed a non-security staff member, who explained their responsibilities as a first responder. These include separating the victim from the abuser, preserving the crime scene, advising the victim not to take any actions that could destroy evidence, notifying the shift supervisor and their immediate supervisor, informing medical and mental health practitioners, and documenting the incident.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy (Sexual Abuse Prevention) (effective date 04/01/2020)
3. Interview with Security Staff First Responders
4. Interview with Non-First Responder
5. Interviews with random staff
6. Examination of IDOC Staff Development and Training, SART First Responders, Evidence Protocols and Investigations (effective 08/20/2019)
7. Examination of responses to allegations of sexual abuse

	<p><b>Conclusion:</b></p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
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<b>115.65</b>	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.65 (a): The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>PAQ 115.65 (a)-1 Miami Correctional Facility confirmed the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection E, Coordinated Response, pages 34 - 37, indicates 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 mental health practitioners, investigators, and facility executives.</p> <p>By examination, this Auditor confirmed that Miami Correctional Facility has a facility written directive for a coordinated sexual assault response dated July 2020. The plan coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>During the audit, the Auditor interviewed the facility Warden. He confirmed that the facility, Miami Correctional Facility, has coordinated action taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p><b>Evidence Relied Upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)</li> <li>3. Examination of the Miami Correctional Facility Coordinated Response</li> <li>4. Interview with the facility Warden</li> </ol>

	<p><b>Conclusion:</b></p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis, select sampling and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.66 (a): Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>PAQ 115.66 (a)-1 IDOC, indicated "no," the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>According to the PREA Coordinator/Director of PREA, the State of Indiana does not have a collective bargaining agreement. Zero collective bargaining agreements were entered into or renewed.</p> <p>During an interview with the Agency Head, she denied that the Indiana Department of Corrections has any collective bargaining agreement.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Interview with the PREA Coordinator/Director of PREA</li> <li>3. Interview with the IDOC Commissioner</li> </ol> <p><b>Conclusion:</b></p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period</p>

<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.67 (a): The agency shall establish a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff and shall designate which staff members or departments are charged with monitoring retaliation.</p> <p>PAQ 115.67 (a)-1 The agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection G, Protection Against Retaliation, pages 37 - 38, indicates the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.</p> <p>PAQ 115.67 (a)-2 IDOC confirms that the agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.</p> <p>Through interview, this Auditor confirmed that Miami has designated the PCM as the retaliation monitor. Her appointment is a result of a corrective action to improve the management and oversight of retaliation monitoring in Miami. The PREA Coordinator, as part of a corrective action, has included this standard in mandatory training for PCM's statewide and their support staff. The Auditor reviewed the training to confirm that this standard is included in the PCM training. The PREA Coordinator will continue spot-checking retaliation monitoring after the corrective action period is complete.</p> <p>115.67 (b): The agency shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>The Auditor interviewed the Agency Head; the Commissioner indicated that the agency protects an offender by taking action such as housing changes, transfers, removal of the abuser, and placing the abuser in segregation pending the outcome of the investigation. As a result of the trauma, we offer victims of sexual abuse access to emotional support services.</p> <p>The Auditor interviewed the facility's Warden; he indicated during his interview that for allegations of sexual abuse or sexual harassment, to protect a victim, the facility could separate the victim and the abuser and place the abuser in restricted housing pending the outcome of the investigation, relocate the victim to a different housing</p>

unit or transfer the victim to a different facility. Further, if retaliation is suspected, the abuser could be placed in restricted housing pending a review of the allegation and, pending the outcome of an investigation into the allegation of retaliation, transferred to a more secure environment. The facility's main objective would be to protect the victim and provide emotional support.

The designated Staff Member Charged with Monitoring was interviewed, and the PCM indicated she is the retaliation monitor for Miami Correctional Facility. The PCM indicated in the role as the retaliation monitor, she is responsible for monitoring victims of sexual abuse for at least 90 days or longer if needed. Her monitoring included a face-to-face well-fair check with the victim, records checks for negative behavior or discipline reports, program or housing changes, etc.

During the on-site portion of this audit, the Auditor visited segregation and went door-to-door to introduce herself. Zero offenders were placed in segregation for risk of victimization during the onsite. Further, this Auditor interviewed an offender who reported sexual abuse during this reporting period. He denied ever being placed in segregation for risk of victimization. By examination, this Auditor confirmed that this victim was offered a victim advocate and emotional support services.

115.67 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing or program changes, negative performance reviews, or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection G, Protection Against Retaliation, pages 37 - 38, indicates that ninety (90) days following a report of sexual abuse, the staff designated to monitor for retaliation shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff, and shall act promptly to remedy any such retaliation.

During an interview with the PCM, she confirmed that the agency/Miami Correctional Facility would monitor the conduct or treatment for 90 days.

PAQ 115.67 (c)-3 IDOC/Miami Correctional Facility confirmed that the agency/facility acts promptly to remedy such retaliation.

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

PAQ 115.67 (c)-4 IDOC/Miami Correctional Facility confirmed that the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection G, Protection Against Retaliation, pages 37 - 38, indicates that the PREA Committee shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need.

PAQ 115.67 (c)-5 Miami Correctional Facility confirmed that zero incidents of retaliation occurred in the past 12 months.

During an interview with the facility Warden, he indicated an unawareness of any allegation of sexual abuse that required an extended monitoring period.

This Auditor also interviewed the PCM/designated retaliation monitor. She confirmed that zero incidents of retaliation required an extended monitoring period beyond 90 days.

During an interview with the PCM, she confirmed that the agency/Miami Correctional Facility would monitor the conduct or treatment for 90 days.

Absent from the review of this standard was documentation of monitoring efforts. This requires corrective action. On 8/16/2024, during corrective action Miami provided this Auditor with a select sample of retaliation documents (15) for her review. By examination, the IDOC policy directs the designated retaliation monitor to monitor ninety (90) days following a report of sexual abuse. By examination this Auditor determined this substandard noncompliant. A review of retaliation documents from this reporting period, monitored by Unit Team members, found multiple examples of monitoring conducted for less than 90 days, excluding offenders who were released prior to the completion of the 90 day review period or the finding in an investigation was unfounded. Further, in some instances, retaliation monitoring began many days or weeks after the offender made the allegation. The document review did, however demonstrate that Miami Unit Team members did monitor the conduct and treatment of offender who reported sexual abuse to see if there were any changes that may suggest possible retaliation.

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

Absent from the review of this standard was documentation of monitoring efforts. This requires corrective action. on 8/24/2024, Miami submitted a select set of samples of documentation for the Auditor's review. By examination, the IDOC policy directs the designated retaliation monitor to monitor ninety (90) days following a report of sexual abuse. By examination, this Auditor determined this substandard is noncompliant. A review of retaliation documents from this reporting period, monitored by Unit Team members, found multiple examples of monitoring conducted for less than 90 days, excluding offenders who were released prior to the completion of the 90 day review period or the finding in an investigation was unfounded. Further, in

some instances, retaliation monitoring began many days or weeks after the offender made the allegation. The document review did, however demonstrate that Miami Unit Team members did monitor the conduct and treatment of offenders who reported sexual abuse to see if any changes may suggest possible retaliation and made periodic face-to-face checks on the offenders being monitored for retaliation.

During interviews with the Agency Head, she confirmed that retaliation monitoring includes periodic status checks. Further the Agency Head indicated that the if an individual who cooperates with an investigation expresses a fear of retaliation, the agency would take measures to protect that individual against retaliation. By launching an investigation and safeguarding the individual even if protection required the assistance of an outside law enforcement agency.

During an interview with the facility Warden he confirmed that retaliation monitoring includes periodic status checks. For allegations of sexual abuse or sexual harassment, the Warden described the different measures he would take to protect inmates and staff from retaliation such as housing change, transfer the abuser, and begin an investigation.

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

The Auditor is not required to audit this provision.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy (Sexual Abuse Prevention) (effective 04/01/2020)
3. Interview with the Agency Head
4. Interview with the facility Warden
5. Interview with the PCM/designated retaliation monitor
6. Interview with offenders in segregation (informal)
7. Interview with inmates who reported sexual abuse
8. Documentation of monitoring measures (corrective action) (8/24/2024)
9. PCM training on Standard 115.67 agenda by the PREA Coordinator

**Corrective Action:**

1. Miami Correctional Facility will submit retaliation monitoring for a select sample of sexual abuse investigations. Absent from the review of this standard was documentation of monitoring efforts. This requires corrective action.
2. Miami will provide evidence of compliance with this standard. The Auditor will select a sample of retaliation monitoring documents for review and make those samples available for the Auditor's review. The Auditor will verify full compliance,, including verification of 90-day monitoring and periodic status checks. In the case of offenders, does such monitoring also include periodic status checks? Miami designated the PCM as the retaliation monitor instead of

various Unit Team members. Further, the PREA Coordinator conducted mandatory training for all IDOC PCMs and their support staff. Based on the agenda, Standard 115.67 was included in the training. The PREA Coordinator will continue monitoring the corrective action implemented to gain full compliance with this standard.

**Conclusion:**

1. Miami has implemented an accountability system to fully comply with Standard 115.67. Additionally, the Prison Rape Elimination Act (PREA) Coordinator has provided standards training to all PCM (Prison Compliance Managers), with a specific focus on Standard 115.67. The PCM has been designated as the monitor for retaliation, in order to ensure consistent monitoring and greater accountability. These measures aim to institutionalize the practice of retaliation monitoring.
2. A review of documents during the corrective action period revealed a practice in place to effectively monitor for retaliation and a greater emphasis on accountability.

<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.68 (a): Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.43.</p> <p>PAQ 115.68 (a)-1 IDOC confirmed that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection H, Post-Allegation Protective Custody, page 38, indicates that any use of restrictive status housing to protect an offender who is alleged to have suffered sexual abuse shall be subject to the requirements of 115.43 for adult facilities and 115.342 for juvenile facilities.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section IX, Official Response Following an Offender Report, Subsection H, Post-Allegation Protective Custody, page 38, indicates that the agency shall use information from the risk screening required in 115.41/341 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized</p>



from those at high risk of being sexually abusive with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

PAQ 115.68 (a)-2 Miami Correctional Facility confirmed the number of offenders who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment was zero.

PAQ 115.68 (a)-3 Miami Correctional Facility confirmed the number of offenders who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement was zero.

PAQ 115.68 (a)-4 Miami Correctional Facility confirmed from a review of case files of offenders who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged: was zero.

In an interview with the Lieutenant who oversees segregation, he confirmed that if an inmate was placed in segregation for PREA-related victimization to ensure their safety, he would document the incident in the unit logbook. However, during this reporting period, the Lieutenant confirmed that no inmates were placed in segregation involuntarily for their safety.

PAQ 115.68 (a)-5 Miami Correctional Facility confirmed that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)
3. Examination of investigative records and documentation of housing assignments of offenders who are alleged to have suffered sexual abuse.
4. Examination of investigative records and documentation of housing assignments of offenders who are alleged to have suffered sexual abuse.
5. Documentation of in-cell and out-of-cell programs, privileges, education, and work opportunities for inmates in segregated housing for this purpose
6. If the facility restricts access to programs, privileges, education, or work opportunities, documentation of (1) the opportunities that have been limited, (2) the duration of the limitations, and (3) the reasons for such limitations.
7. If the facility restricts access to programs, privileges, education, or work opportunities, documentation of (1) the opportunities that have been limited; (2) the duration of the limitations and (3) the reasons for such limitations

8. Case files of inmates who alleged to have suffered sexual abuse held in involuntary segregated housing in the past 12 months.

**Corrective Action:**

1. This Auditor examined a select group of investigative records to determine if offenders who alleged sexual abuse were placed involuntarily in segregated housing to protect them from victimization. From a select sample, this Auditor found zero offenders placed involuntarily in segregation to safeguard the offender from sexual victimization.
2. Zero documentation of in-cell and out-of-cell programs, privileges, education, and work opportunities for inmates in segregated housing to safeguard the offender from sexual victimization was noted in the logbooks. During a tour of RHU, during informal conversations with some offenders each denied placement in RHU to safeguard their sexual safety.
3. During interview an custody staff who supervises RHU, the RHU supervisor explained that restrictions to programs, privileges, education, or work opportunities, documentation of (1) the opportunities that have been limited, (2) the duration of the limitations, and (3) the reasons for such limitations would be document in the unit logbook.

**Conclusion:**

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

<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.71 (a): When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and

objectively for all allegations, including third-party and anonymous reports.

PAQ 115.71 (a)-1 IDOC/Miami Correctional Facility has a policy related to criminal and administrative agency investigations.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section X, Investigations, Subsection A, Criminal and Administrative Indiana Department of Correction Investigations, page 38 - 39, indicates that the agency 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.

IDOC Policy 00-01-103 (Investigations and Intelligence), Section XIII, Investigating Sexual Abuse and Sexual Harassment of Incarcerated Individuals, page 17, supports PAQ 115.71 (a)-1.

During the facility audit, this Auditor interviewed investigative staff and reviewed investigative reports for allegations of sexual abuse or sexual harassment. The investigator confirmed that the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, including third-party and anonymous. The same investigator indicated that as an investigator for the agency, investigations are conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

115.71 (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section X, Investigations, Subsection A, Criminal and Administrative Indiana Department of Correction Investigations, page 38 - 39, indicates that the agency 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.

IDOC Policy 00-01-103 Investigations and Intelligence, Section XIII, Investigating Sexual Abuse and Sexual Harassment of Incarcerated Individuals, Subsection B1., indicates that a prompt, thorough and objective investigation of sexual abuse and/or sexual harassment shall begin:

- a.) as outlined in Investigation Allegations of Misconduct (Section XII of this policy);
- b.) Upon direction from the Warden and/or;
- c.) If determined to be necessary following an administrative review

According to the investigator, where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34. Standard 115.34 requires corrections. The said investigator confirmed that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic

monitoring data. Investigators interview alleged victims, suspected perpetrators, and witnesses. Investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator. The investigator confirmed that the agency ensures that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation.

The facility and PREA Coordinator provided a select sample of investigative records; however, this Auditor could not determine if the investigators completed specialized training prior to conducting a sexual abuse or sexual harassment investigation during this reporting period. Miami Correctional Facility omitted evidence of compliance with specialized training for six investigators assigned to the facility to investigate sexual abuse and sexual harassment. The investigator confirmed that, as an investigator, he would 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 an offender or staff. He confirmed that while investigating allegations of sexual abuse, the investigation is conducted without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding. If outside agencies investigate sexual abuse, the agency/facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Likewise, during the facility audit, the Auditor interviewed the PCM, who conducts administrative investigations for the facility. The PCM indicated that her investigations include determining whether staff actions or failures contributed to the abuse. The PCM also confirmed that administrative investigations are documented in writing.

This Auditor examined administrative investigations completed by the PCM as written documents. By examination, this Auditor determined that administrative investigations are documented in written reports, and they include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings

Based on the interview with the investigator, the agency looks into allegations of sexual abuse without making the offender alleging abuse to take a polygraph test or any other truth-verification method as a requirement for proceeding with the investigation. After reviewing a specific group of investigative files related to criminal and administrative matters, this Auditor did not find any proof that offenders were forced to take a polygraph test or truth-verification method in order to proceed with an investigation.

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

According to investigative staff, when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors to determine whether they may be an obstacle to subsequent criminal prosecution.

This Auditor examined a select group of administrative and criminal investigative (2) reports initiated during this reporting period.

The Auditor examined a select group of substantiated allegations (2) to ensure they were referred for prosecution.

This Auditor interviewed offenders who reported sexual abuse occurring at Miami Correctional Facility.

This Auditor sampled (2) criminal investigative reports.

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

During the facility tour, this Auditor observed file storage in medical and administration. Hard files are maintained in the investigative office with limited access in locked file cabinets. Digital files are stored in the Delta System using an electronic platform. Hard files include pictures, SANE examines, and witness statements. Access to physical and electronic case files is strictly limited to the role and responsibility of the organization. Most offenders' medical records and PII are electronic medical records. Access to the electronic medical record is limited and password protected. This Auditor observed physical files located in a file room with locked file cabinets and a locking door. Access to the electronic medical records is limited and based on role and responsibility.

115.71 (h): Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

PAQ 115.71 (h)-1 Miami Correctional Facility confirmed that substantiated allegations of conduct that appear to be criminal are referred for prosecution.

The Auditor examined a review of criminal investigations that appear to be criminal to determine compliance with this standard.

PAQ 115.71 (h)-2 Miami Correctional Facility confirmed that 3 substantiated allegations of criminal conduct have been referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later.

This Auditor examined substantiated allegations of conduct that appear to be criminal and determined each was referred for prosecution.

115.71 (i): The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years

PAQ 115.71 (i)-1The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section X, Investigations,

Subsection A, Criminal and Administrative Indiana Department of Correction Investigations, page 38 - 39, indicates the agency shall retain all written reports referenced in paragraphs 6 and 7 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 offender and applicable laws require a shorter retention period.

In 2024, an offender alleged that he was sexually assaulted by a custody staff person in 2005/2006. The offender divulged the sexual assault in 2024 as a result of a return to incarceration and during intake at the Reception and Diagnostic Center. Before the investigator could interview the offender, he was transferred to Wabash Valley Correctional Facility. Records from that time were destroyed. One investigator remembers a custody staff by the name the offender provided. Employment records indicate the officer left employment in 2014. The available contact information for the officer was incorrect, as the officer no longer lived at the address on record. The contact number for the said officer had been changed. No other documentation from that timeframe was obtainable.

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

The Auditor is not required to audit this provision.

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

During his interview, the PREA Coordinator/Director of PREA confirmed that the agency conducts its own administrative and criminal investigations. During this reporting period, the PREA Coordinator/Director of PREA indicated zero investigations were investigated by an outside entity. This Auditor sampled a select group of administrative and criminal investigative reports, and zero reports were conducted by an outside entity.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115, (Sexual Abuse Prevention) (effective date 04/01/2020)
3. IDOC Policy 00-01-103, (Investigations and Intelligence) (effective date 06/01/2022)
4. Interview with investigative staff (1)
5. Interview with the PREA Coordinator/Director of PREA
6. Interviews with offenders who reported sexual abuse (2)
7. Informal interviews with staff
8. Sample of investigative records (15) sexual abuse and sexual harassment
9. Sample of criminal and administrative investigative reports
10. Sample of investigative reports referred for prosecution
11. Facility tour (record storage)

	<p>12. Facility tour (sexual safety tour)</p> <p><b>Corrective Action:</b></p> <ol style="list-style-type: none"> <li>1. Examined a select group of administrative and criminal investigative reports initiated during this reporting period.</li> <li>2. Examined a select group of substantiated allegations to ensure they were referred for prosecution</li> </ol> <p><b>Conclusion:</b></p> <p>After reviewing a selection of administrative and criminal investigative reports and substantiating allegations that were referred for prosecution, this Auditor concluded that Miami satisfied this standard in all material ways based on sampling and analysis of this standard.</p>
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<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.72 (a): The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>PAQ 115.72 (a)-1 IDOC confirmed that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section X, Investigations, Subsection B, Evidentiary Standard for Administrative Investigations, page 39, indicates that the agency shall impose no higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Through an interview with investigative staff, this Auditor confirmed that investigators impose no higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Through an interview with the PCM who conducts administrative investigations, this Auditor confirmed that investigators impose no higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p>

A review of a select sample of administrative, investigative reports confirmed that Miami Correctional Facility imposes no higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC 02-01-115 Policy (Sexual Abuse Prevention) (effective 04/01/2020)
3. Interview with the PREA Coordinator/Director of PREA
4. Interview with the PCM
5. Interview with the investigator/Administrative
6. Interview with the investigator/Criminal
7. Examination of administrative and criminal findings for the standard of proof

**Corrective Action:**

1. None

**Conclusion:**

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

<b>115.73 Reporting to inmates</b>
<b>Auditor Overall Determination:</b> Meets Standard
<b>Auditor Discussion</b>
<p>115.73 (a): Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>PAQ 115.73 (a)-1 IDOC confirmed that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section X, Investigations, Subsection C, Reporting to Offenders, pages 39 - 40, indicates following an investigation into an offender's allegation that he or she suffered sexual abuse in an</p>



agency facility, the PREA Compliance Manager shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

The Auditor examined a select sample of alleged sexual abuse investigations completed by IDOC.

PAQ 115.73 (a)-2 Miami Correctional Facility confirmed that the number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months was 44.

115.73 (a)-3 Miami Correctional Facility confirmed that of the alleged sexual abuse investigations that were completed in the past 12 months, the number of inmates who were notified, verbally or in writing, of the results of the investigation was 29.

According to PAQ 115.73 (a)-3 Miami Correctional Facility, this is problematic. The facility indicates that the offenders whose allegations were unfounded were not notified. At this point, it is unknown why these offenders were not notified. This substandard requires corrective action.

Through an interview with the facility Warden, he confirmed that Miami Correctional Facility notifies an offender who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

Through an interview with an investigator, he confirmed that IDOC has a procedure which requires that an offender who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

Through an interview offenders who reported a sexual abuse confirmed that the facility is required to notify them when their sexual abuse allegation is determined to be substantiated, unsubstantiated, or unfounded.

The Auditor requested a select sample (15) of sexual abuse and harassment documents of alleged sexual abuse investigations completed by Miami.

PAQ 115.73 (b)-1 IDOC indicates "not applicable." If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity to inform the inmate of the investigation's outcome. IDOC conducts its own criminal and administrative investigations. Zero samples of alleged sexual abuse investigations were completed by an outside entity.

PAQ 115.73 (b)-3 IDOC indicates "not applicable." of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: zero.

Zero additional samples of alleged sexual abuse investigations were examined by the Auditor that were completed by an outside entity. IDOC conducts its own criminal

and administrative investigations.

115.73 (c): Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted 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.

PAQ 115.73 (c)-1 IDOC confirmed that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever:

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

IDOC Policy (Sexual Abuse Prevention), Section X, Investigations, Subsection C, Reporting to Offenders, pages 39 - 40, indicates that the agency shall following an offender's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

This Auditor examined a sample of investigative reports with staff alleged involvement documentation of substantiated or unsubstantiated complaints.

PAQ 115.73 (c)-3 Miami Correctional Facility confirmed "yes," in each case the agency subsequently informed the offender whenever:

The staff member was no longer posted within the inmate's unit;  
The staff member was no longer employed at the facility;  
The agency learned that the staff member has been indicted on a charge related to sexual abuse within the facility; or  
The agency learned that the staff member has been convicted on a charge related to sexual abuse within the facility

The Auditor examined an example of a substantiated sexual abuse investigation case where an offender was informed that staff was no longer employed at the facility (dated 11/21/2023) (23-MCF-0091).

This Auditor interviewed offenders who reported sexual abuse. This Auditor sampled additional investigations of documentation of allegations substantiated. This Auditor was unable to review documentation of a sufficient number of notifications prior to the corrective action period.

PAQ 115.73 (d): Miami Correctional Facility confirmed that following an inmate's allegation that another inmate has sexually abused him or her , 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.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section X, Investigations, Subsection C, Reporting to Offenders, pages 39 - 40, indicates that following an offenders' allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Problematic the number of select notifications is insufficient. This requires corrective action. Miami Correctional Facility will submit additional notification to support this substandard.

This Auditor interviewed offenders who reported abuse.

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

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

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section X. Investigations, Subsection C3., Reporting to Offenders, page 40, indicates that the agency shall following an offender's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section X, Investigations, Subsection C, Reporting to Offenders, pages 39 - 40, indicates that following an offenders' allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Problematic, sample documentation was initially limited to one notification. Miami Correctional Facility will submit a select number of notifications for review by the Auditor as evidence of full compliance.

PAQ 115.73 (e)-3 Miami Correctional Facility confirmed that of those notifications made in the past 12 months, the number that were documented: was 29.

According to the PREA Compliance Manager the agency/facility documents all such notifications or attempted notifications.

PAQ 115.73 (f): An agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

The Auditor is not required to audit this provision.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)
3. Interview with the facility Warden- Q: 14
4. Interview with Investigative Staff - Q: 20
5. Interview with offenders who reported sexual abuse
6. Examination of a select sample of sexual abuse investigations
7. Examination of notification of offenders of outcome of investigations (corrective action) (14)
8. Examination of substantiated or unsubstantiated investigations (15)
9. The Auditor examined an example of a substantiated sexual abuse investigation case where an offender was informed that staff was no longer employed at the facility (dated 11/21/2023) (23-MCF-0091)

**Corrective Action:**

1. According to PAQ 115.73 (a)-3 Miami Correctional Facility, this is problematic. The facility indicates that the offenders whose allegations were unfounded were not notified. At this point, it is unknown why these offenders were not notified. This substandard requires corrective action.
2. PAQ 115.73 (c)-3,
3. PAQ 115.73 (d): Miami Correctional Facility confirmed that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever:  
(1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The number of select notifications is problematic and insufficient. This requires corrective action. Miami Correctional Facility will submit additional notification to support this substandard. Update a review of a sample of notification confirmed that all offenders are notified of the outcome of a sexual abuse or sexual harassment investigative outcome.

	<p><b>Conclusion:</b></p> <ol style="list-style-type: none"> <li>1. PAQ 115.73 (a)-3, a review of the retaliation monitoring documents indicates that several offenders were not reported the outcome of their investigation due to being released from the facility.</li> <li>2. PAQ 115.73 (c)-3, Miami submitted 14 select Sexual Abuse Investigation Outcome Offender Notification forms and confirmed that offenders are notified of the outcome of their investigations.</li> <li>3. PAQ 115.73 (d), Miami submitted 14 select Sexual Abuse Investigation Outcome Offender Notification forms and confirmed that offenders are notified of the outcome of their investigations. The sample included allegations against other offenders and staff.</li> <li>4. After corrective action and based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</li> </ol>
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.76 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>PAQ 115.76 (a)-1 Miami Correctional Facility confirmed that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>IDOC 02-01-115 (Sexual Abuse Prevention), Section XI, Discipline, Subsection A, Disciplinary Sanction for Staff, pages 40 - 41, indicates that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>IDOC Policy 04-03-103 (Information and Standards of Conduct for Departmental Staff), Section VII, General Information, Subsection C, Discipline, page 12, indicates that a staff person who violates a State of Departmental standard, rule, regulation, policy, procedure, directive, written or verbal order, agreement, responsibility, or condition of employment may be subject to disciplinary action, up to and including dismissal, in accordance with IC 4-15-2.2-24.</p> <p>115.76 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p>

PAQ 115.76 (b): Miami Correctional Facility confirmed that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

IDOC Policy 04-03-103 (Information and Standards of Conduct for Departmental Staff), Section VII, General Information, Subsection C, Discipline, page 12, indicates termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

PAQ 115.76 (b)-1 Miami Correctional Facility confirmed that in the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: was 2.

IDOC Discipline Policy Statement, pages 1- 4, indicates that a classified employee of the state civil service is subject for cause. Just cause includes omission of an act which a person ought not to do, doing an act which a person ought not to do, violation of, or failure to comply with, Federal or State law, rules, executive order, policies, or procedures.

Miami Correctional Facility indicated two staff from the facility who have violated agency sexual abuse or sexual harassment policies: was two but provided evidence of three staff. This Auditor seeks clarification. This substandard requires corrective action. Based on the gate closure information provided as evidence, only two of the three staff were terminated for PREA-related allegations.

PAQ 115.76 (b)-2 Miami Correctional Facility confirmed that in the past 12 months, 2 staff members have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies.

This Auditor examined three examples of gate closure and/or investigations of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies.

115.76 (c): Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

PAQ 115.76 (c)-1 Miami Correctional Facility indicated 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.

The IDOC Discipline Policy Statement (effective 08/01/2012), page 2, indicates that where appropriate, employee disciplinary action is to be corrective and progressive in nature. The discipline imposed should be determined by taking into account such factors as the seriousness of the offense and the record of the employee's service with the State.

PAQ 115.76 (c)-2 Miami Correctional Facility confirmed that in the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): was zero.

Records of disciplinary sanctions taken against staff for violations of the agency's sexual abuse or sexual harassment policies in the past 12 months: was two.

According to records, two contract staff were terminated. Two instead of three contract employees were gate closed. The third employee resigned. She was not under investigation.

115.76 (d): All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal and to any relevant licensing bodies.

PAQ 115.76 (d)-1 Miami Correctional Facility confirmed that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XI, Discipline, Subsection A, Disciplinary Sanction for Staff, pages 40 - 41, indicates that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies.

The number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): was zero.

PAQ 115.76 (d)-2 Miami Correctional Facility confirmed that in the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: was 2.

This Auditor examined two records of termination or gate closures of staff/contractors for violation of sexual abuse or sexual harassment policies.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)
3. IDOC Policy 04-03-103 (Information and Standards of Conduct for Departmental Staff) (effective date 04/01/2024)
4. IDOC Discipline Policy Statement (effective 08/01/2012)
5. Examination of gate closures (2)

6. Examination of investigations associated with the gate closures
7. Interview with the PREA Coordinator regarding investigations

**Corrective Action:**

1. Miami Correctional Facility indicated two staff from the facility who have violated agency sexual abuse or sexual harassment policies: was two but provided evidence of three staff. This Auditor seeks clarification. This substandard requires corrective action.
2. PAQ 115.76 (c)-2 Miami Correctional Facility confirmed that in the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): was zero. The two employees were all contract employees. Update contract employees were terminated.
3. Records of disciplinary sanctions taken against staff for violations of the agency's sexual abuse or sexual harassment policies in the past 12 months.
4. PAQ 115.76 (d)-2 Miami Correctional Facility confirmed that in the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation before termination) for violating agency sexual abuse or sexual harassment policies: was 2.
5. PAQ 115.76 (d)-2 Miami Correctional Facility confirmed that in the past 12 months, 2 staff members from the facility 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.

**Conclusion:**

1. Examination of gate closures support that two contract staff were terminated. An additional contract employee was also issued a gate closure because she terminated her employment with the contract vendor working at Miami.
2. PAQ 115.76 (c)-2, by examination of investigative records and gate closure documents this Auditor determined that two contract employees were gate closed and no longer allowed on the premises of the facility.
3. Through interview with the PCM this Auditor confirmed the number of offender records of disciplinary sanctions taken against staff for violations of the agency's sexual abuse or sexual harassment policies in the past 12 months was zero.
4. PAQ 115.76 (d)-2, through an interview with the PREA Coordinator, he confirmed that two contract staff were reported to the Attorney General. The Attorney General is responsible for contacting licensing boards following a termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.
5. PAQ 115.76 (d)-2 Miami Correctional Facility confirmed that in the past 12



	<p>months, 2 staff members from the facility 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.</p> <p>6. After corrective action and based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
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<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.77 (a): Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>PAQ 115.77 (a)-1 IDOC confirmed that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XI, Discipline, Subsection B, Corrective Action for Contractors and Volunteers, pages 41, indicates that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>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 relevant licensing bodies.</p> <p>PAQ 115.77 (a)-2 IDOC confirmed that the agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XI, Discipline, Subsection B, Corrective Action for Contractors and Volunteers, page 41, the agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with offenders.</p> <p>By examination of three gate closures, this Auditor confirmed that the agency prohibits a contractor or volunteer who engages in sexual abuse and requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with offenders.</p>

PAQ 115.77 (a)-3 IDOC confirmed that in the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.

This Auditor examined two investigative documents that confirmed that discipline in the termination case was a sanction for violating the IDOC sexual abuse prevention policy.

115.77 (a)-4 Miami Correctional Facility confirmed that in the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates was 1.

Substantiated cases of sexual abuse, the Prosecutor's Office would notify the Indiana Attorney General, according to the PREA Coordinator/Director of PREA. The Attorney General's Office would contact the applicable licensing body or law enforcement. Records indicate two gate closures for violation of sexual abuse policy however one individual did not hold a license.

115.77 (b): The facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

PAQ 115.77 (b)-1 Miami Correctional Facility confirmed that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XI, Discipline, Subsection B, Corrective Action for Contractors and Volunteers, page 41, the agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with offenders.

The Auditor examined three documents, gate closures which confirm that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Through an interview with the facility Warden, he confirmed that in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, what remedial measures does the facility take by issuing gate closures, which denied entrance into the facility, prohibiting further contact with an offender. The Warden provided three examples of gate closures.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)
3. PAQ 115.77 (a)-1 IDOC confirmed that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law

enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies.

4. PAQ 115.77 (a)-3 IDOC confirmed that in the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.
5. Review of gate closure documentation
6. Review of relevant investigations

**Corrective Action:**

1. PAQ 115.77 (a)-1 IDOC confirmed that the agency policy requires that any contractor or volunteer who engages in sexual abuse to be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. (Corrective action)
2. PAQ 115.77 (a)-3 IDOC confirmed that in the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.

**Conclusion:**

1. PAQ 115.77 (a)-1, through interview with the PREA Coordinator this Auditor confirmed Indian's system for notifying licensing bodies of violation of sexual abuse policies. The Prosecutor's Office will notify the Indiana Attorney General's Office who will in turn notify the applicable licensing board.
2. PAQ 115.77 (a)-3, this Auditor confirmed with the PREA Coordinator that 2 and not three staff (contractors) were gate closed. One of the two gate closed contractors was licensed.
3. After corrective action and based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.

115.78	Disciplinary sanctions for inmates
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.78 (a): Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

PAQ 115.78 (a)-1 Miami Correctional Facility confirmed that offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XI, Discipline, Subsection C, Disciplinary Sanctions for Offenders, page 41 - 42, offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse.

Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offenders disciplinary history, and the sanctions imposed on comparable offenses by other offenders with similar histories.

IDOC Adult Disciplinary Process (ADP), Appendix I: Offenses, 206 Abusive Sexual Contact with Another Offender, page 5, indicates non-penetrative contact, with one's own body, or any object or device, of a sexual nature by an offender against another offender without his or her consent, or of an offender who is unable to consent or refuse.

IDOC Adult Disciplinary Process, Appendix I: Offenses, 216 Sexual Contact, page 6, engaging in behaviors such as making a request, hiring, or coercing another person to have sexual contact, clutching, exposing, fondling, or touching the offender's own intimate parts for the sexual arousal of the offender or others, whether clothes or unclothed, while observable by others.

PAQ 115.78 (a)-2 Miami Correctional Facility confirmed that offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XI, Discipline, Subsection C1, Disciplinary Sanctions for Offenders, page 41 - 42, offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse.

PAQ 115.78 (a)-4 Miami Correctional Facility confirmed that in the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: was one.

115.78 (b): Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

Through the interview process with the Warden, this Auditor confirmed that disciplinary sanctions for offenders are subject to following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. Also, sanctions are proportionate to the nature and circumstances of the abuses committed, the facility considers the offenders disciplinary histories, the sanctions

imposed for similar offenses by other offenders with similar histories and the mental disability or mental illness of the accused is a factor when determining a sanction.

The Auditor observed investigative reports (1) and documentation of sanctions imposed.

115.78 (c): The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Through the interview process with the Warden, this Auditor confirmed that disciplinary sanctions for offenders are subject to following an administrative or criminal finding that the inmate engaged in inmate--on--inmate sexual abuse. Also, sanctions are proportionate to the nature and circumstances of the abuses committed; the facility considers the offender's disciplinary histories, the sanctions imposed for similar offenses by other offenders with similar histories, and the mental disability or mental illness of the accused is a factor when determining a sanction.

115.78 (d): If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

PAQ 115.78 (d)-1 Miami Correctional Facility confirmed that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XI, Discipline, Subsection C, Disciplinary Sanctions for Offenders, pages 41 - 42, that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

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

Through an interview with a medical and mental health practitioner, each confirmed that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse; the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

Through an examination of administrative and criminal investigations, this Auditor determined that offenders are offered therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse; the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

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

PAQ 115.78 (e)-1 IDOC confirmed that the agency disciplines offenders for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

IDOC Adult Disciplinary Process (ADP), Appendix I: Offenses, 114 Sexual Act with a Visitor, page 2, indicates contact of a sexual nature by an offender with a visitor including contact between the penis and the vulva or the penis and the anus including penetration however slight.

IDOC Adult Disciplinary Process (ADP), Appendix I: Offenses, 115 Nonconsensual Sexual Act, page 2, indicates contact of a sexual nature by an offender against another person without his or her consent or a person unable to consent or refuse sexual contact such as contact between the penis and vulva.

The Auditor examined a sample of a disciplinary action against an offender.

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

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

PAQ 115.78 (g)-1 IDOC confirmed that the agency prohibits all sexual activity between inmates.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XI, Discipline, Subsection C, Disciplinary Sanctions for Offenders, pages 41 - 42, indicates that the agency shall prohibit all sexual activity between offenders and shall discipline for such activity in accordance with the appropriate disciplinary code or code of conduct.

PAQ 115.78 (g)-2 Miami Correctional Facility confirmed that the agency prohibits all sexual activity between inmates and disciplines inmates for such activity; the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XI, Discipline, Subsection C, Disciplinary Sanctions for Offenders, pages 41 - 42, indicates that the agency shall prohibit all sexual activity between offenders and shall discipline for such activity in accordance with the appropriate disciplinary code or code of conduct.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective 04/01/2020)
3. IDOC Adult Disciplinary Process (ADP), Appendix I: Offenses (effective date 03/01/2020)
4. Interview with the facility Warden
5. Interview with a medical practitioner
6. Interview with a mental practitioner
7. Review of disciplinary reports with sanctions imposed (corrective action) (1)

**Corrective Action:**

1. PAQ 115.78 (a)-4 Miami Correctional Facility confirmed that in the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: was one.
2. Investigative reports and documentation of sanctions imposed.
3. PAQ 115.78 (d)-2 Miami Correctional Facility confirmed that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse; the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Through an examination of administrative and criminal investigations, this Auditor determined that offenders are offered therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse; the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. I see the victim but not the abuser.
4. PAQ 115.78 (e)-1 IDOC confirmed that the agency disciplines offenders for sexual conduct with staff only upon finding that the staff member did not consent to such contact. Upload/select a sample of records of disciplinary actions against inmates for sexual conduct with staff.

**Conclusion:**

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

<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

115.81 (a): If the screening pursuant to § 115.41 indicates that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

PAQ 115.81 (a)-1 Miami Correctional Facility confirmed that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XII, Medical and Mental Health Care, Subsection A, Medical and Mental Health Screenings/History of Sexual Abuse, pages 42 – 43, and IDOC Health Care Services Directive 4.03 A (Adult Mental Health Services), Section V, Clinical Services, Subsection C, Routine Services, 7. PREA Follow-Up, page 11, Directive 4.03 A, 7. PREA Follow-Up states that if a prison or jail inmate has experienced previous sexual victimization, whether inside a correctional facility or in the community, staff must ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

115.81 (a)-2 Miami Correctional Facility confirmed that a follow-up meeting is offered within 14 days of the intake screening. Evidence of compliance was omitted. This substandard requires corrective action.

PAQ 115.81 (a)-3 Miami Correctional Facility confirmed that in the past 12 months, the percentage of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner was zero.

115.81 (a)-4 Miami Correctional Facility confirmed that medical and mental health staff maintain secondary materials (e.g., forms and logs) documenting compliance with the above-required services. Evidence of compliance was omitted.

During interviews with targeted offenders who disclosed victimization at risk screening, two denied the victimization, and two offenders confirmed the victimization but indicated that the victimization occurred during childhood; therefore, they declined a referral to a mental health practitioner.

A sample of additional medical/mental health secondary materials (the term secondary materials refers to materials maintained by health staff in a secure area but separate from the inmate's medical record that documents compliance with the provisions of this standard) was omitted. This requires corrective action.

115.81 (b): If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

PAQ 115.81 (b)-1 Miami Correctional Facility is a prison. Also, Miami Correctional



Facility confirmed that all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XII, Medical and Mental Health Care, Subsection A, Medical and Mental Health Screenings/History of Sexual Abuse, pages 42 – 43, and IDOC Health Care Services Directive 4.03 A (Adult Mental Health Services), Section V, Clinical Services, Subsection C, Routine Services, 7. PREA Follow-Up, page 11, indicates that if a prison/jail offender has experienced prior sexual victimization, whether it occurred in an institutional setting or the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

PAQ 115.81 (b)-2 Miami Correctional Facility confirmed that the follow-up meeting was offered within 14 days of the intake screening.

Interviews with a medical and mental health practitioner each confirmed that offenders with a history of perpetration of sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner within 14 days.

PAQ 115.81 (b)-3 Miami Correctional Facility indicates that in the past 12 months, the percentage of inmates who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow-up meeting with a mental health practitioner was zero.

Through an interview with a mental health practitioner, the practitioner confirmed that previously perpetrated sexual abuse is offered a follow-up meeting that is documented in Delta. In a interview with the PCM, the PCM confirmed that the PAQ 115.81 (b)-3 answer of zero was in error. All perpetrators of sexual abuse are offered follow-up meetings, and those meetings are documented by the mental health practitioner in Delta.

115.81 (c): See 115.81(a).

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

PAQ 115.81 (d)-1 Miami Correctional Facility confirmed that the information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

Interviews with a medical and mental health practitioner each confirmed that the information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

### **Records Storage**

During the facility tour, the auditor observed record storage in administration, medical, and investigations. The physical storage area of information/documentation collected and maintained in hard copy files pursuant to the PREA Standards (e.g., medical records, investigations, administrative files) was examined to ensure that it was secured (e.g., key card, lock and key). All areas with physical files were secured by lock and key systems behind locked doors, and access was strictly limited.

The Auditor also observed electronic (computer screen filters, individualized passwords) 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 through the use of password protection and role-based access. Informal conversation with non-custody staff confirmed that they did not have access to sensitive personally identifiable information (PII) based on their role in the facility operation. Access is limited to executive management and is based on requirements and job functions.

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

115.81 (e)-1 Miami Correctional Facility confirmed that medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18.

Interviews with a medical and mental health practitioner each confirmed that they would need informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. Miami Correctional Facility is an adult facility with zero offenders under 18.

A review of a sample of select Delta screen consent documentation/log obtained from inmates over 18.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XII, Medical and Mental Health Care, Subsection A, Medical and Mental Health Screenings/History of Sexual Abuse, pages 42 - 43 indicates that medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior victimization that did not occur in an institutional setting unless the offender is under the age of 18.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)
3. IDOC Health Care Services Directive 4.03 A (Adult Mental Health Services) (effective date 04/01/2022)
4. Examination of a sample health secondary material (corrective action)

5. Examined the electronic cloud platform termed Delta, to confirm compliance with this standard.
6. Examined access to Delta, the electronic cloud platform to confirm confidentiality measures for sensitive PII.
7. Facility tour and observations
8. Interview with PCM to clarify a PAQ response
9. Interview with a medical practitioner
10. Interview with a mental health practitioner

**Corrective Action:**

1. 115.81 (a)-2 Miami Correctional Facility confirmed that a follow-up meeting is offered within 14 days of the intake screening. Evidence of compliance was omitted. This substandard requires corrective action.
2. 115.81 (a)-4 Miami Correctional Facility confirmed that medical and mental health staff maintain secondary materials (e.g., forms and logs) documenting compliance with the above-required services. Evidence of compliance was omitted.
3. A sample of additional medical/mental health secondary materials (the term secondary materials refers to materials maintained by health staff in a secure area but separate from the inmate's medical record that documents compliance with the provisions of this standard) was omitted. This requires corrective action.

**Conclusion:**

1. 115.81 (a)-2, Miami provided evidence of compliance to satisfy this substandard. (Offender interviews and decline of services)
2. 115.81 (a)-4, Miami provided evidence of compliance to satisfy this substandard. (Referral offer)
3. The Auditor selected a sample document to confirm compliance with this substandard.
4. After corrective action and based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis, sampling and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.

<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

115.82 (a): Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

PAQ 115.82 (a)-1 Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B., Access to Emergency Medical and Mental Health Services, page 47, indicates that offenders victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.

Miami confirms that offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Through interviews with a sample of medical and mental health practitioners, each independently confirmed that offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Through examination of investigative documents, this Auditor determined that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.

PAQ 115.82 (a)-2 The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Section B., Access to Emergency Medical and Mental Health Services, page 47, indicates that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.

Interviews with a medical and mental health practitioner each confirm medical autonomy, and the nature and scope of services are determined according to their professional judgement. When questioned regarding the meaning of timely, each practitioner replied, "immediate." From a select group of offenders reporting sexual abuse this Auditor samples this group. Offenders sampled confirmed being seen by medical upon reporting sexual abuse. While the incidents sampled were through investigation determined not PREA the offenders were immediately provided access to a medical; from the conclusion of the investigation, it was determined not to be PREA, and the offenders were immediately provided access to a medical practitioner. In one incident the offender was rushed to a local hospital with life-threatening injuries. Throughout the course of the investigation, the investigator determined the actions of the aggressor correlate with gang affiliation and the victim's declaration of a sexual attraction to men, which the victim indicates was against gang rules.

PAQ 115.82 (a)-3 Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning

contraception and sexually transmitted infection prophylaxis.

Sample documents found in Delta support PAQ 115.82(a)-3, Miami provides offender victims of sexual abuse access to emergency medical treatment and crisis intervention services. Further interviews with offenders who reported sexual abuse confirmed that the said offenders received timely emergency medical treatment and crisis intervention services from medical and mental health practitioners at Miami.

115.82 (b): If no qualified medical or mental health practitioners are on duty when time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

Through an interview with a security staff first responder(3), the first responder confirmed a duty to safeguard the victim, notify a supervisor and radio for medical, mental health a member of the Sexual Assault Response Team member. Investigative documents support compliance with this substandard.

Through an interview with a non-security first responder, this first responder confirmed a duty to safeguard the offender victim of sexual abuse and immediately notify a security supervisor. Investigative documents support immediate notification of the appropriate medical and mental health practitioners and compliance with this substandard.

115.82 (c): Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

PAQ 115.82 (c)-1 Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Through an interview with offender victims of sexual abuse confirm being offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. One offender interviewed remembered little of the incident which led to her injuries. She did recall conversations with medical and mental health practitioners after her return from the hospital. Investigative documents support immediate notification of the appropriate medical and mental health practitioners and compliance with this substandard.

PAQ 115.82 (d): Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

PAQ 115.82 (d)-1 Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any

	<p>investigation arising out of the incident.</p> <p>Through interviews with offenders who reported sexual abuse zero indicated incurring a financial cost for health care related to the incident.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)</li> <li>3. IDOC Health Care Services Directive 4.03 A (Adult Mental Health Services) (effective date 04/01/2022)</li> <li>4. IDOC Sexual Assault Manual (effective 04/01/2020)</li> <li>5. Examination of a sample health secondary material in Delta</li> <li>6. Interview with a medical practitioner</li> <li>7. Interview with a mental health practitioner</li> <li>8. Interview with offenders who reported sexual abuse</li> <li>9. Examination of relevant investigative reports of sexual abuse</li> <li>10. Examination of referral in Delta</li> </ol> <p><b>Conclusion:</b></p> <ol style="list-style-type: none"> <li>1. Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis, sampling and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</li> </ol>
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.83: Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p>115.83 (a): The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>PAQ 115.83 (a)-1 Miami Correctional Facility confirmed that the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XII, Medical and Mental</p>

Health Care, Subsection C, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, pages 43 - 44.

IDOC Sexual Assault Manual, the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

115.83 (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.

Through an interview with a mental health practitioner, the practitioner confirmed that a mental health evaluation of all known inmate-on-inmate abusers are offered treatment if appropriate within 14 days of arrival or after learning about the abuse history of such an inmate.

Offenders who reported sexual abuse who were sampled indicated they were satisfied with the quality of medical and mental health provided by the facility.

Sample of medical records or secondary documentation from St. Vincent Hospital confirms the level of care provided to victims of sexual abuse, 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.

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

Through an interview with a HSA medical practitioner, the practitioner detailed what an evaluation and treatment of offender who have been victimized entails. The practitioner indicated the responsibility of a practitioner would be to stabilize the victim, treat serious injuries, collect any usable evidence, and prepare the victim for transport to a hospital with SANE forensic support services. On return the role of the medical practitioner would be to follow the treatment plan as outlined by the hospital, complete any labs, monitor the victim for any sexually transmitted diseases and continue to treat physical needs. Victims are also provided referral information for outside emotional services if they need it at the hospital and upon their return to the facility. Further the medical practitioner confirmed that medical and mental health services offered at the facility are consistent with community level of care. Miami Correctional Facility is an adult male facility with zero transgender males, assigned female at birth, but identify and live as male were present during this audit.

Through an interview with a mental health practitioner, the practitioner confirmed that in their role, they would conduct an initial mental assessment, treat mental health needs as a result of the trauma, and offer follow-up appointments where appropriate. Victims are also provided referral information for outside emotional services if they need it at the hospital and upon their return to the facility. Further the mental health practitioner confirmed that medical and mental health services offered at the facility are consistent with community level of care. Miami Correctional Facility is an adult male facility. There were no transgender males assigned female at birth

but identifying and living as male present during this audit.

Upon reviewing secondary documentation, the Auditor examined discharge notes related to an individual who reported sexual abuse and was taken to St. Vincent Hospital for a SANE examination. The individual declined the assistance of a victim advocate. They were encouraged to seek victim counseling at Legacy House (317) 554-5272 or through [http:// www.legacy-house.org](http://www.legacy-house.org).

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

PAQ 115.83 (d)-1 Miami Correctional Facility indicated "not applicable," female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XII, Medical and Mental Health Care, Subsection C, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, pages 43 - 44.

Miami Correctional Facility is an adult male facility with zero transgender males present during this audit.

115.83 (e):Miami Correctional Facility indicated "not applicable," 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.

PAQ 115.83 (e)-1 Miami Correctional Facility "not applicable," 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 02-01-115 Sexual Abuse Prevention, Section XII, Medical and Mental Health Care, Subsection C, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, pages 43 - 44. Miami Correctional Facility is an adult male facility with zero transgender males present during this audit.

Through interviews with both a medical and mental health practitioner each confirmed that Miami Correctional Facility has zero transgender males assigned to the facility.

115.83 (f): Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

PAQ 115.83 (f)-1 Miami Correctional Facility confirmed that offenders victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Through an interview with a medical practitioner, the practitioner confirmed that a victim of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.



IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XII, Medical and Mental Health Care, Subsection C, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, pages 43 - 44, indicates that offender victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Based on the review of secondary documentation, it was found that an offender who reported sexual abuse received an HIV post-exposure prophylaxis and medication for potential sexually transmitted infections as a precautionary measure, after being examined by a SANE Nurse Examiner.

115.83 (g): Treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

PAQ 115.83 (g)-1 Miami Correctional Facility confirmed that treatment services are provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XII, Medical and Mental Health Care, Subsection C, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, pages 43 - 44, indicates that treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Inmates who reported sexual abuse denied being charged for treatment regardless of whether the victim named the abuser or cooperates with any investigation arising out of the incident.

115.83 (h): All prisons attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

PAQ 115.83 (h)-1 Miami Correctional Facility confirmed that the facility is a prison; it attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XII, Medical and Mental Health Care, Subsection C, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, pages 43 - 44, states that all facilities shall attempt to conduct Mental Health evaluations of all known offender-on-offender abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 Sexual Abuse Prevention (effective 04/01/2020)

3. IDOC Sexual Assault Manual (effective 04/01/2020)
4. Facility tour and observations
5. Interview with a medical practitioner
6. Interview with a mental health practitioner
7. Interview with an offender who reported sexual abuse
8. Examination of medical records that demonstrate victims received medical and mental health services
9. Examination of treatment records that support sexual abuse victims was offered tests for sexually transmitted infection where medically appropriate.
10. Examination of secondary documentation from St. Vincent Hospital, SANE Examiner

**Corrective Action:**

1. PAQ 115.83 (b): A sample of medical records or secondary documentation demonstrating that victims receive follow-up services and appropriate treatment plans and, when necessary, referrals for continued care following their transfer to or placement in other facilities or their release from custody.
2. PAQ 115.83 (g): Treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
3. Were you offered tests for sexually transmitted infections?

**Conclusion:**

1. PAQ 115.83 (b) Miami provided this Auditor with secondary documentation to satisfy this substandard.
2. PAQ 115.83 (g) From the secondary documentation this Auditor confirmed that treatment of the victim was without financial cost.
3. From secondary documents provided by Miami this Auditor confirmed that the victim of sexual abuse was tested for sexually transmitted infections and provided an HIV post-exposure prophylactic medication with follow-up orders for the said victim.
4. Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis, sampling and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

115.86 (a): The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

115.86 (a)-1 Miami Correctional Facility confirmed that 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 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection A, Sexual Abuse Incident Reviews, pages 44 - 45, the facility PREA Committee 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.

Miami Correctional Facility omitted evidence of sexual abuse incident reviews. Sample documentation of completed criminal or administrative investigations of sexual abuse was omitted. This substandard requires corrective action.

PAQ 115.86 (a)-2 Miami Correctional Facility indicated 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, was 28.

The Auditor requested during corrective action for additional documentation of completed criminal or administrative investigations of sexual abuse. Miami provided the investigation (15) requested by the Auditor.

115.86 (b): Such review shall ordinarily occur within 30 days of the conclusion of the investigation

PAQ 115.86 (b)-1 Miami Correctional Facility confirmed that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection A, Sexual Abuse Incident Reviews, pages 44 - 45, the facility PREA Committee 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.

Miami Correctional Facility omitted evidence of sexual abuse incident reviews. Sample documentation of completed criminal or administrative investigations of sexual abuse was omitted. This substandard requires corrective action.

PAQ 115.86 (b)-2 Miami Correctional Facility confirmed that in the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: was 28.

115.86 (c): The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

PAQ 115.86 (c)-1 Miami Correctional Facility confirmed that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection A, Sexual Abuse Incident Reviews, pages 44 - 45.

Documentation of incident reviews was omitted. This substandard requires corrective action. Miami will submit a select group of incident reviews for examination by the Auditor to determine compliance with this standard.

During the corrective action period, Miami provided additional administrative and criminal investigations for review. Further evidence of Miami conducting incident reviews for substantiated and unsubstantiated sexual abuse investigations was examined by this Auditor. The incident review team members included the Warden, PCM, medical and mental health practitioners, an investigator with input from a line supervisor.

115.86 (d): The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

PAQ 115.86 (d)-1 Miami Correctional Facility confirmed that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection A, Sexual Abuse Incident Reviews, pages 44 - 45, indicates the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility Warden and PREA Coordinator/Director of PREA. Noteworthy the PREA Coordinator's title has changed to PREA Coordinator/Director of PREA from Executive Director of PREA.

Select reports of findings from sexual abuse incident reviews were omitted. During

the corrective action period, Miami provided additional administrative and criminal investigations for review. Further evidence of Miami conducting incident reviews for substantiated and unsubstantiated sexual abuse investigations was examined by this Auditor. Through an interview with the facility Warden, the Warden confirmed that in his role, he reviews all incident reviews forwarded to him from the incident review team.

The PREA Compliance Manager indicated during her interview that the facility conducts sexual abuse incident reviews, and the committee prepares a report of its findings from the review, including a determination per Standard 115.86 (d)-1 through (d)-5 and any recommendations. The report is forwarded to the facility Warden for his review if the Warden is not a part of the incident review meeting. The PCM is available to answer any question from the Warden regarding the committee and prepares a report of its findings from the review, including a determination per Standard 115.86 (d)-1 through (d)-5 and any recommendations. The report is forwarded to the facility Warden for his review. The PCM is available to answer any question from the Warden regarding the incident review teams recommendations.

This Auditor also interviewed a member of the PREA Committee who is a member of the incident review team. The incident review team member confirmed that the committee considers factors such as the location of the incident, the number of staff assigned to the area where the incident occurred, monitoring technology, whether the incident was a result of gang activity, gender identity, and blind spot.

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

PAQ 115.86 (e)-1 Miami Correctional Facility confirmed that the facility implements the recommendations for improvement or documents its reasons for not doing so.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection A, Sexual Abuse Incident Reviews, pages 44 - 45 supports PAQ 115.86 (e)-1.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2020)
3. Documentation of sexual abuse review (corrective action)
4. Sample documentation of completed criminal investigations (corrective action)
5. Sample documentation of completed administrative investigations
6. Interview with the facility Warden
7. Interview with the PCM
8. Interview with a member of the PREA Committee (Incident Review Team)
9. Documentation of review team minutes or report and findings (corrective action)
10. Select documentation supporting the implementation of recommendations of

the incident review team. (corrective action)

11. Select documentation of reasons for not implementing recommendations (corrective action)

**Corrective Action:**

1. Upload to OAS a select sample of sexual abuse investigations for review by the Auditor. (corrective action)
2. Upload to OAS a select sample of documentation of completed criminal investigations (corrective action)
3. Upload a select sample of meeting notes or minutes from incident review meetings with a report of findings and recommendations for the Warden if applicable. (corrective action)
4. Upload a select sample of documentation of reasons for not implementing recommendations from the incident review team (if applicable) (corrective action)

**Conclusion:**

1. Upload to OAS a select sample of sexual abuse investigations for review by the Auditor. (corrective action) (satisfied)
2. Upload to OAS a select sample of documentation of completed criminal investigations (corrective action) (satisfied)
3. Upload a select sample of meeting notes or minutes from incident review meetings with a report of findings and recommendations for the Warden if applicable. (corrective action) (satisfied)
4. Upload a select sample of documentation of reasons for not implementing recommendations from the incident review team.
5. Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis, sampling and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.

<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

115.87 (a): The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

PAQ 15.87 (a)-1 IDOC confirmed that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection B, Data Collection, pages 45 - 46.

The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. During an interview with the PREA Coordinator/Director of PREA, he confirmed for the Auditor that he collects accurate data from each IDOC facility, including uniform data for every allegation of sexual abuse at facilities under its direct control, using a standardized instrument and set of definitions.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection B, Data Collection, pages 45 - 46, all sexual abuse and sexual harassment incidents are documented on form SSV-2, Adult Survey of Sexual Victimization State Prison Systems Summary Form (2022).

This Auditor examined SSV-2, Adult Survey of Sexual Victimization State Prison Systems Summary Form (2022), a sample of aggregated data. By examination this Auditor determined that the IDOC aggregates the incident-based sexual abuse data at least annually.

115.87 (c): The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice

PAQ 115.87 (c)-1 IDOC confirmed that the standardized instrument employed by the agency includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection B, Data Collection, pages 45 - 46, all sexual abuse and sexual harassment incidents are documented on form SSV-2, Adult Survey of Sexual Victimization State Prison Systems Summary Form. The PREA Compliance Manager submits a Sexual Incident Report for each allegation that is a PREA-related incident via the Sexual Incident Reporting System. The agency shall aggregate the incident-based abuse data at least annually.

PAQ 115.87 (d): IDOC confirmed that the agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and

Review, Subsection B, Data Collection, pages 45 – 46, indicates the agency shall also maintain, review and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.87 (e): The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

PAQ 115.87 (e)-1 IDOC confirmed that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection B, Data Collection, pages 45 – 46, the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

PAQ 115.87 (e)-2 IDOC confirmed that data from private facilities is complied with SSV reporting regarding content.

115.87 (f): Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

PAQ 115.87 (f)-1 IDOC confirmed that the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection B, Data Collection, pages 45 – 46.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2022)
3. Set of definitions
4. Data collection instrument
5. IDOC PREA Report App
6. Survey of Sexual Victimization (adult), Form SSV2, OMB No. 1121-0292 (effective date 06/07/2022)
7. Examination of Adult SSV Reports 2019, 2018, 2017, 2016, 2015, 2014, 2013, 2012 and 2011
8. Examination of the IDOC Sexual Abuse Prevention Program Annual Report, 2023, 2022, 2021

**Corrective Action:**

**None**

**Conclusion:**

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



	requirements for the relevant period.
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<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.88 (a): The agency shall review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p>PAQ 115.88 (a)-1 IDOC confirms that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:</p> <ul style="list-style-type: none"> <li>• Identifying problem areas;</li> <li>• Taking corrective action on an ongoing basis; and</li> <li>• Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</li> </ul> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection C, Data Review for Corrective Action, pages 46 – 47, and Memos – 2023 Sexual Abuse Prevention Program Annual Report, the agency shall review data collected and aggregated pursuant to § 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p>Further, a review of the agency's formal website provided this Auditor with evidence that IDOC (1) Identifies problem areas, (2) Takes corrective action on an ongoing basis, and (3) Prepares an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The PREA Coordinator/Director of PREA also confirmed that the report is reviewed and approved by the IDOC Commissioner before being posted on the agency's website.</p> <p>Examination of the IDOC Sexual Abuse Prevention Program Annual Report, 2023, 2022, 2021 confirmed compliance with this substandard. The annual report include evidence of corrective action plans, and annual reports of findings from data reviews.</p> <p>Through interview with the Agency Head, she confirmed that IDOC prepares an IDOC Sexual Abuse Prevention Program Annual Report for her review and approval and the report includes corrective action plans and annual reports of findings.</p>

Through interview with the PREA Coordinator/Director of PREA, he confirmed that he collects data from all facilities state and private. He reviews the data collected and aggregated pursuant to § 115.87 to assess and to improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Through interview with the PREA Compliance Manager, she confirmed in her role as the PCM she conducts an assessment of the facility and the agency's progress in addressing sexual abuse.

115.88 (b): Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

PAQ 115.88 (b)-1 IDOC confirmed that the annual report includes a comparison of the current year's data and corrective actions with those from prior years.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection C, Data Review for Corrective Action, pages 46 - 47.

Examination of the IDOC Sexual Abuse Prevention Program Annual Report, 2023, 2022, 2021 confirmed compliance with this substandard.

PAQ 115.88 (b)-2 IDOC confirmed that the annual report provides an assessment of the agency's progress in addressing sexual abuse.

Examination of the IDOC Sexual Abuse Prevention Program Annual Report, 2023, 2022, 2021 confirmed compliance with this substandard. By examination this Auditor confirmed that the annual report provides an assessment of the agency's progress in addressing sexual abuse.

115.88 (c): The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

PAQ 115.88 (c)-1 IDOC the agency makes its annual report readily available to the public at least annually through its website.

By examination of the agency website this Auditor confirmed that the annual report can be located on the agency's website.

PAQ 115.88 (c)-3 IDOC the annual reports are approved by the agency head.

During the interview with the Agency Head, the Commissioner confirmed that she reviews and approves the IDOC Sexual Abuse Prevention Program Annual Report before it is placed of the agency's website.

115.88 (d): The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a

facility, but must indicate the nature of the material redacted.

PAQ 115.88 (d)-1 IDOC confirmed that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

During an interview with the PREA Coordinator/Director of PREA, he confirmed that any redactions would be limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

PAQ 115.88 (d)-2 IDOC confirmed that the agency indicates the nature of material redacted.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection C, Data Review for Corrective Action, pages 46 - 47, indicates the PREA Coordinator/Director of PREA may redact specific material from the report when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

By examination of IDOC Sexual Abuse Prevention Program Annual Report, 2023, 2022, 2021 this Auditor found no evidence of redaction.

115.88 (c): The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

PAQ 115.88 (c)-1 IDOC confirmed that the agency makes its annual report readily available to the public at least annually through its website.

By examination, this Auditor observed the IDOC Sexual Abuse Prevention Program Annual Report, 2023, 2022, 2021.

PAQ 115.88 (c)-3 IDOC confirmed that the annual reports are approved by the agency head.

During her interview, the Agency Head, the Commissioner, confirmed that she reviews and approves the IDOC Sexual Abuse Prevention Program Annual Report before it is posted on the agency's website.

115.88 (d): The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

PAQ 115.88 (d)-1 IDOC confirmed that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

PAQ 115.88 (d)-2 IDOC confirmed that the agency indicates the nature of material redacted.

During an interview with the PREA Coordinator/Director of PREA, he confirmed that any redactions would be limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2022)
3. IDOC Annual PREA Report 2023
4. IDOC Annual PREA Report 2022
5. IDOC Annual PREA Report 2021
6. Documentation of corrective action 2023
7. Interview with the IDOC Commissioner
8. Interview with the PREA Coordinator/Director of PREA
9. Interview with the PREA Compliance Manager
10. Internet search agency website where annual report is available

**Corrective Action:**

1. PAQ 115.88 (c)-3 IDOC confirmed that the agency head approves the annual reports.

**Conclusion:**

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

<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.89 (a): The agency shall ensure that data collected pursuant to § 115.87 are securely retained.</p> <p>PAQ 115.89 (a)-1 IDOC the agency ensures that incident-based and aggregate data are securely retained.</p> <p>IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection D, Data Storage, Publication, and Destruction, page 47, the agency shall ensure that data collected pursuant to § 115.87 are securely retained.</p> <p>During an interview with the PREA Coordinator/Director of PREA, he confirmed that in</p>

his role he is responsible for collecting and reviewing data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The Auditor observed that physical files are stored behind locked doors inside locking file cabinets with limited access. Other files are stored on an electronic platform called Delta. Delta is password protected with access strictly based on the role and responsibility of the individual. Further, as facilities are audited for compliance with PREA standards and an issue arises, training may be an option, revision of a policy or disciplinary action, according to the PREA Coordinator/Director of PREA.

Informal conversation with clerical support indicated that access is limited to record storage, both physical files and the Delta System.

115.89 (b): The agency shall make all aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.

PAQ 115.89 (b)-1 IDOC confirms that the agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts, be made readily available to the public at least annually through its website.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection D, Data Storage, Publication, and Destruction, page 47, indicates the agency shall ensure that data collected pursuant to § 115.87 are securely retained.

By examination this Auditor observed that IDOC make publicly available aggregated sexual abuse data.

115.89 (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

PAQ 115.89 (c)-1 IDOC confirmed that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

By examination of the agency's website this Auditor did not observe personal identifiers.

PAQ 115.89 (c)-2 IDOC indicates that the agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

IDOC Policy 02-01-115 (Sexual Abuse Prevention), Section XIII, Data Collection and Review, Subsection D, Data Storage, Publication, and Destruction, page 47, indicates the agency shall maintain sexual abuse data collected pursuant to 115.87/387 for at least ten (10) years after the date of the initial collection.

The Auditor observed on the agency's website data to check that personal identifiers

had been removed. This Auditor found no evidence of personal identifiers.

115.89 (d): The agency shall maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

This Auditor examined historical data from 2021-2023 on the agency's website.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2022)
3. Policy on data storage
4. Interview with the PREA Coordinator/Director of PREA
5. Interview with the IDOC Commissioner
6. Interview with the PREA Compliance Manager
7. Facility tour and observations
8. Examination of physical storage areas
9. Observed electronic safeguards of information electronically being stored
10. Observed physical storage of files in file cabinets with locked doors
11. Informal conversation with staff
12. Internet search for a website a sample of publicly available sexual abuse data confirm that personal identifiers have been removed
13. Review a sample of historical data since August 20, 2012

**Corrective Action:**

None

**Conclusion:**

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

115.401	Frequency and scope of audits
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.401 (a): Starting on August 20, 2013, and continuing for three years after that, 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.

By examining the IDOC website, this Auditor ensured that each facility had been audited.

The Auditor's comments should indicate whether the agency met this standard during the prior three-year audit cycle.

115.401 (b): Starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency or by a private organization on behalf of the agency is audited during each one-year period.

Based on an internet search of the IDOC website, this Auditor determined that the facility ensures 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): The auditor shall have access to and shall observe all areas of the audited facilities.

The Auditor confirmed she had access to and observed all areas of the facility.

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

The Auditor confirmed that she was permitted to request and receive copies of any of any relevant documents (including electronically stored information).

115.401 (m): The auditor shall be permitted to conduct private interviews with inmates.

The Auditor confirmed that she was permitted to conduct private interviews with offenders.

115.401 (n): Inmates shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

The Auditor observed PREA audit posted notices on all living units in areas common to offenders, guest and staff. This Auditor received zero confidential letters from this facility. The information provided to the offender was posted with large font, included accurate information regarding the confidential nature of any correspondence and how to mail communication with the Auditor. The agency/facility provided offenders with a method of sending confidential information or correspondence to the Auditor.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. IDOC Policy 02-01-115 (Sexual Abuse Prevention) (effective date 04/01/2022)
3. Offender interviews
4. Staff Interviews

	<p>5. Facility tour and observations</p> <p><b>Corrective Action:</b></p> <p>None</p> <p><b>Conclusion:</b></p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis, select sampling and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.403 (f): The agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public.</p> <p>Based on an internet search of the agency, this Auditor observed published on the agency's website PREA reports for all facility audited during the previous audit cycle.</p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p> <p>The agency audit reports were completed 90 days prior to the audit within the appropriate review period, and web links to each of these reports or any other evidence that these reports have been provided publicly if the agency does not have a website.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Final report for previous cycle</li> <li>2. Facility tour and observation</li> </ol> <p><b>Corrective Action:</b></p> <p>None</p> <p><b>Conclusion:</b></p>



	<p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
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<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

<b>115.16 (a)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes



	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes



	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
<b>115.42 (a) Use of screening information</b>		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b) Use of screening information</b>		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c) Use of screening information</b>		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	na
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	na
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	na

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d) Protective Custody</b>		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e) Protective Custody</b>		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a) Inmate reporting</b>		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.51 (b) Inmate reporting</b>		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes



	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	yes



	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	

	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes



<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403</b>	<b>Audit contents and findings</b>	

<b>(f)</b>		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse 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