

PREA Facility Audit Report: Final

Name of Facility: Pendleton Juvenile Correctional Facility

Facility Type: Juvenile

Date Interim Report Submitted: 08/21/2021

Date Final Report Submitted: 10/25/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
Auditor Full Name as Signed: `SONYA LOVE	Date of Signature: 10/25/2021

AUDITOR INFORMATION	
Auditor name:	Love, Sonya
Email:	sonya.love57@outlook.com
Start Date of On-Site Audit:	04/14/2021
End Date of On-Site Audit:	04/16/2021

FACILITY INFORMATION	
Facility name:	Pendleton Juvenile Correctional Facility
Facility physical address:	9310 S State Rd 67, Pendleton, Idaho - 46064
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Chawn Davis
Email Address:	chdavis@idoc.in.gov
Telephone Number:	765-778-3778 ext 210

Superintendent/Director/Administrator	
Name:	Mike Minthorn
Email Address:	mminthorn@idoc.in.gov
Telephone Number:	765-778-3778 ext 210

Facility PREA Compliance Manager	
Name:	Chawn Davis
Email Address:	chdavis@idoc.in.gov
Telephone Number:	O: 765-778-3778

Facility Health Service Administrator On-Site	
Name:	Alyssia Wright
Email Address:	Alyssia.Wright@idoc.in.gov
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Facility Characteristics	
Designed facility capacity:	391
Current population of facility:	124
Average daily population for the past 12 months:	168
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	13-20
Facility security levels/resident custody levels:	maximum
Number of staff currently employed at the facility who may have contact with residents:	240
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	45
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Indiana Department of Correction
Governing authority or parent agency (if applicable):	State of Indiana
Physical Address:	302 W Washington St., IGCS, RM E334, Indianapolis, Indiana - 46204
Mailing Address:	
Telephone number:	317-232-5711

Agency Chief Executive Officer Information:	
Name:	Robert Carter
Email Address:	rocarter1@idoc.in.gov
Telephone Number:	317-232-5711

Agency-Wide PREA Coordinator Information			
Name:	Bryan Pearson	Email Address:	bpearson@idoc.in.gov

AUDIT FINDINGS

Narrative:

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

Methodology

The Auditor used a data triangulated model to confirm PREA compliance with each standard and substandard. The triangulation model compares, and contrast two or more data points obtained from different sources to confirm PREA compliance. Using a data triangulation or cross examination model provides the Auditor with a dual method or in some cases a three-way method to confirm data obtained from multiple sources regarding a standard. Ideally, the triangulated model enhances reliability of data collected and analyzed about a specific facility or agency's overall compliance with the Prison Rape Elimination Act (PREA).

To gain compliance a facility was required to meet each standard. To meet each standard. The Auditor relied upon several factors to determine compliance such as: Resident interviews (random and targeted), the facility tour, staff interviews (random and specialized) (contractor and agency staff) and documented evidence of compliance with an applicable standard. The number of residents interviewed was determined by the required Inmate resident interviews, Table 1., Required Number of Inmate resident Interviews, Prisons and Jails. From random and specialized staff, the Auditor sampled criminal histories, 5-year background checks, general PREA education and two-year supplemental PREA education. New and promoted employees who may have contact with Inmate residents were sampled during the onsite portion of the audit to with PREA standards regarding criminal background checks before the agency enlisted the determine compliance services of any staff. Further, staff promoted in the past 12-month period were sampled to determine compliance with PREA standards.

In accordance with Standard 115.34, in addition to the general PREA training provided to all employees pursuant to §115.31, the Auditor examined the training credentials for investigators who completed investigations for Pendleton Juvenile Correctional Facility in the past 12-month period, specifically for completion of training in conducting investigations in confinement settings. Likewise, in accordance with Standard 115.35, in addition to the general training provided to all employees pursuant to §115.31, the Auditor examined the training credentials and lesson plans for medical and mental health practitioners for completion of required training on 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.

The sample of random Inmate residents were representatives' participants from each living unit. Targeted Inmate residents were representative of Inmate residents identified as vulnerable by the facility. Total population on the first day of the audit was 119. The list of vulnerable Inmate residents interviewed included: 0 LEP, 2 Gay, 1 bisexual, 1 transgender, 0 intersex, 0 disable, 2 inmate residents with a history of victimization which was verified by inmate residents during on site interviews. Twenty (20) residents total were interviewed. Ten residents in a population of 119 residents housed at Pendleton were over the age of 17. Twelve (12) random residents interviews were conducted. The Auditor examined documents relative to the sample group of inmate resident participants such as: intake date, time before the Inmate resident received PREA education, the type of education received, was interpretive services offered for LEP Inmate residents, if mental health referrals were offered to vulnerable inmate residents, if a mental health referral were accepted by the inmate resident what was the time frame, did the facility complete a reassessment of sample participants within 30 days of arrival and Inmate residents identified as transgender or intersex were all reassessments completed in accordance with PREA standards.

Pre-audit preparation

The standards used for this audit became effective August 20, 2012. During an internet search the Auditor found and confirmed that Pendleton Juvenile Correctional Facility was issued a final PREA report on May 15, 2020, with the site visit occurring July 8-July 11, 2019.

The Prison Rape Elimination Act (PREA) is a federal law to guide correctional institutions about detecting, preventing, reducing, and punishing sexual abuse/misconduct in confinement settings. IDOC policy confirmed that the agency has a zero-tolerance policy for any sexual behavior, sexual harassment, or sexual misconduct of Inmate resident-on-Inmate resident or staff-on-Inmate resident. Staff interviewed for the audit included administrative, custody employees and contract staff. Volunteerism has been suspended due to the Covid-19 pandemic.

Logistical coordination and preparatory work took place between the PREA Coordinator and the Auditor. The on-site portion of the audit was scheduled for April 14-16, 2021. The notifications of the audit were posted by Pendleton Juvenile Correctional Facility at least six weeks prior to the on-site audit. The facility provided the Auditor with copies of the placement of the notices. The required PREA Audit Notice of the upcoming audit allowed residents to send confidential communications to the Auditor prior to the initial scheduled onsite visit of. Some administrative interviews were completed on June 25, 2021 due to the pandemic. Prior to the onsite audit there were no written communications from Pendleton residents or staff.

Pre-Audit Questionnaire (PAQ):

The facility and the PREA Coordinator completed the Preaudit Questionnaire (PAQ) and uploaded supporting documentation to OAS and Syncplicity a cloud platform. Due to technical difficulties OAS information was inaccessible to the Auditor for a period. In preparation for the upcoming audit process, email and telephone correspondence occurred with the agency PREA Coordinator. The Pre-Audit Questionnaire was completed by the facility and uploaded to the PREA Resource Center's electronic audit reporting platform. Problematic, the Auditor could not review the upload initially due to technical difficulties. The Auditor contacted techsupport by email for assistance. The PREA Coordinator followed up with tech support for assistance in this matter. The Auditor was provided access to Pendleton Juvenile Correctional Facility on the OAS electronic platform.

The audit process began with a documentation review using the Pre-Audit Questionnaire (PAQ), an internet search for information regarding Pendleton Juvenile Correctional Facility, review of applicable agency and facility policy and procedures and a search of the Department of Justice website. Phone calls and email were exchanged between the agency PREA Coordinator and the Pendleton Juvenile Correctional Facility, PREA Compliance Manager. The following documentation was requested for the on-site visit:

- Resident roster (100%)
- Youthful resident roster (100%), if any (none)
- List of residents with Disabilities
- List of residents who are Limited English Proficient (LEP)
- List of LGBTI residents (100%)
- List of residents in segregated housing (PREA Related), If applicable
- List of residents who reported sexual abuse
- List residents who reported sexual victimization during risk screening
- Staff roster (100%)
- List of specialized staff
- Staff Personnel (criminal background checks, specialized training verification)
- Resident documentations (resident education, screening information, specialized referral etc.)
- Contractors who have contact with residents (if any)
- Volunteers who have contact with residents (if any)
- PREA screening to be taken with the Auditor
- PREA reassessments, to be taken with the Auditor
- Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months (100%) to be uploaded to cloud platform for review
- All hotline calls made during the 12 months
- A summary of all incidents within the past 12 months (log)
- Verification of unannounced rounds

On site audit

The onsite PREA audit was conducted on April 14-16, 2021, at the Pendleton Juvenile Correctional Facility. The facility is operated by Indiana Department of Corrections. Following the entrance meeting, a discussion of the audit process and timelines, a facility tour was conducted then staff interviews began at the facility. The designated facility capacity is 391. The average population for the past 12 months was 168. Based on the population on the first day was 119. During the onsite audit the Auditor interviewed 20 inmate residents. Inmate residents interviewed included random and vulnerable Inmate residents such as LGBTIQ.

A facility tour was completed on day one. During the onsite audit zero intakes occurred at Pendleton Juvenile Correctional Facility. All Inmate residents' sample during the audit confirmed receiving PREA related education upon arrival at Pendleton Juvenile Correctional Facility. All Inmate residents sampled detailed multiple methods of reporting sexual abuse or sexual harassment and acknowledged their right to be free from retaliation for reporting sexual abuse and sexual harassment allegations. Similarly, all Inmate residents sampled (100%) indicated telling staff, using the unit Kiosk, sending an email using their personal electronic tablets were options available to report

sexual abuse or sexual harassment at Pendleton . Each Inmate resident sampled acknowledged receipt of PREA education and receiving an Inmate resident handbook. On day two, the Auditor continued staff and resident interviews. The facility investigator was interviewed after the onsite portion of the audit by telephone.

The Auditor was accompanied by the PREA Coordinator and facility PREA Compliance Manager for a tour of the facility. Staff of the opposite gender made opposite gender announcements during the tour. Staff (random and specialized) (100%) confirmed for the Auditor that when entering a living unit of the opposite gender Pendleton staff made announcements to alert residents. The Auditor noted displays of PREA posters, advocacy information, contact information for the Indiana Ombudsman Bureau and the PREA audit notices were posted in all living units. The Auditor noted grievance boxes with forms were available on all living units. Each living unit included rows of telephones and a kiosk. The Auditor tested the telephone system and found it in good working order. Further, informal conversations with Inmate residents on each unit also confirmed that the telephone system was in good working order.

IDOC SEXUAL ABUSE AND SEXUAL HARASSMENT REPORTS

To report an incident of sexual abuse or sexual harassment on behalf of an Inmate resident family and friends can call (877) 385-5877 or email IDOCPREA@idoc.in.gov. Reporting parties please note the following:

- The allegation will be discussed with the victim named in the report
- The allegation will be disclosed only to those who need to know to ensure victim safety and to investigate the allegation
- Please include the following information, when reporting sexual abuse or sexual harassment:

- a) Date of the alleged incident.
- b) Victim's name and DOC number and facility
- c) All alleged perpetrators names and DOC numbers
- d) Location of alleged incident
- e) Any other information provided regarding the incident

Visitors to the INDOC website are provide hyperlink to gain more information about the Prison Rape Elimination Act and standards associates with prisons and jails by visiting the PREA Resource Center: www.prearesourcecenter.org.

IDOC SURVEY of SEXUAL VIOLENCE REPORTS (SSV)

- Survey of Sexual Violence Reports, 2019
- Survey of Sexual Violence Reports, 2018
- Survey of Sexual Violence Reports, 2017
- Survey of Sexual Violence Reports, 2016
- Survey of Sexual Violence Reports, 2015
- Survey of Sexual Violence Reports, 2014
- Survey of Sexual Violence Reports, 2013
- Survey of Sexual Violence Reports, 2012
- Survey of Sexual Violence Reports, 2011

IDOC AGENCY ANNUAL REPORT/ Sexual Abuse Prevention Program Annual Report

- Sexual Abuse Prevention Program Annual Report, 2020
- Sexual Abuse Prevention Program Annual Report, 2019
- Sexual Abuse Prevention Program Annual Report, 2018
- Sexual Abuse Prevention Program Annual Report, 2017
- Sexual Abuse Prevention Program Annual Report, 2016
- Sexual Abuse Prevention Program Annual Report, 2015
- Sexual Abuse Prevention Program Annual Report, 2014

- Sexual Abuse Prevention Program Annual Report, 2013
- Indiana Ombudsman Bureau (Third-Party Entity)

The IDOC Indiana Ombudsman Bureau was created by the legislature in the fall of 2003. Per IC 4-131.2-1 through 4-13-1.2-12. The Bureau is charged with the responsibility of receiving, investigating, and attempting to resolve complaints from offenders housed in DOC facilities or offenders' family members that the DOC accuses of violating a specific law, rule, department written policy or endangered the health or safety of a person. The director of the bureau was appointed by the Governor in May 2005. The Ombudsman Bureau reviews complaints from Inmate residents across the state and provides recommendations to the IDOC for resolution. The Ombudsman Bureau completes a monthly report of substantiated complaints which includes an overview of monthly activity and any follow-up if necessary.

Local and National Victim Advocacy

The Indiana Coalition Against Domestic Violence: 800-332-7385

National Domestic Violence Hotline: 800-799-7233 TTY 800-787-3224 <http://www.thehotline.org/>

National Suicide Prevention Lifeline: 800-273-8255 TTY 800-799-4889 <https://suicidepreventionlifeline.org/>

National Sexual Assault Hotline: 800-656-4673 https://www.rainn.org/*24/7 Live Chat*

National Child Abuse Hotline: 800-422-4453 <https://www.childhelp.org/hotline/>

Inmate Resident Handbook

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

- a) Mental Health Services and how to access the service
- b) Education: Academic and technical training provided at most facilities
- c) Access to law libraries that may be used for legal research
- d) Substance abuse: Programming is available in all facilities
- e) Education: Educational and treatment programs for Inmate resident victims of sexual abuse and Inmate residents with a history of abusiveness, either during a current commitment or previously
- f) Telephone calls will be monitored and recorded, apart from calls to your attorney or legal representative.

AUDIT FINDINGS**Facility Characteristics:**

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Facility type: Juvenile (male)

Designated capacity: 391

Numbers of housing buildings: 4

Number of resident housings: 16

Number of single cells: 4

Number of segregation or isolation cells: 24

Numbers staff positions: 144

Type of positions: Custody and non-custody

Medical services onsite: yes

Mental Health services onsite: yes

Educational services onsite: yes

Foodservices services onsite: yes

Recreational services onsite: yes

AUDIT FINDINGS**Summary of Audit Findings:**

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	0
Number of standards met:	42
Number of standards not met:	1

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. The following standard does not meet standards; 115.313 Supervision and monitoring.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	<p>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Indiana Department of Corrections (IDOC) has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment is addressed in Policy 02-01-115, Sexual Abuse Prevention. The Sexual Abuse Prevention Policy details the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The agency has designated a statewide Executive PREA Coordinator. The Agency Executive PREA[SL1] Coordinator Director is positioned in the upper level of the agency hierarchy. During his interview, the PREA Coordinator confirmed having sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards in all its facilities. Moreover, the interview also confirmed that the PREA Coordinator was organized and extremely knowledgeable of the requirements for PREA.</p> <p>Pendleton Juvenile Correctional Facility's (PJCF) has designated a PREA Compliance Manager. The PREA Compliance Manager is an Administrative Assistant II. A review of the Pendleton Juvenile Correctional Facility's organization chart confirmed that a facility Compliance Manager had been designated. The PREA Compliance Manager (PCM) reports to the Warden. The facility organizational chart confirmed that the PCM reports directly to the Warden for matters related to PREA compliance monitoring, PREA incident reviews, PREA recommendations and issues of PREA compliance. During interviews, the PREA Compliance Manager demonstrated a working knowledge of PREA standards and outlined how Pendleton implemented PREA at the facility level. Additionally, the PREA Compliance Manager also confirmed during his interview that he has sufficient time and authority to coordinate the facility's efforts to comply with PREA standards.</p> <p>During the facility tour the Auditor identified that zero tolerance posters on display throughout every area of the facility including the living units. Staff receive initial and annual training, as well as updates throughout the year. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.311.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 02-01-115 (Sexual Abuse Prevention) • Interviews with the PREA Coordinator • Interviews with the PREA Compliance Manager • Interviews with the Warden
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The agency has entered into 6 contracts. All applicable contractors are required to adopt and comply with PREA standards. Pendleton met the requirements of Standard 115.312.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Interviews with PREA Coordinator • IDOC sample uploads of contracts (6)

115.313	<p>Supervision and monitoring</p> <p>Auditor Overall Determination: Does Not Meet Standard</p> <p>Auditor Discussion</p> <p>IDOC requires each facility it operates to include Pendleton to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. The Auditor determined by examination that Pendleton regularly documents custody staffing efforts. The facility made its best efforts to comply with Standard 115.313 however current staffing ratios fail to meet the staffing required outlined in this standard of 1:8 during waking hours. IDOC has improved correctional officers wages pay for custody staff. According to the IDOC PREA Coordinator, despite the rise in pay wages, the Covid-19 pandemic has taken a toll on staffing at Pendleton.</p> <p>In the past 12 months, the Auditor determined by examination that Pendleton, 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 Standard 115.313. In the past 12 months, Pendleton, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns. In the past 12 months, Pendleton, 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. 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.</p> <p>The Auditor determined by examination of unannounced rounds from all shifts from the prior 12 month period that Pendleton has a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The said prohibits 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. The Auditor interviewed custody supervisors formally and informally each supervisor confirmed that unannounced rounds are random with the route varied so as not to allow staff or residents to detect a pattern in an effort to identify and deter staff sexual abuse and sexual harassment.</p> <p>Corrective Action:</p> <p>Pendleton will maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances.</p> <p>Pendleton will maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances.</p> <p>Pendleton will document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios. Pendleton will ensure only security staff are included when calculating these ratios noted above.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1452 432">The facility has policies that enable 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. The facility requires staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. The facility conducts cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p data-bbox="240 463 1485 689">Policy 02-03-101, Searches and Shakedown and Policy 02-10-118 address the requirements in Standard 115.315. For example, Policy 02-03-101 indicates that "...except during an emergency as declared by the Warden or designee, a strip search must afford the offender reasonable privacy and shall be conducted by staff of the same gender. Opposite gender strip searches of an offender shall not be conducted unless the opposite gender staff member, in his/her professional judgment, has reasonable cause to believe that a delay in retrieving possible prohibited property would jeopardize the safety, order, and/or security of the facility. If a strip search is conducted by an opposite gender staff member, the strip search shall be documented on a Pendleton Incident Report and submitted to the Custody Supervisor or designee."</p> <p data-bbox="240 721 1485 947">Staff (random and specialized) detailed the facility requirements for conducting opposite gender strip searches based on Policy 02-03-101, Searches and Shakedown and Policy 02-10-118 address the requirements in Standard 115.315. Custody staff sampled confirmed that they refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the inmate's genital status. An inmate's genital status could be discerned during conversations with the inmate, by reviewing medical records by a medical practitioner, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. The Auditor interviewed one transgender inmate resident. He denied being striped search for the sole purpose of determining the inmate's genital status.</p> <p data-bbox="240 978 1493 1140">Further, random custody staff interviewed confirmed during individual interviews that the facility refrains from conducting cross-gender pat-down searches except in exigent circumstances. In incidents when an opposite gender pat search is conducted, custody staff are required to follow the technique and procedures outline in training for opposite gender pat searches that is covered in the approved lesson/training plans developed and presented by the Division of Staff Development and Training.</p> <p data-bbox="240 1171 1465 1296">Moreover, according to a Custody Supervisor interviewed during the onsite portion of the audit, opposite gender strip searches of an offender shall not be conducted unless the opposite gender staff member, in his/her professional judgment, has reasonable cause to believe that a delay in retrieving possible prohibited property would jeopardize the safety, order, and/or security of the facility.</p> <p data-bbox="240 1328 1485 1621">Training files examined of random custody staff confirmed that staff sampled regarding searches and shakedowns. Twelve (12) random staff training files were examined confirming that all custody staff sampled received training on the facility policy that does not allow cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches to be conducted. Random and targeted inmates(20) sampled during the onsite portion of the audit denied being searched by a opposite gender staff person. All inmates sampled confirmed the ability 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. Further, all inmates interviewed (random and targeted) confirmed that opposite gender staff or the unit officer make opposite gender announcements as required in this standard.</p> <p data-bbox="240 1653 1477 1713">In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents were zero. Pendleton met the requirements of Standard 115.315.</p> <p data-bbox="240 1744 807 1771">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 1803 847 2114" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 02-01-115 (Sexual Abuse Prevention) • Policy 02-03-101 (Searches and Shakedowns) • Policy 02-01-118 (Transgender and Intersex Offenders) • Training: Security skills refresher evaluation • Training: Strip and Cavity Searches

- Training sign in sheets and curriculum
- Review of the inmate handbook
- Staff Training and Development, Juvenile Security Skills Evaluation sheets and curriculum (12)
- Acknowledgement of agency policies and procedures (12)
- Acknowledgement of receipt of training and brochures, Sexual Assault Prevention (12)
- Interviews with residents (random and targeted)
- Interviews with staff (random and specialized)
- Interviews with the PREA Coordinator
- Interviews with the PREA Compliance
- Facility tour and observations

115.316	<p>Residents with disabilities and residents who are limited English proficient</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. IDOC take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient. IDOC has an on-going contractual agreement with Propio LLC to provide all residents in needed with interpretive assistance if required to communicate effectively. Propio employs an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. These Propio LLC services are available 24 hours a day.</p> <p>During random interviews (100%) facility staff confirmed that they always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.364, or the investigation of the inmate's allegations. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations was confirmed by each PCM as zero. The facility also has a list of staff members' that are utilized as interpreters. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.316.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Telephonic and In Person Interpretive Service Contract • Over-the-phone instruction card for staff • Policy 02-01-115 (Sexual Abuse Prevention) • Interviews with staff (random and specialized) • Interviews with residents (random and targeted) • Interviews with the PREA Coordinator • Interviews with the PREA Compliance Manager • IDOC Pendleton Juvenile Correctional Facility contract with Propio, Over-the-Phone Interpreting Service • Indiana Coalition Against Domestic Violence (victim advocacy) information (Spanish/English) • PREA juvenile review of various forms translated into Spanish to include PREA related information and brochures • Auditor's observations during the facility tour
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1469 432">Policy 04-03-102, Human Resources and Policy 04-03-103, Information and Standards of Conduct for Departmental Staff, prohibits the hiring or promotion of anyone who may have contact with inmates, and prohibits enlisting the services of any contractor who may have contact with inmates, who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997) addresses the policy requirements of Standard 115.317.</p> <p data-bbox="240 465 1481 723">Indiana Department of Corrections has a policy that requires criminal background records check be conducted at least every five years on current employees and contractors who may have contact with inmates. Policy 04-03-103, Information and Standards of Conduct for Departmental Staff was reviewed by the Auditor. Policy 04-03-103 supports compliance with this standard. Additionally, IDOC provided the Auditor with a blank copy of applicant employment questionnaire. The questionnaire captures all questions outlines in Standard 115.317 (a) such as the agency prohibiting the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse the behavior.</p> <p data-bbox="240 757 1485 947">A regional human resource (HR) representative was interviewed during the audit. The HR representative explained in detail that IDOC considers any incident of sexual harassment in determining whether to hire or promote a staff person or contractor who may have contact with inmates. Before IDOC considers hiring or promoting employees or contractor, who may have contact with residents ,the agency performs a criminal background records check. Further, the HR representative indicated that the onboarding process includes a review of child abuse registries before enlisting the services of any contractor who may have contact with residents</p> <p data-bbox="240 981 1485 1137">The Auditor examined multiple policies relevant to hiring and promotions of IDOC staff and contractors at Pendleton Juvenile Correctional Facility. Further, the Auditor examined 19 background checks for compliance with this standard and found, all met the requirements of this standard. IDOC policies relative to this standard collectively detail and affirm that the agency considers material omissions regarding such misconduct, or the provision of materially false information, grounds for termination.</p> <p data-bbox="240 1171 1481 1429">The PREA Coordinator confirmed in his interview that IDOC asks all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees and provided evidence. Furthermore, the PREA Coordinator affirmed the agency imposes upon employees a continuing affirmative duty to disclose any such misconduct and he also provided evidence in the form of the employment application form for the Indiana Department of Corrections. The PREA Coordinator provided the Auditor with 5 examples of the agency providing information to potential employers on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.</p> <p data-bbox="240 1462 1481 1552">The PREA Compliance Manager interviewed confirmed during his interview that IDOC prohibits the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.</p> <p data-bbox="240 1585 1481 1776">More, the Warden provided the Auditor with verbal confirmation during his interview that in the last 12 months the number of criminal background checks completed on individuals hired as IDOC staff-persons was 144. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates was 4. The Auditor examined 19 staff employment and promotion files to confirm compliance with this standard. Likewise, the Warden outlined promotion and hiring requirements as it relates to PREA Standard 115.317, Pendleton Juvenile Facility met the requirements of Standard 115.317.</p> <p data-bbox="240 1809 807 1836">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 1870 1074 2123" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 04-03-103 (Information and Standards of Conduct for Department Staff) • Policy 04-03-102 (Human Resources) • SPD Discipline Policy, dated August 1, 2012 • Interviews with staff (random and specialized)

- Interviews with Human Resources representative (1)
- Interviews with the Warden
- Interviews with the PREA Coordinator
- Interviews with the PREA Compliance Manager
- Review of IDOC Applicant Questionnaire

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 453 237">Auditor Discussion</p> <p data-bbox="240 271 1474 432">Pendleton Juvenile Correctional Facility has made no modifications to the existing facility since August 20, 2012. Based on an interview with the PREA Compliance Manager (PCM) the facility has updated its camera system and added cameras throughout the residential complexes. The PCM indicated that Pendleton management evaluate areas where incidents occur to determine if and where enhanced video monitoring is needed. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.318.</p> <p data-bbox="240 461 807 490">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 519 798 891" style="list-style-type: none"> <li data-bbox="240 519 539 548">• Pre-Audit Questionnaire <li data-bbox="240 577 796 607">• Observations of the Auditor during the on-site tour <li data-bbox="240 636 751 665">• Interviews with staff (random and specialized) <li data-bbox="240 694 675 723">• Interviews with the PREA Coordinator <li data-bbox="240 752 767 781">• Interviews with the PREA Compliance Manager <li data-bbox="240 810 520 840">• Interview with Warden <li data-bbox="240 869 579 898">• Facility tour and observation

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency is responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). Moreover, IDOC is responsible for investigating allegations of sexual abuse in the facility. The protocol is developmentally appropriate for youth and as appropriate, was adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.</p> <p>The first responders evidence protocol for investigations, training lesson plan outlines when conducting a sexual abuse investigation, the agency investigators will follow a uniform evidence protocol. The Auditor interviewed an agency investigator. The investigator also confirmed that investigators are trained to follow a uniform evidence protocol when investigating allegations of sexual abuse or sexual harassment.</p> <p>The facility offers all residents who experience sexual abuse access to forensic medical examinations in the community. Forensic medical examinations are offered without financial cost to the victim. Policy IC 11-10-3-5, Co-payment requirements; exceptions, outlines circumstances when a resident is not required to pay for medical services such as (1) the service is provided in an emergency; (2) the service is provided because of an injury received in the correctional facility; or (3) the service is provided at the request of the administrator of a correctional facility.</p> <p>The PCM confirmed during his interview that in the past twelve (12) months the number of forensic medical exams conducted by a SANE/SAFE examiner, or a qualified medical practitioner was zero. Pendleton Juvenile Facility would document all efforts to provide this emergency service. The Auditor examined investigative reports (5) completed during the past 12 months and confirmed zero inmates were transported to a community hospital for a forensic examination.</p> <p>The Auditor confirmed by examination that the agency/Pendleton Juvenile Correctional Facility has a contractual agreement with the Indiana Coalition Against Domestic Violence (ICDV) to provide victim advocacy services to inmate victims of sexual abuse. As a result of the pandemic local hospitals have restricted access to the facility in person. ICDV allows telephone communication with a victim advocate. Likewise., Pendleton Juvenile Correctional Facility has a staff of trained Sexual Assault Response Team (SART) members who could serve as victim advocates, and provide emotional support, crisis intervention, information, and referrals.</p> <p>Random and specialized staff confirmed knowledge of the contractual agreement with Indiana Coalition Against Domestic Violence (ICDV) to provide victim advocacy services to inmate victims of sexual abuse. Inmates understood what type of services were available for victims of sexual abuse could not recall specifics information regarding services available to victims of sexual abuse. All inmates sampled could tell the Auditor where additional victim advocacy information could be located on their respective living units. Specialized staff confirmed that if requested by the victim, Pendleton would provide a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews. In addition to counseling provided by a mental health provider at Pendleton, victims of sexual abuse, either during or prior to incarceration, can receive emotional support services from a Victim Advocate at the Indiana Coalition Against Domestic Violence. Inmate residents can call the toll-free number to the ICADV hotline from the offender phone system by dialing #66. Further, residents are also provided with the address to the ICADV to write the organization.</p> <p>Indiana Coalition Against Domestic Violence</p> <p>Attn: IDOC Victim Advocate 1915 W. 18th Street</p> <p>Indianapolis, IN 46202</p> <p>Pendleton met the requirements of Standard 115.321.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • IC (Indiana Code)11-10-3-5, Co-payment requirements; exceptions • IC 35-42-4-8, concerns the crime of Sexual Battery. A conviction under this statute is a Level 6 Felony • IC 35-44.1-3-10 violation of this code results in a Level 5 felony when the person is convicted for Sexual Misconduct

with a Service Provider

- IC 35-42-4-1 concerns the crime of Rape. A conviction under this statute can result in a Level 3 felony
- Contractual agreement: Indiana Coalition Against Domestic Violence
- Memorandum: Laura Fuller, Director of Critical Care Services, Franciscan Health Michigan City, Michigan City, Indiana, regarding available SANE examiners and their training dated October 16, 2018
- Evidence Collection Table / Sexual Assault Evidence Protocols
- Lesson Plan: SART Victim Advocacy
- List of certified employees and copy of certificates of completion
- Interviews with staff (random and specialized)
- Contract: Telephone conversation with staff from the outside entity providing services
- Interviews with the PREA Compliance Manager
- Interviews with the PREA Coordinator

115.322	<p data-bbox="231 71 1508 1189">Policies to ensure referrals of allegations for investigations</p> <p data-bbox="231 129 1508 190">Auditor Overall Determination: Meets Standard</p> <p data-bbox="231 197 1508 257">Auditor Discussion</p> <p data-bbox="231 264 1508 481">The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. IDOC has a policy (Policy 02-01-115, Sexual Abuse Prevention) in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. The policy is available and accessible of the agency's website. The agency has a practice that documents all such referrals.</p> <p data-bbox="231 488 1508 660">In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received was five (5). In the past 12 months, the number of allegations resulting in an administrative investigation was five (5). By examination, the Auditor determined that all administrative/criminal investigation (5) originating during the past 12 months, were completed. The facility had zero (0) criminal investigation during the past twelve (12) month period. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.322.</p> <p data-bbox="231 683 1508 716">Evidence relied upon to make auditor determination:</p> <ul data-bbox="231 739 1508 1176" style="list-style-type: none"> <li data-bbox="231 739 1508 772">• Pre-Audit Questionnaire <li data-bbox="231 795 1508 828">• Policy 02-01-115 (Sexual Abuse Prevention) <li data-bbox="231 851 1508 884">• Review of the agency website <li data-bbox="231 907 1508 940">• Interviews with the PREA Compliance Manager <li data-bbox="231 963 1508 996">• Interviews with the PREA Coordinator <li data-bbox="231 1019 1508 1052">• Interviews with the Warden <li data-bbox="231 1075 1508 1108">• Interviews with an agency investigator <li data-bbox="231 1131 1508 1164">• Review of investigations occurring during the past 12 months
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1461 398">The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. Policy 02-01-115, Sexual Abuse Prevention addresses the policy requirement of Standard 115.331.</p> <p data-bbox="240 427 1461 555">The training curriculums provided by the facility was tailor to the unique needs and attributes of juvenile residents and included all factors found in Standard 115.331 (a) such as the agency's zero-tolerance policy for sexual abuse and sexual harassment; or how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents.</p> <p data-bbox="240 584 1493 846">Furthermore, the training curriculum included topics such as: inmates on inmates' right to be free from sexual abuse and sexual harassment, common reactions of sexual abuse and sexual harassment victims, how to avoid inappropriate relationships with inmates, and how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates. IDOC has a written receipt of training located in a software program termed PeopleSoft. According to the PREA Compliance Manager, new employee onboarding requires that employees complete PREA education at the new facility. Employees who are reassigned from facilities housing the opposite gender are given additional training. All current employees sampled during the audit by the Auditor who may have contact with residents received PREA training.</p> <p data-bbox="240 875 1493 1205">PeopleSoft tracks and electronically documents evidence of each training class completed by an employee, and contract staff, notates the specific date the employee received training such as training about the Prison Rape Elimination Act (PREA) and the Indiana Department of Corrections Policy 02-01-115, Sexual Abuse Prevention, Policy 02-03-101 (Searches and Shakedown) and Policy 02-01-118 (Transgender and Intersex Offenders). Additionally, the employee is issued a copy of the Department of Correction Brochure, "Sexual Assault Prevention" and a copy of facility specific brochures and documents relating to sexual abuse prevention and mandatory reporting of sexual abuse and sexual harassment. IDOC provides staff with a comprehensive education on the Prison Rape Elimination Act (PREA) that is apparent in Pendleton Juvenile Correctional Facility staff training transcripts, training curriculum, and specialty specific training. More, several of IDOC investigators completed a refresher training on how to conduct investigations in confinement settings, this keeps the agency abreast of current information in the area of investigations.</p> <p data-bbox="240 1234 1469 1397">A total of thirteen (13) IDOC and contractor training files were reviewed. The training files sampled during the audit confirmed PREA related training was completed within the last two years. Further, ten staff sampled completed PREA training in year 2020, one staff person completed his training in 2019 and three (3) completed training in 2021. Eleven (11) Wexford medical and mental health practitioners sampled completed specialized and general PREA training in 2020. Pendleton Juvenile Correctional Facility met requirements of Standard 115.331.</p> <p data-bbox="240 1426 807 1456">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 1485 1453 2157" style="list-style-type: none"> <li data-bbox="240 1485 536 1514">• Pre-Audit Questionnaire <li data-bbox="240 1543 1209 1572">• Policy 02-01-115 (Sexual Abuse Prevention) Policy 02-03-101 (Searches and Shakedown) <li data-bbox="240 1601 847 1630">• Policy 02-01-118 (Transgender and Intersex Offenders) <li data-bbox="240 1659 1437 1720">• Indiana Training Plan/On the Job Training Session/ Security Skills Evaluations/ Learning Plan Transcript/employee acknowledgment of training <li data-bbox="240 1749 624 1778">• PREA Lesson Plan 2020 revised <li data-bbox="240 1807 767 1836">• Employee Training 2019, Juvenile Facility Staff <li data-bbox="240 1865 767 1895">• Employee Training 2020, Juvenile Facility Staff <li data-bbox="240 1924 767 1953">• Employee Training 2021, Juvenile Facility Staff <li data-bbox="240 1982 991 2011">• IDOC On-The-Job (OJT) Training, Frisk Searches and Strip Searches <li data-bbox="240 2040 1007 2069">• Staff development and training, Juvenile In-Service Program 2018/2019 <li data-bbox="240 2098 1453 2157">• Wexford Sources Incorporated, certificate of completion, PREA and What HealthCare Providers Need To Know (11) medical and mental health practitioners (contractors)

- Auditor review of training curriculum/informational brochures
- Interviews with staff (random and specialized)
- Training: The Moss Group, Specialized Investigative Training Certificate, Rhonda Brenner dated February 22-March 2, 2018
- Training: The Moss Group, Specialized Investigative Training Certificate, Callie Burke dated February 22-March 2, 2018
- Training: The Moss Group, Specialized Investitive Training Certificate, William Lesser dated February 22-March 2, 2018
- Training: The Moss Group, Specialized Investitive Training Certificate, Nicole Rodrigues dated February 22-March 2, 2018

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 672">The agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection. The facility currently has forty-seven (47) volunteers and contractors. Volunteerism has been suspended for the past 18 months due to the pandemic. The Auditor interviewed zero volunteers. Eleven (11) Wexford medical and mental health practitioners sampled by the Auditor completed specialized and general PREA training and specialized training in 2020. The agency maintain documentation confirming that volunteers and contractors understand the training they have received. The curriculum the agency coupled with Wexford specialized training provides the level and type of training that is based on the services they provide and level of contact they have with residents. The curriculum also covers the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Pendleton met the requirements of Standard 115.332.</p> <p data-bbox="229 672 1509 716">Evidence relied upon to make auditor determination:</p> <ul data-bbox="229 716 1509 1120" style="list-style-type: none"> • Pre-Audit Questionnaire • Pendleton Juvenile Correctional Facility Contractor and Volunteer Manual • Pendleton Juvenile Correctional Facility Contractor Health Administrator (Wexford) • Wexford Sources Incorporated, certificate of completion, PREA and What HealthCare Providers Need To Know (11) medical and mental health practitioners (contractors) • Interviews with the PREA Compliance Manager • Interviews with the Warden

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1493 465">All residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. Policy 02-01-115, Sexual Abuse Prevention addresses the policy requirement of Standard 115.333.</p> <p data-bbox="240 499 1422 560">The agency documents PREA related information in the inmate's institutional, clinical, and medical files. PREA related information is provided in an age-appropriate fashion such as easy to read brochures, posters, and a video.</p> <p data-bbox="240 593 1453 846">The inmate resident handbook includes instructions on how to report incidents or suspicions of sexual abuse or sexual harassment. PREA related education was also provided for those inmates who are limited English proficient (LEP), deaf, visually impaired, or otherwise disabled. Interviews with each resident confirmed that the information provided to inmates was age appropriate. Inmate residents included in the sample population were knowledgeable of their rights. A total of twenty (20) resident institutional files were sampled to confirm that each resident received information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment during their intake process. Likewise, the Auditor interviewed twenty (20) random and targeted inmate residents who confirmed receiving PREA education and information on victim advocacy during the intake process.</p> <p data-bbox="240 880 1477 1072">Within 30 days of intake, Pendleton Juvenile Correctional Facility provided age-appropriate comprehensive education to residents in person regarding: their rights to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting such incidents. This was verified through the review of twenty (20) institutional and clinical files. On average residents received an inmate handbook, comprehensive PREA education the day of intake but always within 72 hours of arrival to the facility. The number of residents admitted in past 12 months who were given this information at intake was 102.</p> <p data-bbox="240 1106 1490 1568">Telephonic and in Person Interpretive Service and Policy 02-01-115 (Sexual Abuse Prevention) address the policy requirements of Standard 115.316 and 115.333. IDOC takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient. The agency/Pendleton Juvenile Correctional Facility has established statewide contract with an interpretive service provider to provide inmate residents with interpretative assistance. During the facility tour the Auditor noted displayed through the facility and on all living units PREA related informational posters displayed in alternate languages such as Spanish. IDOC utilizes an "Over-the-phone" interpretive service that can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. These "Over-the-phone" services are available 24 hours a day. During random interviews (100%) facility staff confirmed that they always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.364, or the investigation of the inmate's allegations. Moreover, Pendleton Juvenile Correctional Facility ensures that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.</p> <p data-bbox="240 1601 1481 1727">In addition to providing such education, Pendleton Juvenile Correctional Facility ensures that key information is continuously and readily available or visible to residents near the telephones, through PREA posters, and in the resident handbook. All residents were well versed on the grievance process and felt that if they filed a grievance, it would be addressed in a confidential and timely manner. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.333.</p> <p data-bbox="240 1760 807 1787">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 1821 978 2130" style="list-style-type: none"> <li data-bbox="240 1821 580 1848">• The Pre-Audit Questionnaire <li data-bbox="240 1877 738 1904">• Policy 02-01-115 (Sexual Abuse Prevention) <li data-bbox="240 1933 978 1960">• Auditor review of resident education materials (Spanish and English) <li data-bbox="240 1989 730 2016">• Auditor review of resident's institutional files <li data-bbox="240 2045 959 2072">• Interviews with staff (random and specialized) Wexford contractors <li data-bbox="240 2101 770 2128">• Interviews with residents (random and targeted)

- Interview with the PREA Compliance Manager
- Interview with intake staff

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 499">Indiana Department of Corrections has a policy that requires that investigators are trained in conducting sexual abuse investigations in confinement settings. In addition to the general training provided to all employees pursuant to §115.331, the agency ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Policy 02-01-115, Sexual Abuse Prevention and Policy 00-01-103, Office of Investigation and Intelligence addresses the IDOC's approach to Standard 115.334. The Office of Investigations is responsible for conducting investigations of alleged misconduct by staff and offenders/youths and assisting in maintaining safety and security in the Department's facilities. Investigators are directed by policy to conduct investigation:</p> <ol data-bbox="240 528 1485 1962" style="list-style-type: none"> 1. A prompt, thorough, and objective investigation of sexual abuse and/or sexual harassment shall begin: <ol style="list-style-type: none"> a. As outlined in Investigating Allegations of Misconduct (section VIII of this document); b. Upon activation of a facility SART team; and/or, c. If determined to be necessary following an administrative review. 2. If the alleged sexual conduct involves an offender/youth under the age of eighteen (18), the incident shall be reported to the Child Protective Services as required in Policy and Administrative Procedure 03-02-103, "The Reporting, Investigation, and Disposition of Child Abuse and Neglect." 3. Investigations of sexual abuse or sexual harassment shall be completed promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. 4. Investigators shall: a., Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; b., Interview alleged victims, suspected perpetrators, and witnesses; and, c., Review prior complaints and reports of sexual abuse involving the suspected perpetrator. 5. The Garrity warning shall be used when interviewing staff for simple fact-finding 6. An effort shall be made to determine whether staff actions or failures contributed to sexual abuse or sexual harassment. 7. An additional staff member, uninvolved in the case, shall be present during interviews, for one of the staff members to be of the same gender as the subject of the interview. 8. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender, youth, or staff. No facility shall require an offender or youth who alleges sexual abuse to submit to a polygraph examination, voice stress analysis, or other truth-telling device as a condition for proceeding with the investigation of such an allegation. 9. The substantiation standard for sexual abuse and sexual harassment administrative investigations is the preponderance of the evidence. When the evidence supports criminal prosecution, the agency shall consult with the prosecutor prior to conducting compelled interviews. Substantiated cases that appear to be criminal in nature shall be referred for prosecution. 10. Departure of the alleged perpetrator(s) or victim(s) from employment or custody/supervision does not warrant termination of investigation. Outside law enforcement shall be contacted if this occurs. 11. Consultation with the prosecutor's office or Indiana State Police is permitted at any time during the investigation. If deemed appropriate, Indiana State Police may assist in an investigation of an act of sexual abuse or sexual harassment reported to facility Investigators. Facility Investigator shall be responsible for the coordination of all investigations. 12. Follow up with an offender's/youth's allegation of sexual abuse or sexual harassment shall be done in accordance with Policy and Administrative Procedure 02-01-115, "Sexual Assault Prevention, Investigation, Victim Support, and Reporting." Examination of training files for investigators confirmed that each investigator completed specialized training in conducting investigations in confinement settings at least once. <p data-bbox="240 1995 1422 2085">Examination of training files for investigators confirmed that the regional investigator assigned to the facility completed general PREA education provided to all employees by IDOC, pursuant to §115.331 and 115.334. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.334.</p> <p data-bbox="240 2119 879 2145">Policy, Materials, Interviews and Other Evidence Reviewed:</p>

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 00-01-103 (Investigation and Intelligence)
- Interviews with the PREA Coordinator
- Interviews with the PREA Compliance Manager
- Interview with an investigator
- Moss Group Specialize Training Curriculum
- Certificate of Completion (NIC), Specialized Investigative Training, Christopher Dustin, PREA: Investigating Sexual Abuse in a Confinement Setting, dated April 9, 2015.
- Certificate of Completion (NIC), Specialized Investigative Training, Aaron Jonas, PREA: Investigating Sexual Abuse in a Confinement Setting, dated February 2, 2018.
- Certificate of Completion (NIC), Specialized Investigative Training, Ashley Kilgore, PREA: Investigating Sexual Abuse in a Confinement Setting, dated December 12, 2018
- Certificate of Completion (NIC), Specialized Investigative Training, Nicole Rodrigues dated February 7, 2018
- Certificate of Completion (NIC), Specialized Investigative Training, Willie Parnell, PREA: Investigating Sexual Abuse in a Confinement Setting, dated December 6, 2015.
- Training: The Moss Group, Specialized Investigative Training Certificate, Rhonda Brennan dated February 22-March 2, 2018
- Training: The Moss Group, Specialized Investigative Training Certificate, Callie Burke dated February 22-March 2, 2018
- Training: The Moss Group, Specialized Investitive Training Certificate, William Lesser dated February 22-March 2, 2018
- Training: The Moss Group, Specialized Investitive Training Certificate, Nicole Rodrigues dated February 22-March 2, 2018
- Training: The Moss Group, Specialized Investitive Training Certificate, Tracey Cornett dated February 28-March 2, 2018
- Training: Specialized Investitive Training Record, Jeffery Hershberger, dated June 6, 2011
- Training: Specialized Investitive Training Record, Tom Hickey, dated April 30, 2012
- Training: Sexual Assault Training, Amy Meagher, dated April 21, 2016
- Training: Specialized Investitive Training Record, Lavonne Roberts, dated July 1, 2019

115.335	<p>Specialized training: Medical and mental health care</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Indiana Department of Corrections has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Policy 02-01-115, Sexual Abuse Prevention addresses the policy requirements of Standard 115.335, specialized training for medical and mental health (full-or-part-time) care providers who work regularly in the Pendleton. The PCM's confirm that the agency ensures that all full-and-part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment. Furthermore, the agency ensures that all full-and-part-time medical and mental health care practitioners who work regularly in its facilities have also been trained in: How to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy was 21. The Auditor examined eleven (11) certificates of completion of specialized training pursuant to §115.331 and 115.335.</p> <p>Medical staff interviewed confirmed that Pendleton Juvenile Correctional Facility forensic medical exams would take place only in the community. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.335.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 02-01-115, Sexual Abuse Prevention • Interviews with medical and mental health practitioners • Interviews with the PREA Coordinator • Interviews with the PREA Compliance Manager • Forensic exams are conducted at the local hospital. • Review of training certifications for all medical and mental health practitioners
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115.341	Obtaining information from residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1484 398">Indiana Department of Corrections has a practice that requires that all inmates are assessed for risk of victimization and abusiveness upon admission to the Pendleton or transfer from or to another facility toward others. Policy 02-01-115, Sexual Abuse Prevention addresses the policy requirements of Standard 115.341 requires that inmates be screened for risk of sexual victimization or risk of sexually abuse within 72 hours of their intake.</p> <p data-bbox="240 434 1469 524">The intake screening form considers the criteria outlined in 115.341 (d) to assess inmates for risk of victimization and abusiveness such as the age of the inmate; physical build; previous incarcerations; the inmate's perception of vulnerability; and whether the inmate is or is perceived to be gay, bisexual; transgender, intersex, or gender nonconforming.</p> <p data-bbox="240 560 1469 712">Interviews with specialized medical, mental health and intake staff confirmed that Pendleton would not discipline an inmate for refusal to answer, or for not disclosing complete information in response to any or all PREA related questions posed regarding screening for risk of sexual victimization and abusiveness. Specialized medical and mental health staff, PREA Compliance Manager and Health Administrator all confirmed during individual interviews that Pendleton has a system in place to guard against the dissemination of sensitive information by staff or other inmates.</p> <p data-bbox="240 748 1453 900">The Auditor examined twenty (20) institutional files and confirmed that the facility is conducting the screening for risk of victimization and abusiveness upon intake. Moreover, interviews with random and targeted inmates also confirmed each inmate was screened on arrival at Pendleton by a counselor/intake staff. The Auditor verified the use of an objective screening instrument. The review of twenty (20) institutional and companion clinical files documented initial assessments were completed by the facility meeting the requirements of this standard.</p> <p data-bbox="240 936 1489 1128">Indiana Department of Corrections has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents uploaded in section 115.341 (a)-1. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake and based on twenty (20) institutional files the facility is conducting the screening upon intake. Through the resident interviews they all verbalized they were screen during intake, and again in thirty (30) days. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.341.</p> <p data-bbox="240 1164 807 1191">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 1227 772 1648" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 02-11-115 (Sexual Abuse Prevention) • Review of SVAT screenings (20) • Review: Sample SVAT Juvenile Screening Tool • Facility tour • Interviews with staff (intake and specialized) • Interviews with residents (random and targeted) • Interviews with the PREA Compliance Manager

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1493 499">Indiana Department of Corrections /Pendleton Juvenile Correctional Facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all inmate resident's safe can be arranged. IDOC Policy 02-11-115 (Sexual Abuse Prevention) requires all residents to be assessed for risk of victimization and abusiveness upon admission to the Pendleton Juvenile Correctional Facility, or upon transfer from another facility.</p> <p data-bbox="242 528 1481 824">Standard 115.342 (b). According to medical, and mental health practitioners interviewed during the audit inmate residents are seldom isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all inmate resident's safe can be arranged. Inmate residents placed in isolation would be visited by medical and mental practitioner at least daily. During an interview with the Warden, he confirmed that the agency always refrains from denying residents daily large-muscle exercise, work, any legally required educational programming or special education services under normal circumstances. Due to the pandemic all non-essential programming was suspended such as education and volunteerism to reduce the spread of Covid-19. According to the PREA Compliance Manager, the number of inmate residents at risk of sexual victimization who were placed in isolation in the past 12 months was zero.</p> <p data-bbox="242 853 1461 1016">Standard 115.342 (c). The agency always refrains from placing lesbian, gay, transgender, intersex, and bisexual (LGB) residents in particular housing, bed, or other assignments solely based on such identification or status as confirmed by the Warden during his interview. Further, Pendleton Juvenile Correctional Facility uses an objective screening tool to assess likelihood of victimization and abusiveness. More, the agency always refrains from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive.</p> <p data-bbox="242 1046 1471 1240">Standard 115.342 (d). According to the PREA Coordinator, in deciding whether to assign a transgender or intersex inmate resident to a facility for male or female residents, IDOC considers, on a case-by-case basis, whether a placement would ensure the inmate resident's health and safety, and whether a placement would present management or security problems. The decision of making housing or other program assignments for transgender or intersex residents, IDOC considers, on a case-by-case basis, whether a placement would ensure the inmate resident's health and safety, and whether a placement would present management or security problems.</p> <p data-bbox="242 1270 1485 1532">115.342 (e). The PREA Compliance Manager confirmed during his interview that placement and programming assignments for each transgender or intersex of an inmate resident would be reassessed at least twice each year to review any threats to safety experienced by the resident. During this review period, one transgender or intersex resident inmates was identified. The Auditor interviewed one inmate resident who self-identified as transgender, IR #1. Based on the arrival date, a bi[SL1] - annual reassessment was not due, and IR #1 did not indicate any concerns during the interview process. It should be mentioned, IR #1 received a Transgender/Intersex Placement Review by IDOC on 1/20/2021. IR #1 has a history of aggressive behavior and the committee recommended placement in a male facility. IDOC is exploring granting IR #1 access to female commissary items.</p> <p data-bbox="242 1561 1490 1724">115.342 (f). According to the PREA Compliance Manager and the PREA Coordinator, each transgender or intersex resident's own views with respect to his or her own safety were given serious consideration when making facility and housing placement decisions and programming assignments. IR #1 indicated that staff considered and respected own views with respect to his or her own safety were given serious consideration when making facility and housing placement decisions and programming assignments</p> <p data-bbox="242 1753 1481 1848">115.342 (g). The PREA Compliance Manager and the Warden confirmed during separate interviews that transgender and intersex inmate residents would be given the opportunity to shower separately from other residents. IR Doe #1 confirmed an ability to shower separately from others.</p> <p data-bbox="242 1877 1489 2004">115.342 (h). According to the Warden, if an inmate resident is isolated pursuant to provision (b) of this section, Pendleton would clearly document reasons why no alternative means of separation could be arranged: The basis for the facility's concern for the resident's safety. During the facility tour the Auditor noted zero inmate residents housed on a restricted living unit.</p> <p data-bbox="242 2033 1493 2161">115.342 (i). According to the Warden, in the case of each inmate resident who is isolated for a PREA related reason the restrictive housing would only use the placement as a last resort when less restrictive measures are inadequate to keep them and other residents safe. Pendleton Juvenile Corrections would afford a review to determine whether there is a continuing need for separation from the general population every 30 days. Pendleton Juvenile Correctional Facility met the requirements</p>

of Standard 115.342.

Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Policy 02-11-115 (Sexual Abuse Prevention) Policy 02-01-118 (Transgender and Intersex Procedure)
- Directive: Health Care Services, 2.03A (Reception Screening)
- Health Care Services Directive 3.01A (Health Services for Transgender/Intersex Offenders)
- Form: State Form 45999 (Offender Health Form)
- Sample Form: SF 566615 Transgender/Intersex Placement Review
- Review of intake screenings/reassessments
- Review of SVAT screening tool
- Observations made during the facility tour
- Interviews with staff (random and specialized)
- Interviews with inmate residents (random and targeted)
- Interviews with PREA Compliance Manager
- Interview with the Warden

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1461 398">Indiana Department of Corrections has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: sexual abuse and sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="240 432 1485 591">Indiana Department of Corrections has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Staff are required to document verbal reports. The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="240 624 1493 882">Policy 02-01-115, Sexual Abuse Prevention and Policy 00-01-102, Offender Access to Court address the requirements of Standard 115.351. IDOC has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: sexual abuse and sexual harassment; retaliation by other resident inmates or staff for reporting sexual abuse and sexual harassment. IDOC also provides at least one way for residents to report sexual abuse or sexual harassment to a public office (Indiana Ombudsman Bureau) that is not part of the agency. The public office allows the inmate resident to remain anonymous upon request. Residents have been informed to alert the reporting entity regarding a wish for anonymity before starting a conversation with the entity or office. Pendleton never houses residents detained solely for civil immigration purposes according to each PCM.</p> <p data-bbox="240 916 1490 1106">The Indiana Department of Corrections, Division of Youth Services (DYS) facilities have tablet/kiosk for them to email, order commissary and have access to media/games. In addition, DYS, provides all inmate residents with a copy of the agency handbook, a juvenile friendly PREA brochure all of which are designed to aid in recognition of sexual abuse/sexual harassment and details how to report incidents of abuse, threats of sexual abuse or sexual assault and provides victim advocacy contact information. The PREA brochure provides inmate residents guidance on methods to prevent abuse/assault and what to do if they are the victim of a sexual abuse/assault or sexual harassment such as:</p> <ul data-bbox="240 1140 983 1451" style="list-style-type: none"> • Telling ANY trusted staff person • Dialing # 22 to report sexual abuse or misconduct • Writing or calling the Indiana Ombudsman Bureau • Filing a grievance • Third party reporting having a family/friend to report on their behalf • Email: idocprea@idoc.in.gov or phone: 1 (877) 385-5877 <p data-bbox="240 1485 1490 1675">Random and targeted residents (100%) confirmed during interviews that the facility provides multiple ways to report sexual abuse or sexual harassment. Moreover, during each interview with sample resident inmate participants each provided multiple examples of ways to report sexual abuse/assault or sexual harassment to include telling a trusted staff. These same inmate residents were also knowledgeable of the facility grievance process. Grievance forms were observed available in the grievance boxes throughout the facility during the tour. During the inmate resident interviews they confirmed being provided with tools necessary to make a written report such as a pencil, pen, tablet, and the unit kiosk.</p> <p data-bbox="240 1709 1490 1868">Staff (random and specialized) interviews confirmed that 100% of staff members indicated a duty to accept all PREA reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. All staff (random and specialized) (100%) members also confirmed that they would promptly document any verbal reports of sexual abuse and sexual harassment and immediately notify their supervisor while ensuring the safety of the victim. Pendleton Juvenile Correctional Facility met the reporting requirements of Standard 115.351.</p> <p data-bbox="240 1901 807 1930">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 1964 847 2157" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 02-01-115 (Sexual Abuse Prevention) • Sample: Indiana Ombudsman Bureau Notice • Auditor review of forms and reporting documentation

- Interviews with residents (random and targeted)
- Interviews with staff (random and specialized)
- Interviews with PREA Compliance Manager

115.352	Exhaustion of administrative remedies
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1493 362">Indiana Department of Corrections, Division of Youth Services has an administrative procedure for dealing with resident grievances regarding sexual abuse. Legal Reference: IC 11-11-1-1, Policy 03-02-105 Youth Grievance Policy and 02-01-115 Sexual Abuse Prevention collectively address the requirements of Standard 115.352.</p> <p data-bbox="240 398 1441 456">Inmate residents may submit a YOUTH GRIEVANCE with or without attempting a verbal resolution with facility staff first. Issues which a grievance may be submitted include, but are not limited to:</p> <ul data-bbox="240 488 1458 721" style="list-style-type: none"> A. Policies, procedures, and rules of the Department or facility; B. Words and actions of individual staff, contractors, or volunteers; C. Acts of reprisal for the legitimate and honest use of, or participation in, the Youth Grievance Process; and, D. Other concerns relating to conditions of care within the Department or its contractors, except as noted in this policy and administrative procedure. <p data-bbox="240 752 1461 945">Indiana Department of Corrections, Division of Youth Services, established procedures for an inmate resident to file an emergency grievance alleging that an inmate resident has been subject to a substantial risk of imminent sexual abuse. An emergency grievance is defined by the agency as: A grievance filed by an inmate resident youth based upon a situation or condition which presents a potential and substantial risk to the life or safety of the youth or when irreparable harm to the youth's health is imminent. PREA according to the PREA Compliance Manager is automatically determined as an emergency grievance.</p> <p data-bbox="240 976 1485 1133">Interviews with sample random staff confirmed that each participant would accept third-party reports from family and concerned citizens such as an attorney, friend, or clergy. The PCM indicated that Pendleton Juvenile Correctional Facility may require as a condition of processing a third-party 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.</p> <p data-bbox="240 1164 1485 1559">Indiana Department of Corrections, Division of Youth Services, established policy and procedures require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PCM confirmed that after receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, IDOC/Pendleton would immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken meanwhile safeguarding the victim. The PCM confirmed that after receiving an emergency grievance described above, IDOC/Pendleton would provide an initial response within 48 hours and issue a final agency decision within 5 calendar days. More, the PCM indicated that the initial response and final agency decision would also document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and document the agency's actions. The PCM indicated that IDOC may claim an extension of time to respond, of up to seventy (70) days, if the normal time period for response is insufficient to make an appropriate decision. The IDOC shall notify the inmate resident in writing of any such extension and provide a date by which a decision shall be made.</p> <p data-bbox="240 1590 1485 1953">IDOC Policy 00-02-301 Youth Grievances allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Within the policy it outlines that the agency always refrains from requiring resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. This procedure is also outlined in the Indiana Department of Corrections, Division of Youth Services Student Handbook. The agency disciplines a resident for filing a grievance related to alleged sexual abuse, ONLY where the agency demonstrates that the resident filed the grievance in bad faith outlined in Policy 02-11-115 and 00-02-301. In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith was zero. In the past 12 months, the number of grievances that were filed that alleged sexual abuse was zero. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months was zero. Pendleton Juvenile Correctional facility met the requirements of Standard 115.352.</p> <p data-bbox="240 1984 807 2011">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 2042 935 2132" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 00-02-301 (Division of Youth Services, Youth Grievance)

- Policy 02-01-115 (Sexual Abuse Prevention)
- Interviews with staff (random and specialized)
- Interviews with residents (targeted and random)
- Interviews with the PREA Compliance Manager
- Indiana Department of Corrections Division of Youth Services Student Handbook
- Internet Search: Indiana Department of Corrections-PREA/Policies

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1484 432">Indiana Department of Corrections has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Staff are required to document verbal reports. The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="240 465 1492 723">Policy 02-01-115, Sexual Abuse Prevention and Policy 00-01-102, Offender Access to Court address the requirements of Standard 115.351. IDOC has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: sexual abuse and sexual harassment; retaliation by other resident inmates or staff for reporting sexual abuse and sexual harassment. IDOC also provides at least one way for residents to report sexual abuse or sexual harassment to a public office (Indiana Ombudsman Bureau) that is not part of the agency. The public office allows the inmate resident to remain anonymous upon request. Residents have been informed to alert the reporting entity regarding a wish for anonymity before starting a conversation with the entity or office. Pendleton never houses residents detained solely for civil immigration purposes according to each PCM.</p> <p data-bbox="240 757 1484 947">The Indiana Department of Corrections, Division of Youth Services (DYS) facilities have tablet/kiosk for them to email, order commissary and have access to media/games. In addition, DYS, provides all inmate residents with a juvenile friendly PREA brochure which is designed to aid in the recognition of sexual abuse/sexual harassment. The PREA brochure also details how a juvenile can report incidents of abuse, threats of sexual abuse or sexual assault and provides victim advocacy contact information. The PREA brochure provides guidance on methods to prevent abuse/assault and what to do if they are the victim of a sexual abuse/assault or sexual harassment such as:</p> <ul data-bbox="240 981 981 1294" style="list-style-type: none"> • Telling ANY trusted staff person • Dialing # 22 to report sexual abuse or misconduct • Writing or calling the Indiana Ombudsman Bureau • Filing a grievance • Third party reporting having a family/friend to report on their behalf • Email: idocprea@idoc.in.gov or phone: 1 (877) 385-5877 <p data-bbox="240 1328 1484 1518">Random and targeted residents (100%) confirmed during interviews that the facility provides multiple ways to report sexual abuse or sexual harassment. Moreover, during each interview with sample resident inmate participants each provided multiple examples of ways to report sexual abuse/assault or sexual harassment to include telling a trusted staff. These same inmate residents were also knowledgeable of the facility grievance process. Grievance forms were observed available in the grievance boxes throughout the facility during the tour. During the inmate resident interviews they confirmed being provided with tools necessary to make a written report such as a pencil, pen, tablet, and the unit kiosk.</p> <p data-bbox="240 1552 1484 1709">Staff (random and specialized) interviews confirmed that 100% of staff members indicated a duty to accept all PREA reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. All staff (random and specialized) (100%) members also confirmed that they would promptly document any verbal reports of sexual abuse and sexual harassment and immediately notify their supervisor while ensuring the safety of the victim. Pendleton Juvenile Correctional Facility met the reporting requirements of Standard 115.351.</p> <p data-bbox="240 1742 805 1769">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 1803 845 2116" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 02-01-115 (Sexual Abuse Prevention) • Sample: Indiana Ombudsman Bureau Notice • Auditor review of forms and reporting documentation • Interviews with residents (random and targeted) • Interviews with staff (random and specialized)

- Interview with PREA Compliance Manager
- Contractual agreement: Alternatives Inc/Indiana Coalition Against Domestic Violence

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1485 465">Indiana Department of Corrections has established a method to receive third-party reports of sexual abuse and sexual harassment reports. The agency distributes publicly information on the IDOC website information on how to report sexual abuse and sexual harassment on behalf of an inmate resident. The Auditor confirmed by examination that the agency post PREA related contact information on its website. Information found on the agency website include, how to report an incident of sexual abuse on behalf of an offender by calling (877) 385-5877 or email IDOCPREA@idoc.in.gov, a contact link to Victim Services, and the Indiana Ombudsman Bureau (third-party reporting entity).</p> <p data-bbox="240 499 1445 622">Likewise, Pendleton Juvenile Correctional Facility accepts all third-party reports of resident sexual abuse or sexual harassment. Details regarding how to make a third-party report can also be found in the Visitor's PREA Brochure. The Visitor's PREA brochure provides agency contact information as well as whom the third-party reporter will speak to when making a report. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.354.</p> <p data-bbox="240 656 807 683">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 712 734 1025" style="list-style-type: none"> <li data-bbox="240 712 539 739">• Pre-Audit Questionnaire <li data-bbox="240 768 499 795">• Interviews with Staff <li data-bbox="240 824 552 851">• Interviews with Residents <li data-bbox="240 880 638 907">• Interviews with PREA Coordinator <li data-bbox="240 936 732 963">• Interviews with PREA Compliance Manager <li data-bbox="240 992 600 1019">• Internet search: IDOC website

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1477 365">The Indiana Department of Corrections requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment retaliation, staff neglect or violation of responsibilities that occurred in a facility, whether it is part of the agency.</p> <p data-bbox="242 398 1490 589">The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to an IDOC designated Intelligences & Investigation investigator. All Indiana Department of Corrections staff are mandated reporters and are required by Policy 02-01-115 Sexual Abuse Prevention and Indiana Mandatory Reporting Law IC 31-33-5-1 to immediately report any knowledge, suspicion, or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="242 622 1430 714">Interviews with a sample of staff (medical and mental health practitioners) confirmed a duty to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws in compliance with this standard.</p> <p data-bbox="242 748 1485 938">At the initiation of services medical and mental health practitioners at Pendleton Juvenile Correctional Facility informs inmate residents in writing of their duty to report, and the limitations of confidentiality. Staff (random and specialized) indicated during individual interviews that apart from reporting to designated supervisors or officials and designated State or local services agencies, staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, or a need to know, to make treatment, in connection with an investigative process, and other security and management decisions.</p> <p data-bbox="242 972 1485 1196">Upon receiving any allegation of sexual abuse, Pendleton Juvenile Correctional Facility promptly reports the allegation to the appropriate regional office, as confirmed by the Warden during his interview. Further, the PREA Compliance Manager confirmed during his interview that on receiving any allegation of sexual abuse, the facility promptly reports the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified. More, if an alleged victim is under the guardianship of the child welfare system, the facility would promptly report the allegation to the alleged victim's caseworker in lieu of the parents or legal guardians. Pendleton Juvenile Correctional facility met the requirements of Standard 115.361.</p> <p data-bbox="242 1229 807 1256">Evidence relied upon to make auditor determination:</p> <ul data-bbox="242 1290 818 1715" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 02-11-115 (Sexual Abuse Prevention) • Policy IC 31-33-5-1 (Indiana Mandatory Report Law) • Interviews with staff (specialized) • Interviews with inmate residents • Interview with PREA Coordinator • Interview with the PREA Compliance Manager • Staff PREA brochure

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1493 533">When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, Pendleton Correctional Facility takes immediate action to protect the resident. Policy 02-01-115 Sexual Abuse Prevention requires staff to take immediate action to protect a resident when he/she is identified as being subject to substantial risk of imminent sexual abuse. Staff displayed this knowledge based on a facility investigation. The staff followed the guidelines set forth by Policy 02-11-115. Interviews with staff (random and specialized) and the Warden confirmed compliance with this standard. By examination of investigations in the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse was zero. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.362.</p> <p data-bbox="244 562 807 589">Evidence relied upon to make auditor determination:</p> <ul data-bbox="244 620 788 987" style="list-style-type: none"> <li data-bbox="244 620 536 647">• Pre-Audit Questionnaire <li data-bbox="244 678 740 705">• Policy 02-01-115 (Sexual Abuse Prevention) <li data-bbox="244 736 751 763">• Interviews with staff (random and specialized) <li data-bbox="244 795 732 822">• Interviews with PREA Compliance Manager <li data-bbox="244 853 528 880">• Interviews with Warden <li data-bbox="244 911 788 938">• Interviews with inmates (random and specialized) <li data-bbox="244 969 588 996">• Examination of investigations

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 235">Auditor Discussion</p> <p data-bbox="240 271 1477 398">Upon receiving an allegation that a inmate resident was sexually abused while confined at another facility, the Warden of Pendleton Juvenile Correctional Facility notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred. The Warden confirmed his duty to report the allegation to the facility where the abuse occurred during his interview with the Auditor. The notification process would be documented by Pendleton Juvenile Correctional Facility.</p> <p data-bbox="240 432 1489 622">Policy 02-01-115 Sexual Abuse Prevention supports compliance with this standard. The policy requires when a Warden or designee receives an allegation that an inmate resident was sexually abused at another facility, the Warden or designee receiving the allegation shall notify the Warden of the facility where the alleged abuse occurred within seventy-two (72) hours of receiving the allegation and document he/she has provided such information. The Warden that receives such notification shall ensure that the allegation is investigated in accordance with Policy 02-01-115 Sexual Abuse Prevention and IDOC Administrative Procedure.</p> <p data-bbox="240 656 1485 846">Additionally, if the alleged sexual abuse involves an inmate resident under eighteen (18) or an endangered/vulnerable adult, the incident shall be reported to the Child Protective Services as required in the administrative procedures for Policy 03-02103, "The Reporting, Investigation and Disposition of Child Abuse and Neglect." or by contacting the Adult Protective Services at Indiana Family and Social Service Administration (FSSA). In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was zero, as confirmed by examination of investigations. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.363.</p> <p data-bbox="240 880 807 904">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 938 740 1249" style="list-style-type: none"> <li data-bbox="240 938 536 963">• Pre-Audit Questionnaire <li data-bbox="240 996 740 1021">• Policy 02-01-115 (Sexual Abuse Prevention) <li data-bbox="240 1055 719 1079">• Interview with PREA Compliance Manager <li data-bbox="240 1113 624 1137">• Interview with PREA Coordinator <li data-bbox="240 1171 517 1196">• Interview with Warden <li data-bbox="240 1229 587 1254">• Examination of investigations

115.364	Staff first responder duties
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 533">Indiana Department of Corrections has a policy that addresses this standard. Standard 115.364 indicates that upon learning of an allegation that an inmate resident was sexually abused, the first security staff member to respond to the report is required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, separate the alleged victim and abuser, request that the alleged inmate resident not take any actions that could destroy physical evidence, such as: Washing, brushing teeth, or changing clothes, if the abuse occurred within a time period indicated by the inmate resident that allows the facility to collect usable physical evidence. If the first staff responder is non-security, the responder should request that the alleged inmate resident victim not take any actions that could destroy physical evidence, and then notify custody staff or a Shift Supervisor.</p> <p data-bbox="240 564 1469 792">Policy 02-01-115 Sexual Abuse Prevention supports Standard 115.364. The policy requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period of time that still allows for the collection of physical evidence; request the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. Staff interviews (random and specialized) revealed a clear understanding of the actions to be taken upon learning that a resident was sexually abused.</p> <p data-bbox="240 824 1485 1218">In the past 12 months, the number of allegations that a resident was sexually abused was four (4). Further, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was two (2). In the past 12 months, the number of allegations where staff were notified within a time that still allowed for the collection of physical evidence, preserved and protected any crime scene until appropriate steps could be taken to collect any evidence, 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, and ensured that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating was one. This Auditor noted an incident of sexual abuse where evidence should have been collected by IDOC but the issue will be addressed in Standard 115.371. Staff having first knowledge of an incident of sexual abuse in question was an investigator not the first responder nor the medical staff who triaged the victim and the accused for injuries after a third-party report of consensual sex was made by a resident housed in the same four person room.</p> <p data-bbox="240 1249 807 1276">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 1308 839 1621" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 02-01-115 (Sexual Abuse Prevention) • Sexual Assault Prevention Directive • IDOC Sexual Abuse Incident Checklist • Interview with Staff (random and specialized) • Lesson Plan: First Responders Protocol Investigations

115.365	<p>Coordinated response</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Pendleton Juvenile Correctional 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>Policy 02-01-115 Sexual Abuse Prevention outlines the written plan that coordinates actions to be taken in response to an incident of sexual assault among staff first responders, medical and mental health care practitioners, and facility leadership. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser, and that the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. Further, the policy requires that, if the abuse occurred within a time 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.</p> <p>The coordinated response plan training curriculum for staff was reviewed, and it follows the requirements of Standard 115.365. Interviews with the Warden and other staff (random and specialized) revealed that they were knowledgeable of their duties in response to an allegation of sexual abuse and in keeping with the facility's coordinated response plan. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.365.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 02-01-115 (Sexual Abuse Prevention Policy) • Pendleton Coordinated Response • Interviews with Staff • Interviews with PREA Compliance Manager • Interviews with Warden
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1485 432">Indiana Department of Corrections, Pendleton Juvenile Correctional Facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. Indiana Department of Correction is not a collective bargaining agency; therefore, this standard is not applicable. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.366.</p> <p data-bbox="244 465 807 492">Evidence relied upon to make auditor determination:</p> <ul data-bbox="244 521 638 663" style="list-style-type: none"> <li data-bbox="244 521 536 548">• Pre-Audit Questionnaire <li data-bbox="244 577 636 604">• Interviews with PREA Coordinator <li data-bbox="244 633 528 660">• Interviews with Warden

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1469 365">Indiana Department of Corrections has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. Policy 02-01-115 (Sexual Abuse Prevention) supports Standard 115.367.</p> <p data-bbox="240 398 1485 723">The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. If yes, provide staff name(s), title(s), and department(s) in the comments section. Pendleton Juvenile Correctional Facility has designated the PREA Compliance Manager to monitor for retaliation. The PCM as the retaliation monitor employs multiple protection measures such as housing changes or transfers for resident victims or abusers to protect staff and residents. Minimally, retaliation monitoring will occur for a period of at least 90 days. Pendleton Juvenile Correctional Facility would according to the PCM/Retaliation Monitor continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. During monitoring the PCM/Retaliation Monitor monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. By examination of investigative reports, there were zero incidents of retaliation in the past 12 months. This standard requires corrective action.</p> <p data-bbox="240 757 807 784">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 813 740 1126" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 02-01-115 (Sexual Abuse Prevention) • PREA Retaliation Monitoring Form • Interview with PREA Compliance Manager • Interview with the Retaliation Monitor • Interview with Warden

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1485 432">Policy 02-01-115 Sexual Abuse Prevention, Policy 03-02-103 Use of Separation in DYS Facilities and Policy 02-01-107 Use and Operation of Protective Custody, address this standard. Inmate residents placed in a separation area are afforded due process rights through either Policy and Administrative Procedure 03-02-101, "Code of Conduct for Juvenile Offenders," or Policy and Administrative Procedure 03-02-104, "Juvenile Classification and Comprehensive Case Management," where applicable.</p> <p data-bbox="240 521 1485 748">Policies mentioned above requires that the facility only restrict an inmate resident to a room as a last measure to keep a resident who alleges sexual abuse safe and then only until an alternative means for keeping the resident safe can be arranged. In the past 12 months, post allegation protective custody was not used by the facility. The Auditor determined by examining investigative reports from the past 12 months, that the facility took lessor measures to ensure the protection of the inmate resident making allegations of sexual abuse or sexual harassment such as a housing move to another living unit. During the facility tour the Auditor noted zero inmate residents housed in restrictive housing for risk of victimization. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.368.</p> <p data-bbox="240 779 807 806">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 837 1098 1379" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 02-01-115 Sexual Abuse Prevention • Policy 02-01-107 Use and Operation of Protective Custody • Policy 03-02-102 Use of Separation in DYS Facilities • Policy 03-02-101 Code of Conduct for Juvenile Offenders • Policy 03-02-104 Juvenile Classification and Comprehensive Case management • Interview with Program Manager • Interview with PREA Coordinator • Examination of investigative reports • Sample: PREA housing assignment review form

115.371	Criminal and administrative agency investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 869">Policy 02-01-115 requires criminal investigations to be conducted by the Office of Investigations and Intelligence. The agency/Pendleton has a policy related to criminal and administrative agency investigations. IDOC conducts its own investigations into allegations of sexual abuse and sexual harassment. IDOC policy related to criminal and administrative investigations mandates investigators to conduct prompt, thorough, and objective investigations. By examination the Auditor determined that IDOC conducts investigations for all allegations, including third party and anonymous reports. The Auditor determined by interview that investigators described how they gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence, any available electronic monitoring data and interview alleged victims, suspected perpetrators, and witnesses. Investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator. Investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff. IDOC investigates allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding. A review of investigative files support that IDOC does not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation. IDOC administrative investigations included an effort to determine whether staff actions or failures to act contributed to the abuse. Administrative investigations reviewed (5) documented in written reports included a description of applicable physical and testimonial evidence related to a PREA related incident, the reasoning behind credibility assessments, and investigative facts and the findings. At the time of the interim report, zero PREA investigative report were determined to be criminal. IDOC always refrain from terminating an investigation solely because the source of the allegation recants the allegation</p> <p data-bbox="240 898 1485 1059">Problematic, during the examination of investigative reports the Auditor determined that one incident appeared to be criminal however initially the incident was not referred to the prosecutor office for action. IDOC mandates that investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator. Agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff</p> <p data-bbox="240 1088 1485 1182">The PREA Coordinator confirmed that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p data-bbox="240 1211 1485 1440">Problematic, the Auditor determined by examination that one investigation alledging sexual abuse did not result in a thorough investigation. The victim was not taken to a local hospital for a SANE examination. Further, if applicable or potentially criminal, the incident was not forwarded to the prosecutor's office for prosecution. The victim and the accused were merely separated and assigned to different living units. Where sexual abuse is alleged, the agency mandates in accordance with this standard the investigators shall received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334. It should be mentioned that the initial investigators no longer work for the Office of Investigations and Intelligence or in the capacity of an investigator for the agency. This standard requires corrective action.</p> <p data-bbox="240 1469 807 1496">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 1525 788 1955" style="list-style-type: none"> • Policy 02-01-115 (Sexual Abuse Prevention) • Policy 00-01-103 (Investigations and Intelligence) • Pre-Audit Questionnaire • Interviews with Investigators • Interviews PREA Compliance Manager • Review of investigations • Interview with the PREA Coordinator • Training records <p data-bbox="240 1984 440 2011">Corrective Action:</p> <p data-bbox="240 2040 1485 2134">1- IDOC will re-open the investigation in question. If applicable, the criminal investigation will be 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. (Complete)</p>

2- If potentially criminal, IDOC will forward the investigation to the prosecutor's office for action. The incident was forwarded to the prosecutor's office for action. (Completed)

3- IDOC will provide the victim with emotional support services. The victim was released from IDOC custody. (Complete)

4- Investigators reviewing PREA related investigations will provide the Auditor with documented evidence of compliance with Standard 115.371 (b) and 115.334. (Complete)

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1485 432">Policy 00-01-103, Investigation, and Intelligence, demonstrates compliance with this standard. The policy states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations are substantiated in Administrative and Criminal Investigations. During his interview the investigator confirmed employs the preponderance of evidence as the standard measure in administrative and criminal investigations. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.372.</p> <p data-bbox="244 465 807 492">Evidence relied upon to make auditor determination:</p> <ul data-bbox="244 521 762 779" style="list-style-type: none"> <li data-bbox="244 521 536 548">• Pre-Audit Questionnaire <li data-bbox="244 577 762 604">• Policy 00-01-103 Investigation and Intelligence <li data-bbox="244 633 732 660">• Interviews with PREA Compliance Manager <li data-bbox="244 689 624 716">• Examination of investigative files <li data-bbox="244 745 587 772">• Interview with an Investigator

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1430 398">Standard 115.373 mandates following an investigation into a inmate resident's allegation that he or she suffered sexual abuse in an agency facility, the agency informs the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Policy 02-01-115 Sexual Abuse Prevention addresses the policy requirements of Standard 115.373.</p> <p data-bbox="242 432 1490 591">Aside from an unfound allegation, the PCM confirmed during his interview that following an inmate resident's allegation that a staff member has committed sexual abuse, agency/Pendleton Correctional Facility must inform the inmate resident whenever: The staff member is no longer posted within the resident 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.</p> <p data-bbox="242 624 1485 714">According to the PREA Compliance Manager, all inmate notifications and attempts at notification would be documented by the facility. By examination the Auditor determined that all inmate residents received the requisite notifications in the past 12 months. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.373.</p> <p data-bbox="242 748 807 775">Evidence relied upon to make auditor determination:</p> <ul data-bbox="242 801 724 1059" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 02-01-115 Sexual Abuse Prevention • Review of Investigation files • Interview with PREA Compliance Manager • PREA notifications

115.376	Disciplinary sanctions for staff
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1469 432">Because Indiana Department of Corrections conducts its own investigations into allegations of sexual abuse and sexual harassment, Standard 115.371 requires that the investigations are conducted promptly, thoroughly, and objectively using investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334. By examination the Auditor determined investigator completed the requisite specialized training as outlined in this standard. Further, Investigators are directed by policy to conduct:</p> <ol data-bbox="242 463 1469 1532" style="list-style-type: none"> 1. A prompt, thorough, and objective investigation of sexual abuse and/or sexual harassment shall begin: a. As outlined in Investigating Allegations of Misconduct b. Upon activation of a facility SART team; and/or, c. If determined to be necessary following an administrative review. Investigators shall: a. Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; b., Interview alleged victims, suspected perpetrators, and witnesses; and, c., Review prior complaints and reports of sexual abuse involving the suspected perpetrator. 2. The Garrity warning shall be used when interviewing staff for simple fact-finding. 3. An effort shall be made to determine whether staff actions or failures contributed to sexual abuse or sexual harassment. 4. An additional staff member, uninvolved in the case, shall be present during interviews, for one of the staff members to be of the same gender as the subject of the interview. 5. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender, youth, or staff. No facility shall require an offender or youth who alleges sexual abuse to submit to a polygraph examination, voice stress analysis, or other truth-telling device as a condition for proceeding with the investigation of such an allegation. 6. The standard of measure for sexual abuse and sexual harassment administrative investigation is the preponderance of the evidence. When the evidence supports criminal prosecution, the agency shall consult with the prosecutor prior to conducting compelled interviews. Substantiated cases that appear to be criminal in nature shall be referred for prosecution. 7. The departure of the alleged perpetrator(s) or victim(s) from employment or custody/supervision will not warrant termination of an investigation. Outside law enforcement shall be contacted if this occurs. 8. Consultation with the prosecutor's office or Indiana State Police is permitted at any time during an investigation. If deemed appropriate, Indiana State Police may assist in an investigation of an act of sexual abuse or sexual harassment reported to facility investigators. Agency/facility investigators shall be responsible for the coordination of all investigations. 9. Follow up with an offender's/youth's allegation of sexual abuse or sexual harassment shall be done in accordance with Policy 02-01-115, Sexual Abuse Prevention, examination of training files for investigators confirmed that each investigator completed specialized training in conducting investigations in confinement settings at least once. <p data-bbox="242 1563 1430 1691">Policy 02-01-115 requires criminal investigations to be conducted by the Office of Investigations and Intelligence. Administrative and criminal investigations were documented, and the appropriate investigation was forwarded to law enforcement. The policy further requires staff members to cooperate with all investigations. The appropriate actions are applied by the facility. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.371.</p> <p data-bbox="242 1722 807 1751">Evidence relied upon to make auditor determination:</p> <ul data-bbox="242 1783 788 2092" style="list-style-type: none"> • Policy 02-01-115 (Sexual Abuse Prevention) • Policy 00-01-103 (Investigations and Intelligence) • Pre-Audit Questionnaire • Interviews with Investigators • Interviews PREA Compliance Manager • Review of investigations

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 367">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. The agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p data-bbox="229 367 1509 568">Policy 02-01-115 states that any contractor or volunteer engaging in sexual abuse of residents will be subject to referral to local law enforcement. The policy further requires that the contractor or volunteer is prohibited from having contact with residents. Volunteerism has been suspended for 18 months. In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmate residents was zero. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.377.</p> <p data-bbox="229 568 1509 613">Evidence relied upon to make auditor determination:</p> <ul data-bbox="229 613 1509 916" style="list-style-type: none"> <li data-bbox="229 613 1509 658">• Pre-Audit Questionnaire <li data-bbox="229 658 1509 703">• Policy 02-01-115 Sexual Abuse Prevention <li data-bbox="229 703 1509 748">• Interviews with PREA Compliance Manager <li data-bbox="229 748 1509 792">• Examination of investigative report from the past 12 months <li data-bbox="229 792 1509 837">• Interview with the Warden

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Policy 03-02-101 states that residents may receive disciplinary sanctions following an administrative finding or a criminal investigation that an inmate resident engaged in resident inmate sexual abuse and sanctions shall be commensurate with the nature and circumstances of the sexual abuse, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other inmate residents with similar histories. There were no administrative or criminal findings of guilt for inmate resident sexual abuse in the past 12 months.</p> <p data-bbox="242 463 1465 591">The agency/facility prohibits sexual activity between inmate residents and may discipline inmate residents for such activity. The facility will not deem sexual activity to constitute sexual abuse if it determines that the activity was not coerced. There were several incidents of consensual sexual activity, that were determined to be a none coerced act and treated as inmate resident sexual misconduct. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.378.</p> <p data-bbox="242 622 807 647">Evidence relied upon to make auditor determination:</p> <ul data-bbox="242 678 758 992" style="list-style-type: none"> <li data-bbox="242 678 536 703">• Pre-Audit Questionnaire <li data-bbox="242 734 758 759">• Policy 03-02-101 Code of Conduct For Youths <li data-bbox="242 790 557 815">• Inmate resident handbook <li data-bbox="242 846 719 871">• Interview with PREA Compliance Manager <li data-bbox="242 902 536 927">• Sample: Conduct report <li data-bbox="242 958 627 983">• Examination: PREA Investigation

115.381	<p>Medical and mental health screenings; history of sexual abuse</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 02-01-115 (Sexual Abuse Prevention) dictates that all inmate residents who disclose prior sexual victimization or who disclose previously perpetrating sexual abuse during an intake screening will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The facility has a consent process that grants the authorization to release and request personal sensitive information. If information is shared with other staff the sharing is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. Every staff interviewed (random and specialized) confirmed compliance with this policy.</p> <p>Medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18. More, medical, and mental health practitioners confirmed during individual interviews that informed consent is obtained from an inmate resident before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. Mental health practitioners confirmed the preservation of some secondary materials documenting compliance with this standard. In the past 12 months, 100% of inmate residents files reviewed who disclosed previously perpetrating sexual abuse, as indicated during screening were offered a follow-up meeting with a mental health practitioner. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.381.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 02-01-115 (Sexual Abuse Prevention) • Health care directive 2.30 A • Auditor review of documentation • Interviews with medical and mental health staff • Interviews with PREA Coordinator • Examination of intake records (20)
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 367">Standard 115.382 dictates for an agency or facility to provide inmate resident victims of sexual abuse to receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p data-bbox="229 367 1509 479">Specialized staff interviewed during the audit confirmed that a resident victim of sexual abuse would receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p data-bbox="229 479 1509 680">Policy 02-01-115 Sexual Abuse Prevention addresses the policy requirements of this standard. The agency policy and directive require timely and unimpeded access to emergency medical treatment, crisis intervention services and victim advocacy services. The nature and scope of these services are determined by medical and mental health practitioners according to their professional judgment. The youth victim will be afforded a forensic examination at no cost to the victim. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.382.</p> <p data-bbox="229 680 1509 743">Evidence relied upon to make auditor determination:</p> <ul data-bbox="229 743 1509 1097" style="list-style-type: none"> <li data-bbox="229 743 1509 792">• Pre-Audit Questionnaire <li data-bbox="229 792 1509 842">• Policy 02-01-115 (Sexual Abuse Prevention) <li data-bbox="229 842 1509 891">• Interviews with specialized staff <li data-bbox="229 891 1509 940">• Interviews with the PREA Compliance Manager <li data-bbox="229 940 1509 990">• Interviews with the Warden <li data-bbox="229 990 1509 1097">• Review of scope of services with SANE service providers

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1485 365">The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Policy 02-01-115 Sexual Abuse Prevention dictates timely and unimpeded access to emergency medical treatment, crisis intervention services and victim advocacy services.</p> <p data-bbox="240 371 1474 633">The nature and scope of these services are determined by medical and mental health practitioners according to their professional judgment. Pendleton Juvenile Facility offers medical and mental health evaluation and, as appropriate, treatment to all inmate residents who have been victimized by sexual abuse in any facility under the authority of the Indiana Department of Corrections. Treatment measures include but is not limited to: Injury specific follow-up services, tests for sexually transmitted infections as medically appropriate, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Medical and mental health practitioners interviewed confirmed during interviews that medical and mental health services are provided in accordance Standard 115.383 (C) and consistent with the community level of care.</p> <p data-bbox="240 665 1485 857">The inmate resident victim would be afforded a forensic examination at no cost to the victim. Medical practitioners interviewed during the audit confirmed their role as a health care provided to provide treatment to all victims of sexual abuse in a correctional facility. Mental health practitioners interviewed during the audit confirmed that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Zero resident received SANE/SAFE examinations in the past 12 months. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.383.</p> <p data-bbox="240 889 807 916">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 947 866 1375" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 02-01-115 Sexual Abuse Prevention • IDOC Sexual Assault Manual • Residential handbook • Interview with medical and mental health practitioners • Interview with PREA Compliance Manager • Interview with Warden • Review of scope of services with SANE service providers

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1493 667">The facility follows this standard and provides information regarding the incident review team and its role. The Incident review form details the make-up of the sexual abuse incident review team and the elements to be considered in their assessments of incidents. The Auditor examined evidence of the completing of an incident review from the past 12 months. After the closure of the investigation examined by the Auditor a Sexual Assault Incident Review occurred. The Sexual Assault Incident Review Team included upper-level management officials and allows for input from supervisors, investigators and medical or mental health practitioners. Interviews with staff (Incident Review Team Members) revealed that they understand the purpose of the incident review team and the process. 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 was three. The PCM Chairs the Sexual Assault Incident Review Team meetings. From the incident review the PCM 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 the report to the Warden. Pendleton Juvenile Correctional facility met the requirements of Standard 115.386.</p> <p data-bbox="240 696 807 723">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 752 979 1066" style="list-style-type: none"> <li data-bbox="240 752 536 779">• Pre-Audit Questionnaire <li data-bbox="240 808 724 835">• Policy 02-01-115 Sexual Abuse Prevention <li data-bbox="240 864 600 891">• Sexual Abuse Incident Review <li data-bbox="240 920 979 947">• Interviews with members of the Sexual Abuse Incident Review Team <li data-bbox="240 976 719 1003">• Interview with PREA Compliance Manager <li data-bbox="240 1032 536 1059">• PREA meetings minutes

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1493 566">Indiana Department of Corrections uses a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual assault. The instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. A review of the facility annual report revealed it was completed according to this standard. Challenges with retention, staffing and vacancy rates remain problematic for the facility. Pendleton Juvenile Correctional Facility is working with Recruitment and Retention to develop a plan to lower the vacancy rate through aggressive hiring and to improve current methods to retain current and new staff. Incident review data by comparison to 2019 small increase from six (6) PREA related incidents in 2019 to ten (10) in 2020. The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.387.</p> <p data-bbox="240 598 807 624">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 654 1246 1025" style="list-style-type: none"> <li data-bbox="240 654 539 680">• Pre-Audit Questionnaire <li data-bbox="240 710 638 736">• Interviews with PREA Coordinator <li data-bbox="240 766 531 792">• Interviews with Warden <li data-bbox="240 822 1165 848">• Pendleton Juvenile Correctional Facility, 2020 Sexual Abuse Prevention Annual Report <li data-bbox="240 878 1165 904">• Pendleton Juvenile Correctional Facility, 2019 Sexual Abuse Prevention Annual Report <li data-bbox="240 934 1246 960">• Pendleton Juvenile Correctional Facility, Survey of Sexual Victimization, 2018, Juvenile Report <li data-bbox="240 990 1246 1016">• Pendleton Juvenile Correctional Facility, Survey of Sexual Victimization, 2019, Juvenile Report

115.388	Data review for corrective action
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 501">The agency reviews data collected and aggregated pursuant to §115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 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. The agency indicates the nature of material redacted, where applicable if the publication would present a clear and specific threat to the safety and security of a facility.</p> <p data-bbox="240 589 1485 748">The PREA Compliance Manager is responsible for the review of the collected and aggregated data to assess and improve the effectiveness of the PREA related efforts and initiatives specific to the facility. The review of the agency Sexual Assault Prevention Program Annual Reports completed by the PREA Coordinator confirms this practice. The agency's annual report approved by the agency head is made readily available to the public through its website. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.388.</p> <p data-bbox="240 835 766 862">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 949 941 1722" style="list-style-type: none"> • Pre-Audit Questionnaire • SIR Data Report • Sexual Assault Prevention Program Annual Report 2013 • Sexual Assault Prevention Program Annual Report 2014 • Sexual Assault Prevention Program Annual Report 2015 • Sexual Assault Prevention Program Annual Report 2016 • Sexual Assault Prevention Program Annual Report 2017 • Sexual Assault Prevention Program Annual Report 2018 • Sexual Assault Prevention Program Annual Report 2019 • Sexual Assault Prevention Program Annual Report 2020 • Interview with Warden • Interview with PREA Coordinator • Interview with PREA Compliance Manager • Internet search: Indiana Department of Corrections, IDOC PREA

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 524">The standard requires that data is collected and securely retained for 10 years unless applicable laws require otherwise. The aggregated PREA data is reviewed, and all personal identifiers are removed. A review of documentation confirmed the practice. The agency removes all personal identifiers. 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. The agency makes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.389.</p> <p data-bbox="229 524 1509 568">Evidence relied upon to make auditor determination:</p> <ul data-bbox="229 568 1509 799" style="list-style-type: none"> <li data-bbox="229 568 1509 636">• Pre-Audit Questionnaire <li data-bbox="229 636 1509 703">• Sexual Assault Prevention Program Annual Reports <li data-bbox="229 703 1509 770">• Interview with Warden <li data-bbox="229 770 1509 799">• Interview with PREA Coordinator

115.401	Frequency and scope of audits
	<p data-bbox="240 147 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 273 1485 568">During the tour of the facility the upcoming audit was posted throughout the facility. The facility provided electronic verification of the notice. When inmate residents were asking how long the poster has been posted during the sample participants resident interviews; they consistently reply” for a while” or “it’s been up”. No inmate resident gave any indication of the facility not meeting the required time frame. All the agency facilities were audited during the same time frame to meet the required deadline of one (1) audit within three (3) years. A review was conducted on information provided to residents regarding the confidential nature of any correspondence and communication with the Auditor. The facility provided inmate residents with information about the PREA audit at least six weeks prior to the site visit and demonstrated based on their base and clinical files that PREA has been a continued practice. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.401.</p> <p data-bbox="240 600 807 627">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 658 708 797" style="list-style-type: none"> <li data-bbox="240 658 437 685">• IDOC website <li data-bbox="240 712 708 739">• Interviews with staff and inmate residents <li data-bbox="240 766 636 792">• Interviews with PREA Coordinator

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 331 1485 448">All IDOC facilities were audited prior to the end of the first audit cycle which ended August 19, 2016, all final audit reports are properly, publicly posted on the agency website. Pendleton Juvenile Correctional Facility met the requirements of Standard 115.403.</p> <p data-bbox="244 479 807 506">Evidence relied upon to make auditor determination:</p> <ul data-bbox="244 533 1182 846" style="list-style-type: none"> <li data-bbox="244 533 435 560">• IDOC website <li data-bbox="244 591 783 618">• IDOC Audits for all facility, posted on the website <li data-bbox="244 649 528 676">• Interviews with Warden <li data-bbox="244 707 636 734">• Interviews with PREA Coordinator <li data-bbox="244 766 1182 792">• Pendleton Juvenile Correctional Facility, Department of Justice, PREA Audit Report 2016 <li data-bbox="244 824 1182 851">• Pendleton Juvenile Correctional Facility, Department of Justice, PREA Audit Report 2020

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	no
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	no
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	no
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	no
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	no
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	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 residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based 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
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	na
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does 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 resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	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 §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes