

# PREA Facility Audit Report: Final

**Name of Facility:** Fox Valley Adult Transition Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 10/23/2025

**Date Final Report Submitted:** 12/15/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kendra Prisk	<b>Date of Signature:</b> 12/15/2025

AUDITOR INFORMATION	
<b>Auditor name:</b>	Prisk, Kendra
<b>Email:</b>	2kconsultingllc@gmail.com
<b>Start Date of On-Site Audit:</b>	09/22/2025
<b>End Date of On-Site Audit:</b>	09/22/2025

FACILITY INFORMATION	
<b>Facility name:</b>	Fox Valley Adult Transition Center
<b>Facility physical address:</b>	1329 North Lake Street, Aurora, Illinois - 60506
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Eva Rivera
<b>Email Address:</b>	Eva.Rivera@illinois.gov
<b>Telephone Number:</b>	630-897-5610

<b>Facility Director</b>	
<b>Name:</b>	Margarita Mendoza
<b>Email Address:</b>	Margarita.Mendoza@illinois.gov
<b>Telephone Number:</b>	630-897-5610

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	128
<b>Current population of facility:</b>	117
<b>Average daily population for the past 12 months:</b>	114
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Women/girls
<b>Age range of population:</b>	23-73
<b>Facility security levels/resident custody levels:</b>	Adult Transition Center
<b>Number of staff currently employed at the</b>	21

<b>facility who may have contact with residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	7

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Illinois Department of Corrections
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	1301 Concordia Court, Springfield, Illinois - 62794
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Ryan Nottingham	<b>Email Address:</b>	ryan.nottingham@illinois.gov

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

**Number of standards exceeded:**

3

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.212 - Contracting with other entities for the confinement of residents
- 115.288 - Data review for corrective action

**Number of standards met:**

38

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

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

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-09-22
2. End date of the onsite portion of the audit:	2025-09-22

#### Outreach

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

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	128
15. Average daily population for the past 12 months:	114
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	114
<b>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	10
<b>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	3
<b>29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	15

<p><b>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>PREA Standards 115.243, 115.268 and 115.281 do not exist.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>21</p>
<p><b>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>7</p>

<b>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	10
<b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
<b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	The auditor ensured a geographically diverse sample among interviewees (random and targeted). Ten residents (random and targeted) were selected from the third floor and eleven were selected for the fourth floor.

<b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	<p>20 of the residents (random and targeted) interviewed were female and one was transgender male. Seven were black, twelve were white and two were Hispanic. Five of the residents were 26-35 years of age, seven were 36-45 years of age, four were 46-55 years of age and three was over 56 years of age. Eighteen of the residents were at the facility a year or less while three were at the facility between a year and five years.</p>
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	11
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed documentation (including risk screenings) and spoke with residents and staff.</p>
<p><b>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
<p><b>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
<p><b>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed documentation (including risk screenings) and spoke with residents and staff.</p>
<p><b>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>4</p>
<p><b>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed documentation (including the investigation log) and spoke with residents and staff.</p>
<p><b>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>PREA Standard 115.281 does not exist.</p>
<p><b>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>PREA Standards 115.243 and 115.268 do not exist.</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>58. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>11</p>
<p><b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>Race, gender and ethnicity</p>

<p><b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p><b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Four staff interviewed were from the 7a-3p shift, two from the 3p-11p shift, three were from the 11p-7a shift and two were from the 8a-5p shift. With regard to the demographics of the random staff interviewed, five were male and six were female. Seven staff were black, four were white and one was Hispanic. Six of the staff interviewed were CRC I, three were CRC II and three were counselors or other program staff.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>17</p>

<b>63. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>65. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>66. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	Staff who handle mail
<b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	2
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

**76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**

The on-site portion of the audit was conducted on September 22, 2025. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected residents and staff for interview as well as documentation to review. The auditor conducted a tour of the facility on September 22, 2025. The tour included all areas associated with the facility to include: housing, laundry, intake, visitation, food service, recreation, front entrance and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for residents in housing areas and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted throughout the facility via the PREA Poster and the PREA Reporting Poster. The PREA Posters were observed on legal size paper in English and Spanish. The PREA Reporting Posters were on letter size paper in English and Spanish. Posters were displayed throughout the facility, including the housing unit floors.

Third party reporting information was observed in visitation and the front entrance via the PREA Poster. The PREA Posters were in English and Spanish on letter size paper.

During the tour the auditor confirmed the facility follows the staffing plan. There were total staff assigned to the entire building. Staff conduct formal and informal rounds throughout the day. The auditor confirmed that the staffing was adequate to protect residents from sexual abuse. The auditor did not observe overcrowding and confirmed that rooms housed two to six residents. The line of sight for staff was adequate when on the living unit hallways. The auditor observed that the building was older and had numerous areas that would benefit from video

monitoring technology. The auditor observed one large blind spot in the food service area.

During the tour the auditor observed cameras on the housing floors and in a few common areas. Cameras are not actively monitored. When the auditor requested to view the cameras, it was noted that the monitors to view them were in locked closets and one monitor was not hooked up and was unable to be hooked up while on-site. This illustrated that video monitoring is ineffective for supervision and monitoring.

With regard to cross gender viewing, the auditor did not identify any issues. Toilets were public style with doors and showers were single with curtains. The entrance to the bathrooms also had a solid door. The auditor observed that all strip searches (only completed "for cause") are done in a bathroom with a solid doors. A review of partial video monitoring technology confirmed no cross gender viewing issues. The second part was unable to be viewed, however the auditor confirmed cameras were not placed in areas that would present a cross gender viewing issue. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement verbally when on the living area floors. The announcement was made repeatedly while walking the floors.

Investigative files are electronic and paper and are maintained by IDOC Internal Affairs (not at the facility). The facility does not maintain medical and mental health files. Resident risk assessments are electronic. Electronic risk assessments are completed and located in the Offender 360 program. During the tour the auditor had a staff member illustrate how to access Offender 360 and the resident's risk assessment. The staff member was unable to pull up the risk assessment with responses confirming the information is only accessible to those with a

need to know.

During the tour the auditor observed the resident mail process. Residents can place outgoing mail in the box in food service or they can provide mail to the staff. Additionally, residents are able to place mail in any US Postal Service box when off-site. Outgoing regular mail placed in the facility box is unsealed and staff review the outgoing mail prior to being sent out. Outgoing legal/privileged mail is sealed and is not opened or reviewed by staff. Incoming regular mail is received by facility staff who open it and review it prior to being provided to the resident. Incoming legal mail is not opened or reviewed and would be provided to the resident. The staff who handle mail stated that mail to and from the John Howard Association is privileged mail. Staff stated mail to and from the rape crisis center (Mutual Ground) is privileged mail.

The auditor observed the intake/education process through a demonstration. All residents are provided a Handbook upon arrival. Then within 24 to 48 hours they complete orientation. The staff bring the resident to their office or the classroom, where they show the PRC video. Staff sometimes sit with the resident when they watch the video and other times they play the video for them to watch on their own. Staff ask the resident if they have any questions after the video. Staff also read the PREA Script that corresponds to the video. The video is available in English, Spanish and ASL.

The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed in a private office setting. Staff advise the resident that they have to do an initial screening and then also a follow-up. Staff complete the initial risk screening via the DOC 0494. Staff go through all the questions, including: age, height, weight, gender identity, sexual preference, if

they have ever been a victim of sexual abuse, if they ever sexually abused someone, if they have any violent offenses and if they have any violent discipline. Staff review information in Offender 360 to verify responses to questions such as criminal history and discipline history. The risk reassessment is completed in the same manner as the initial risk screening.

The auditor tested an internal reporting mechanism during the tour. The auditor submitted a kite on September 22, 2025 via the locked box in food service. Confirmation was provided via email on September 23, 2025 that the kite was received and how the staff would handle an allegation. It should be noted that auditor did not test the hotline as it required residents to pay when using the payphones in the facility. Residents do have cell phones and can call the hotline anytime they are off-site and have their cell phone.

The auditor also tested the outside reporting mechanism via a letter to the John Howard Association. A test letter was sent via the US mail from Menard Correctional Center on September 15, 2025. The auditor addressed the mail to JHA and noted "privileged mail" on the envelope. The auditor did not have an IIC number and as such a return address stamp was utilized by the facility. While a return name and number is required by IICs, the mailroom staff do not open this mail and as such IICs are able to remain anonymous within the letter. The John Howard Association is utilized for numerous services and they are not just an organization to report sexual abuse. The auditor received confirmation on September 23, 2025 (via the JHA Director) that the letter was received, that the information would be forwarded to the agency PC and that IICs can remain anonymous when reporting. The process is the same across all IDOC facilities and as such an additional letter was not sent from Fox Valley ATC.

Additionally during the tour, the auditor asked staff to demonstrate how they submit a written report. Staff indicated verbal reports would be documented in an incident report and the PREA Checklist. The incident report would be completed by staff and provided to the supervisor.

The auditor was unable to test the process for emotional support services via the on-site payphones (due to it costing money). The facility does provide residents the contact information and residents are able to call from their cell phones when off-site or are able to send written correspondence to the organization. The auditor did call the contact information provided from a personal cell phone and confirmed the number went to the rape crisis center and they were available to provide services.

The auditor tested the third party reporting mechanism on numerous occasions. The auditor called the PREA hotline as outlined on the agency website. The hotline is the same hotline utilized for the IIC population. The auditor received confirmation from the PREA Coordinator that the message was received and forwarded to him to handle. He indicated he would provide the information to the facility for investigation if it was a report of sexual abuse or sexual harassment.

The auditor did not require accommodations for resident interviews, however the facility utilizes Propio. The auditor confirmed that the facility had the information, including contact number and pin to utilize the services. The auditor tested Propio services at prior IDOC audits. The auditor was provided the call in number and access code and selected a language. Propio staff then provide over the phone translation services. Additionally during a prior IDOC audit, the auditor utilized the American Sign Language video translation service. This service is set up through the Americans with Disabilities Act Coordinator

via a computer.

### **Documentation Sampling**

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

**77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?**

Yes

No

**78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

During the audit the auditor requested personnel and training files of staff, resident files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The auditor reviewed a total of fourteen files. The review included two staff promoted in the previous twelve months and three volunteers.

Resident Files. A total of 22 resident files were reviewed. Nineteen resident files were of those that arrived within the previous twelve months, five were disabled residents and one was a transgender resident.

Medical and Mental Health Records. The facility does not maintain medical and mental health records. Secondary records related to transportation to and from the hospital or doctor's office would be maintained as well as services would be documented on the PREA Checklist. There were zero residents who reported sexual abuse or sexual harassment and as such no secondary documentation was available for review.

Grievances. There were zero sexual abuse grievances. The auditor reviewed the grievance log.

Hotline Calls. The facility has an internal hotline. Zero sexual abuse allegations were reported via the hotline.

Investigation Files. There were zero allegations reported during the previous twelve months. The last allegation was reported in 2023 and as such no investigations were reviewed.

# SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

**81. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

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

**82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

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

**Sexual Harassment Investigation Outcomes**

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

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

0

**a. Explain why you were unable to review any sexual abuse investigation files:**

There were zero investigation completed. The last allegation was reported in 2023.

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

<p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>There were zero investigation completed. The last allegation was reported in 2023.</p>
<p><b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>No text provided.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

- Yes  
 No

### Non-certified Support Staff

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

- Yes  
 No

## AUDITING ARRANGEMENTS AND COMPENSATION

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

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

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

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive (AD) 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Fox Valley Adult Transition Center Institutional Directive (ID) 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>4. Administrative Directive 04.01.302 Screening for Risk of Victimization and Abusiveness</li> <li>5. Administrative Directive 01.02.103 Duty Administrative Officer, Back-up Duty Administrative Officer and Required Inspection Tours</li> <li>6. Administrative Directive 04.03.104 Evaluation, Treatment and Correctional</li> </ol>

Management of Transgender Offenders

7. Administrative Directive 05.01.113 Searches of Offenders
8. Administrative Directive 04.01.105 Facility Orientation
9. Administrative Directive 04.01.111 ADA Accommodations
10. Administrative Directive 05.07.101 Reception and Classification Process
11. Administrative Directive 01.12.120 Investigations of Unusual Incidents
12. Administrative Directive 01.12.112 Preservation of Physical Evidence
13. Administrative Directive 01.12.101 Employee Criminal Misconduct
14. Administrative Directive 01.12.125 Uniform Investigative Reporting System
15. Administrative Directive 01.12.115 Institutional Investigative Assignment
16. Administrative Directives 01.01.101 Administrative Directives
17. Administrative Directive 01.02.101 Staff Meeting
18. Administrative Directive 04.01.122 Volunteer Services
19. Administrative Directive 03.03.102 Employee Training
20. Administrative Directive 05.15.100 Restrictive Housing
21. Administrative Directive 04.01.114 Local Offender Grievance Procedures
22. Administrative Directive 03.01.120 Employee Review Hearing
23. Standard Operating Procedural (SOP) Manual for Mental Health
24. Illinois Administrative Code 20.504
25. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)
26. Agency Organizational Chart

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.211 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The PAQ also stated that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment and that the policy includes definitions on prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in prohibited behaviors. The PAQ further stated that the policy includes a description of agency strategies and response to reduce and prevent sexual abuse and sexual harassment of residents. The agency policy, AD 04.01.301 outlines the agency's strategies on preventing, detecting and responding to sexual abuse and include definitions of prohibited behavior. Page 1 states that the agency has a zero tolerance policy. In addition ID 04.01.301, outlines the facility specific policies on preventing, detecting and responding to sexual abuse and sexual harassment. Page 2 (both policies) provide the definitions of prohibited behaviors and page 12 outlines sanctions for those who have participated in prohibited behaviors. In addition to AD and ID 04.01.301, the agency has numerous other policies that address portions of the sexual abuse prevention, detection and response strategies. The policies include: 04.01.302, 01.02.103, 04.03.104, 05.01.113, 04.01.105, 04.01.111, 05.07.101, 01.12.120, 01.12.112, 01.12.101, 01.12.115, 01.01.101, 01.02.101, 04.01.122, 03.03.102, 05.15.100, 04.01.114, 03.01.120, SOP Manual for Mental Health and Illinois Administrative Code 20.504. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, training (staff, volunteers and contractors), staffing, intake/risk screening, resident education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, victim services, medical and mental health services, employee and resident discipline, incident reviews and data collection. The policies are consistent with the PREA standards and outlines the agency's approach to sexual safety. Additionally, the agency has the PREA Manual which addresses each provision of each standard and has corresponding direction, if applicable, related to the provision/standard. The PREA Manual is utilized by agency staff as a road map for PREA compliance.

115.211 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator (PC) with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. Further communication indicates the agency (Safer Foundations) utilizes the IDOC PC and has a PCM at the facility to ensure facility compliance. The facility follows all IDOC policies and procedures and the IDOC PC is responsible for monitoring and ensuring facility compliance. AD 04.01.301, page 3 states that the Director shall designate an Agency PREA Coordinator who shall develop, implement and oversee the Department's Sexual Abuse and Harassment Prevention and Intervention

Program. The agency's organizational chart reflects that the PC position is an upper-level, agency-wide position. The position is the Senior Public Service Administrator who reports to the Chief Compliance Officer who reports to the Director. The interview with the PC indicated that the work gets done, but often requires that he work long hours. He stated the Department is currently in the process of restructuring the PREA Unit to incorporate additional staff. Eventually, the IDOC PREA Compliance Unit will consist of one Senior Public Service Administrator (Agency PREA Coordinator), two Administrative Assistant II positions, and three Internal Security Investigator II positions. The PC stated there are a total of 31 PREA Compliance Managers and 31 Backup PREA Compliance Managers. Collaboration with the individuals occurs using in-person and WebEx meetings, SharePoint and an email distribution list in Outlook. Additionally, he stated that site visits are made to all facilities, and he is always available via email/phone. The interview with the PC indicated that if he identifies an issue complying with a PREA standard he would contact the specific Department Head and notify them of a concern and develop corrective action collectively. He indicated if the issue requires a policy change, the Department's Policy and Directive Unit as well as the Legal Department are utilized. Additionally, he stated that he can also utilize the National PREA Resource Center and networking with other states if necessary. It should be noted that the agency PC is very knowledgeable of policy, procedure and the PREA standards. He is directly involved in compliance across all facilities and provides annual training to agency staff, including PREA Compliance Managers. He also conducts trainings for investigators. The PC is very involved in all compliance and consistently works at adapting policy and procedure with the updates provided by the PREA Resource Center. The time, authority and knowledge of the PC exceeds the requirement of this standard. It should be noted that while not required, the facility also has a PREA Compliance Manager that assists the facility with PREA Compliance. The interview with the PCM indicated that she has enough time to manage all of her PREA related responsibilities.

Based on a review of the PAQ, AD 04.01.301, ID 04.01.301, 04.01.302, 01.02.103, 04.03.104, 05.01.113, 04.01.105, 04.01.111, 05.07.101, 01.12.120, 01.12.112, 01.12.101, 01.12.115, 01.01.101, 01.02.101, 04.01.122, 03.03.102, 05.15.100, 04.01.114, 03.01.120, SOP Manual for Mental Health, Illinois Administrative Code 20.504, the PREA Manual, the agency organizational chart and information from interview with the PC and PCM, this facility appears to exceed this standard.

<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	Documents:

1. Pre-Audit Questionnaire
2. Contracts for Confinement of Individuals In Custody
3. PREA Audit Reports

Interviews:

1. Interview with the Agency's Contract Administrator

Findings (By Provision):

115.212 (a): The PAQ indicated that the agency has entered into or renewed two contracts for the confinement of IICs since the last PREA audit and both contracts require the contractor to adopt and comply with PREA standards. A review of the two contracts confirmed that language is included in each contract that states that the "vendor shall comply with all applicable fiscal, operational and program policies of the IDOC contained in Administrative Directives, Administrative Rules and applicable memoranda. IDOC shall provide at least one complete set to the Center." It also states that the "vendor shall grant open access, at all times, to the IDOC for inspection, audits, routine IDOC business and any other purposes relating to this program as determined by the IDOC." The agency has two contracts, both which have language that require the contractor (Safer Foundations) to comply with PREA standards. In addition to the language, the agency goes above and beyond by coordinating and paying for the PREA audits for the contracted agency. The agency does this to ensure that the contractor complies with the PREA standards and is fully compliant. The PC schedules these audits and includes them in his PREA audit three year cycle.

115.212 (b): The PAQ indicated that the two contracts require the agency to monitor the contractor's compliance with PREA standards. The interview with the Agency Contract Administrator indicated that individual correctional facilities do not contract for confinement services on their own. The IDOC does contract with Safer Foundations for the confinement of offenders in a Community Confinement setting. The two facilities are stand-alone facilities and both facilities undergo their own PREA audit every three years just like the facilities operated by the State. The Agency Contract Administrator confirmed that both contracts require full compliance with the PREA standards and both PREA audit reports are available on the IDOC website. A review of the agency website confirmed that both contracted facilities had a PREA audit completed during each of the previous three audit cycles. All reports are available for review on the website.

115.212 (c): The PAQ indicated that since August 20, 2012, the agency has not entered into one or more contracts with a private agency or other entity that failed to comply with the PREA standards. The interview with the Agency Contract Administrator indicated that individual correctional facilities do not contract for confinement services on their own. The IDOC does contract with Safer Foundations for the confinement of offenders in a Community Confinement setting. The two facilities are stand-alone facilities and both facilities undergo their own PREA audit every three years just like the facilities operated by the State. The Agency Contract Administrator confirmed that both contracts require full compliance with the PREA standards and both PREA audit reports are available on the IDOC website.

Based on the review of the PAQ, Contracts, PREA Audit Report, and information from the interview with the Agency Contract Administrator, the agency appears to exceed this standard.

115.213	Supervision and monitoring
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Staffing Plan</li> <li>4. Staffing Plan Reviews</li> <li>5. Deviations from the Staffing Plan</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Director</li> <li>2. Interview with the PREA Coordinator</li> </ol> <p>Site Review Observations:</p>

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Devices

Findings (By Provision):

115.213 (a): The PAQ indicated that for each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. 04.01.301 pages 4-5 address the agency's staffing plan development. Specifically, it states that the Chief Administrative Officer of each correctional facility shall ensure the facility develops, documents and makes 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 sexual abuse and sexual harassment. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: generally accepted correctional practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant including blind-spots or areas where staff or offenders may be isolated, the composition of the offender population, the number and placement of supervisory staff, institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated that the current staffing is based on 114 residents, which is the average daily population. The facility employs 21 staff. The staffing plan outlines the elements under this provision as well as other elements as they relate to staffing levels. A review of the staffing plan and roster noted that at least five staff are assigned to each shift with a minimum of three staff assigned to the facility per shift. During the tour the auditor confirmed the facility follows the staffing plan. There were total staff assigned to the entire building. Staff conduct formal and informal rounds throughout the day. The auditor confirmed that the staffing was adequate to protect residents from sexual abuse. The auditor did not observe overcrowding and confirmed that rooms housed two to six residents. The line of sight for staff was adequate when on the living unit hallways. The auditor observed that the building was older and had numerous areas that would benefit from video monitoring technology. The auditor observed one large blind spot in the food service area. During the tour the auditor observed cameras on the housing floors and in a few common areas. Cameras are not actively monitored. When the auditor requested to view the cameras, it was noted that the monitors to view them were in locked closets and one monitor was not hooked up and was unable to be hooked up while on-site. This illustrated that video monitoring is ineffective for supervision and monitoring. The interview with the Director confirmed the facility has a staffing plan and the plan is adequate to protect residents from sexual abuse. She stated they always have three staff on shift, a supervisor and two officers. She

advised staffing is based on national standards and the agency sets the minimum levels. The Director noted they have video monitoring technology and the staffing plan is documented. The Director advised staffing is developed by central office in negotiation with the union. She noted all elements under this provision are considered. She further stated that they review the staffing plan daily through the schedule. The PC stated that community confinement facilities go through the annual staffing plan review just like the prisons. He indicated that blind spots or problematic areas are always considered and, if appropriate, or feasible, mirrors and cameras are provided. He also stated that staff make frequent rounds to ensure safety. The PC stated that the facility is the lowest security level and does not house individuals designated as predators. He confirmed that the required components under this provision are included in the development and review of the staffing plan.

115.213 (b): The PAQ indicated that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. 04.01.301, page 5 states that if circumstances arise where the staffing plan is not complied with, the facility shall document and justify all deviation from the plan on the Daily Roster review, DOC 0531, in accordance with 05.01.101. The interview with the Director confirmed that any deviations from the staffing plan would be documented on the schedule and through the absence log and absence slip. A review of documentation noted that any deviations are documented on the shift activity report and staffing schedule.

115.213 (c): The PAQ indicated that at least once every year the facility reviews the staffing plan to see whether adjustments are needed in: the staffing plan, prevailing staffing patterns, the deployment of video monitoring systems and other monitoring technologies, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. 04.01.301, page 5 states that whenever necessary, but no less frequent than once per year, the facility, in consultation with the Agency PREA Coordinator, shall assess, determine and document whether adjustments are needed to the staffing plan established herein, the facility's deployment of video monitoring systems and other monitoring technologies, and the resources the facility has available to ensure adherence to staffing plan. The staffing plan was most recently reviewed on March 13, 2024. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The staffing plan was previously reviewed on February 3, 2023. The PC confirmed that he is consulted regarding each facility's staffing plan. He stated staffing assessments are reviewed consistently by Operations (Roster Review Team, Security Review Team, etc.) and updates to the Staffing Plan are signed off on by the facility Warden and PREA Coordinator on an annual basis.

Based on a review of the PAQ, 04.01.301, the staffing plan, annual staffing plan reviews, deviations from the staffing plan, observations from the tour and information from the interviews with the PC and the Director, this standard appears to require corrective action. The auditor observed that the building was older and had numerous areas that would benefit from video monitoring technology. The auditor observed one large blind spot in the food service area. During the tour the auditor observed cameras on the housing floors and in a few common areas. Cameras are not actively monitored. When the auditor requested to view the cameras, it was noted that the monitors to view them were in locked closets and one monitor was not hooked up and was unable to be hooked up while on-site. This illustrated that video monitoring is ineffective for supervision and monitoring.

#### Corrective Action

The facility will need to alleviate the identified blind spots and provide confirmation. Additionally, the facility will need to ensure video monitoring is available and effective. Confirmation of the modifications will need to be provided.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Photos of Modifications

The facility installed mirrors in the identified areas to alleviate the blind spots. Photos were provided confirming the placement. Additionally, the facility ensured video monitoring technology equipment was accessible and functional. Photos were provided confirming the camera monitors were visible and accessible.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.215	Limits to cross-gender viewing and searches
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 04.03.104 Evaluation, Treatment and Correctional Management of Transgender Offenders</li> <li>4. Administrative Directive 05.01.113 Searches of Offenders</li> <li>5. Rehabilitation, Safety Management and Care for Transgender People in Correctional Settings Curriculum</li> <li>6. Personal Searches Curriculum</li> <li>7. Personal Search Card</li> <li>8. Staff Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Random Staff</li> <li>2. Interviews with Random Residents</li> <li>3. Interview with Transgender Residents</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of Privacy in Housing Units and Restrooms</li> <li>2. Observation of Opposite Gender Announcement</li> </ol> <p>Findings (By Provision):</p> <p>115.215 (a): The PAQ indicated that the facility does not conduct cross gender strip and cross gender visual body cavity searches of residents and that there have been zero searches of this kind in the previous twelve months. The PAQ stated zero</p>

searches of this kind were conducted at the facility over the past twelve months. 05.01.113, page 2 states that cross-gender strip searches shall be prohibited. A review of the Personal Searches Curriculum confirmed that page 4 discusses the prohibition under 05.01.113.

115.215 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances and the facility does not restrict female residents' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The PAQ stated there have been zero pat-down searches of female residents by male staff. The Personal Searches Curriculum, page 4 indicates that staff are trained that only female correctional employees, who are properly trained, are authorized to conduct pat down or clothed body searches of female offenders. Interviews with eleven staff confirmed none were aware of time where a resident as restricted access in order to comply with this provision. Interviews with 21 residents noted none were restricted access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. It should be noted a few of the residents indicated they had been restricted from open air time, not due to a female staff member, but overall staffing.

115.215 (c): The PAQ indicated that facility policy requires all cross gender strip searches, all cross gender visual body cavity searches and all cross gender pat searches of female residents be documented. The PAQ stated that the facility does not house female residents and as such that part of the provision does not apply. 01.12.105, page 3 states that notification of serious and significant unusual incidents shall be in accordance with the provisions of this directive. Page 3 states that following initial notification of the respective Deputy Director or Chief, the Chief Administrative Officer shall ensure electronic notification of the incident is provided and the notification includes the date and time, offenders involved, staff involved and narrative of the incident. The Personal Search Manual, page 4 states that in exigent or emergency circumstances, a male correctional employee, who is properly trained, may conduct a search if a properly trained, female correctional employee is not available. An exigent or emergency or situation is one in which a reasonable suspicion exists that a weapon, or another item of serious contraband, is present and it presents an immediate danger to the offender(s), facility security, or the public which cannot be safety averted either by securing, escorting or isolating the offender.

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

procedures require staff of the opposite gender to announce their presence when entering a resident housing unit. 04.01.301, page 7 indicates that offenders shall be able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except when such viewing is incidental to routine cell checks. Page 7 further notates that staff of the opposite gender, whether assigned to the unit or not, shall make the following verbal announcement upon their arrival in a housing unit "Male/Female in the housing unit". With regard to cross gender viewing, the auditor did not identify any issues. Toilets were public style with doors and showers were single with curtains. The entrance to the bathrooms also had a solid door. The auditor observed that all strip searches (only completed "for cause") are done in a bathroom with a solid doors. A review of partial video monitoring technology confirmed no cross gender viewing issues. The second part was unable to be viewed, however the auditor confirmed cameras were not placed in areas that would present a cross gender viewing issue. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement verbally when on the living area floors. The announcement was made repeatedly while walking the floors. All eleven random staff interviewed stated that residents have privacy when showering, using the restroom and changing clothes and all eleven indicated that staff of the opposite gender announce prior to entering resident living areas. Interviews with 21 residents indicated they have privacy when showering, using the restroom and changing their clothes. Further all 21 residents stated that staff of the opposite gender announce when they enter resident living areas.

115.215 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status and that no searches of this nature have occurred within the previous twelve months. 05.01.113, page 2 states that staff shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversation with the offender, reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with eleven random staff indicated all eleven were aware of an agency policy that prohibits strip searching a transgender or intersex resident for the sole purpose of determining the residents' genital status. The interview with the one transgender resident noted he was not searched for the sole purpose of determining his genital status.

115.215 (f): 05.01.113, page 2 states that the Office of Staff Development and Training shall ensure security staff are trained in conducting searches of offenders in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Page 11 further states that offenders designated as transgender non-conforming shall be designated as such in Offender 360 and

	<p>provided an offender identification card specifying the gender of staff that will perform strip searches of that offender as determined by the Transgender Administrative Committee in consultation with the offender. If a strip search is to be performed, the transgender or gender non-conforming offender shall be searched by the gender of the staff designated on the offender identification card.</p> <p>04.03.104, pages 8-9 also outline the same information described in 05.01.113. The Personal Search Curriculum pages 3-4 outline the basic guidelines for conducting searches including being systematic, thorough, objective and consistent. Page 5 states that when conducting searches of a transgender or intersex offender, the searches should be conducted in a professional and respectful manner, consistent with the type of search being conducted, and security needs. Searches should be complete in accordance with applicable Administrative Directives or Institutional Directives based on the gender of the facility, unless otherwise directed by the CAO. The training further states that if an offender has been confirmed and identified in Offender 360 or on their identification badge to be transgender or gender non-conforming, the offender may express preferences to be searched by a male or female staff of their gender identify rather than the gender staff above, that request will be considered and if possible, honored, if staff are available to do so. Staff are also provided training titled Rehabilitation, Safety Management and Care for Transgender People in Correctional Settings. A review of the training confirmed that staff are provided information on definitions and terminology, appropriate language, bias, gender informed professional skills including appropriate language and misgendering, statistics and policy and procedure related to transgender care. Staff are also provided a Personal Search Card that outlines the steps for offender pat-searches and offender strip searches. The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex residents. Interviews with eleven staff indicated all eleven had received training on how to conduct cross-gender pat down searches and searches of transgender and intersex residents. A review of documentation for eleven staff confirmed all eleven had completed search training.</p> <p>Based on a review of the PAQ, 04.01.301, 04.03.104, 05.01.113, staff training records, observations made during the tour, as well as information from interviews with random staff, random residents and the transgender resident, this standard appears to be complaint.</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 04.01.105 Facility Orientation
4. Administrative Directive 04.01.111 ADA Accommodations
5. Administrative Directive 05.07.101 Reception and Classification Process
6. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)
7. Video Remote Interpreting Information
8. Language Interpretation Procedure – Propio Language Services, LLC.
9. Individuals In Custody Handbook (Handbook)
10. Sexual Abuse and Custodial Sexual Misconduct (PREA Brochure)
11. PREA Poster
12. PREA Reporting Poster
13. Staff Training

Interviews:

1. Interview with the Agency Head
2. Interviews with Random Staff
3. Interviews with Disabled Residents

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.216 (a): The PAQ stated that 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. 04.01.301, pages 7-8 state that the Department shall provide offender

education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to offender who have limited reading skills. 04.01.111, pages 3-4 indicate that the CAO shall ensure offenders are provide with information regarding ADA disability accommodations and shall establish procedures for offender access to teletypewriter (TTY) and Video Remote Interpreting (VRS) equipment. The policy also indicates that the CAO shall find alternative notification methods for auditory announcements (tactile paging system). 05.07.101, page 2 states that all videos used during orientation shall include closed captioning subtitles and closed captioning utilizing American Sign Language which has been reviewed for accuracy of the interpretation by the Illinois Deaf and Hard of Hearing Commissioner or a qualified interpreter. The policy further states that the department shall reserve the first row of seats during orientation for offenders who are disabled. A review of PREA Poster, PREA Reporting Poster, Handbook and PREA Brochure confirmed that information can be provided in large font and bright colors and can be read to residents in terminology that they understand. Additionally, pages 81-82 of the Handbook provides information on Americans with Disabilities (ADA) including requesting accommodations, telecommunication equipment and sign language information. The interview with the Agency Head confirmed that the agency has an Administrative Directive, 04.01.111 ADA Accommodations and Propio Language Service Contact that establishes procedures to provide residents with disabilities and residents who are limited English Proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The interview with the Agency Head confirmed that the agency has established procedures to provide IICS with disabilities and IICs who are limited English Proficient 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. She stated they have a policy for ADA and ADA accommodations. She further stated they work to ensure orientation and education are available in English and Spanish. The Agency Head indicated the PREA video is available in English, Spanish and ASL. Further she noted that the agency has a contract with a language service for translation and ASL that they can utilize when needed. The auditor observed PREA information posted throughout the facility via the PREA Poster and the PREA Reporting Poster. The PREA Posters were observed on legal size paper in English and Spanish. The PREA Reporting Posters were on letter size paper in English and Spanish. Posters were displayed throughout the facility, including the housing unit floors. The auditor did not require accommodations for resident interviews, however the facility utilizes Propio. During a prior IDOC audit, the auditor utilized the American Sign Language video translation service. This service is set up through the Americans with Disabilities Act Coordinator via a computer. Interviews with five disabled residents indicated they were provided information in a format that they could understand.

115.216 (b): The PAQ indicates that the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in

or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 04.01.301, pages 7-8 state that the Department shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to offender who have limited reading skills. 04.01.105, page 2 states that for a non-English speaking offender, reasonable efforts shall be made for the orientation to be explained to him or her in a language her or she understands. It further states that offenders shall receive written orientation material and/or translation in their own language and when a literacy problem exists, a staff member shall assist the offender in understanding the materials. The facility also has a contract with Propio Language Services, LLC. This company provides the facility a phone number that they can call that connects the staff member with a translator who can will translate information between the staff member and LEP resident. The company has interpretation services for over 600 languages. A review of PREA Poster, PREA Reporting Poster, Handbook and PREA Brochure confirmed that information is available in both English and Spanish and can be translated into other languages, as needed. The auditor observed PREA information posted throughout the facility via the PREA Poster and the PREA Reporting Poster. The PREA Posters were observed on legal size paper in English and Spanish. The PREA Reporting Posters were on letter size paper in English and Spanish. Posters were displayed throughout the facility, including the housing unit floors. The auditor did not require accommodations for resident interviews, however the facility utilizes Propio. The auditor confirmed that the facility had the information, including contact number and pin to utilize the services. The auditor tested Propio services at prior IDOC audits. The auditor was provided the call in number and access code and selected a language. Propio staff then provide over the phone translation services. Additionally during a prior IDOC audit, the auditor utilized the American Sign Language video translation service. This service is set up through the Americans with Disabilities Act Coordinator via a computer. Interviews with five disabled residents indicated they were provided information in a format that they could understand. There were zero LEP residents at the facility during the on-site portion of the audit.

115.216 (c): The PAQ indicated that agency policy prohibits use of resident interpreters, resident readers, or other type 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 responder duties, or the investigation of the resident's allegation. The PAQ further stated the agency/facility documents the limited circumstances and that there were zero instances where a resident was utilized to interpret, read or provide other types of assistance. 04.01.301, page 9 states staff shall not rely on individuals in custody to act as interpreters when reporting or investigating allegations of sexual abuse or sexual harassment for other individuals in custody who do not speak English, or who may speak very limited English; except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the safety of the

	<p>individual. Use of such interpreters shall be documented. Interviews with eleven random staff indicated six were aware of a policy that prohibits utilizing resident interpreters, readers or other types of resident assistants for sexual abuse allegations. Further during the interview with the risk screening staff she advised she could utilize another IIC for translation/interpretation if needed. Interviews with five disabled residents indicated they were provided information in a format that they could understand. None advised another resident was utilized to interpret, reader or provide assistance. There were zero LEP residents at the facility during the on-site portion of the audit. After the on-site portion of the audit the facility conducted training with staff on the prohibition under this provision. Training also outlined that a staff interpreter is acceptable and if staff are unavailable Propio Language Translation Services is to be utilized. Documentation confirmed the training was conducted from September 25-30, 2025 across all three shifts.</p> <p>Based on a review of the PAQ, PAQ, 04.01.301, 04.01.105, 04.01.111, 05.07.101, the PREA Manual, VRS/TTY information, Propio Language Services LLC information, the Handbook, PREA Poster, PREA Reporting Poster, Staff Training, observations made during the tour as well as interviews with the Agency Head, random staff and residents with a disability, this standard appears to be corrected and as such compliant.</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 01.02.107 Background Investigations</li> <li>3. Administrative Directive 03.02.100 Administrative Review of Personnel or Service Issues</li> <li>4. Administrative Directive 03.02.108 Standards of Conduct</li> <li>5. PREA Preemployment Self Report DOC 0450</li> <li>6. PREA Questionnaire for Institutional Employers DOC 0589</li> <li>7. Arrest Tracking Process Memorandum</li> <li>8. Personnel Files of Staff</li> </ol>

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.217 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may come in contact with residents, and shall not enlist the services of any contractor who may have contact with residents if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. 03.02.100, page 3 states that the Department shall not hire, promote or enlist the services of any employee, contractual or otherwise, who may have contact with offenders and: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution as defined in 42 U.S.C. 1997; has been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats or force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. There were zero staff and zero contractors hired in the previous twelve months and as such no documents were reviewed. The auditor did review numerous documents for staff and contractors at other IDOC audits and confirmed the agency has a process for criminal background record checks prior to hire.

115.217 (b): The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with a resident. 03.02.100, page 3 states that the Department shall consider any incident of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractual employee, who may have contact with offenders. The interview with Human Resource staff indicated that the Background Investigation Unit (BIU) reports any incidents that are uncovered while conducting the background check relating to sexual harassment and include these incidents in an Administrative Review (AR) that is forwarded on to the IDOC Executive Staff for their review. This also includes contractual employees.

115.217 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law,

makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. 01.02.107, pages 2-3 state that background investigations shall be completed on person prior to employment or prior to placement in safety sensitive position and on person who provide services for the Department. There shall be two levels of background investigations: a computer criminal history check which include a check of an individual's criminal history through the Law Enforcement Agencies Data System (LEADS) and a complete background investigation which includes a check of LEADS and nine other database queries. Policy indicates a complete background investigation is required for all applicants prior to employment, employees, contractual employees and interns. The policy also indicates that the DOC 0450 is also required for the background investigation. A review of the DOC 0589 confirms that the PREA Questionnaire for Institutional Employers is sent to all prior institutional employers and contains four questions including if the individual was involved in a substantiated sexual abuse allegation and/or a sexual harassment allegation and/or if the individual resigned during a pending investigation of sexual abuse and/or a pending investigation of sexual harassment. The PAQ indicated that two individual were hired in the previous twelve months that may have contact with residents and both had a criminal background records check completed prior to hire. The interview with Human Resource staff confirmed that the Background Investigation Unit (BIU) performs a background check on all request for background investigations sent by facilities. In addition, the BIU performs a check of IDOC Intel, work discipline and any PREA related incidents for all employees promoting to Shift Supervisor or a promotion in a Merit Compensation position. The Human Resource staff also stated that they check IDOC Intel and work discipline for employees that have answered "Yes" on the DOC 0450 (PREA self-disclosure). There were zero staff hired in the previous twelve months and as such no documents were reviewed. It should be noted the two staff noted in the PAQ were not new hires but were transfers from another facility. The auditor did review numerous documents for staff and contractors at other IDOC audits and confirmed the agency has a process for criminal background record checks prior to hire and contacting prior institutional employers.

115.217 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. The PAQ indicated that there have been zero contracts at the facility within the past twelve months. 01.02.107, pages 2-3 state that background investigations shall be completed on person prior to employment or prior to placement in safety sensitive position and on person who provide services for the Department. There shall be two levels of background investigations: a computer criminal history check which include a check of an individual's criminal history through the Law Enforcement Agencies Data System (LEADS) and a complete background investigation which includes a check of LEADS and nine other database queries. Policy indicates a complete background investigation is required

for all applicants prior to employment, employees, contractual employees and interns. The policy also indicates that the DOC 0450 is also required for the background investigation. The Human Resource staff confirmed that all contractors who have routine access to individuals in custody go through the background process. There were zero contractors hired in the previous twelve months and as such no documents were reviewed. The auditor did review numerous documents for staff and contractors at other IDOC audits and confirmed the agency has a process for criminal background record checks prior to hire.

115.217 (e): The PAQ indicated that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents, or that a system is in place for otherwise capturing such information for current employees. 03.02.108, page 2 states that employees are required to verbally report as soon as possible but within five working days a written report and final disposition to the Background Investigations Unit any arrest, indictment or conviction for a felony or misdemeanor, other than minor traffic offenses such as a parking ticket. The memo from the Background Investigations Unit staff indicated that every applicant processed by the IDOC had fingerprints submitted through the Illinois State Police LEADS/NCIC system. When fingerprints are submitted, a permanent marker is indicated on the entry which enables arrest tracking. If the individual is ever arrested, the nationwide system generates a direct response to the IDOC Background Investigations Unit which is immediately notified of the arrest. The BIU then contacts the CAO of the facility or program site where the employee/contractor is assigned. The facility provided the auditor examples of employee fingerprint submissions and employee arrest notifications, confirming that the IDOC is notified of any arrests. The interview with Human Resource staff indicated that every applicant processed by the Illinois Department of Corrections Background Investigations Unit has, as part of the background investigations process and as a condition of their employment, fingerprints submitted through the Illinois State Police LEADS/NCIC system. When fingerprints are submitted, a permanent marker is indicated on the entry which enables Arrest Tracking. If the individual is ever arrested, the nationwide system generates a direct response to the Illinois Department of Corrections Background Investigations Unit which is immediately notified of the arrest. The notification includes the individual's name, date of birth, and other pertinent identifying information, as well as the Agency which effected the arrest and the charge(s).

115.217 (f): A review of the DOC 0450 Prison Rape Elimination Act Pre-Employment Self-Report confirms that all staff (new applicant and promotion) are required to fill out the form which contains the following questions: have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other correctional facility, a pretrial detention facility, a juvenile facility, a facility for persons who are mentally ill or disabled or have intellectual disabilities or are chronically ill or

handicapped, a facility providing skilled nursing intermediate or long-term care custodial or residential care or other institution as defined in the Civil Rights Institutionalized Persons Act (42 U.S.C. 1997)?; have you been convicted of engaging or attempting to engage in sexual activity in the community that was 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?; and have you been civilly or administratively adjudicated to have engaged 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; and has there ever been any allegation, complaint or finding made against you regarding any incidents of sexual harassment? The Human Resource staff stated that when an individual applies for employment with IDOC they are required to fill out the DOC 0031, Applicant Information Sheet (AIS). There are numerous questions within the AIS that asks about visiting, corresponding with and living with IDOC offenders. Additionally, the applicant is asked about any contact with Law Enforcement. Applicants and promoting employees are also required to complete the DOC 0450 (PREA self-report). The Human Resource staff member confirmed that staff have a continuing affirmative duty to disclose any previous misconduct. The staff indicated that policy of Standards of Conduct require the employee to disclose misconduct. There were zero staff hired in the previous twelve months and as such no documents were reviewed. The auditor did review numerous documents for staff at other IDOC audits and confirmed they complete the DOC 0450 prior to hire. A review of two staff promoted in the previous twelve months confirmed both completed the DOC 0450 prior promotion.

115.217 (g): The PAQ indicates that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. 03.02.108, page 7 states that any employee who knowingly provides false information, including, but not limited to, false information provided in statements, incident reports, correspondence or an interview shall be subject to disciplinary action, including termination. Additionally, DOC 0450 has a section indicating that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for ineligibility or termination from employment.

115.217 (h): The interview with the Human Resource staff indicated that IDOC routinely provides this information upon request with a signed release of information.

Based on a review of the PAQ, 01.02.107, 03.02.100, 03.02.108, DOC 0450, DOC 0589, the Arrest Tracking Process Memorandum, a review of personnel files for staff and information obtained from the Human Resource staff interview, this standard appears to be compliant.

115.218	Upgrades to facilities and technology
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 344 453 378">Documents:</p> <ol data-bbox="280 412 687 517" style="list-style-type: none"> <li data-bbox="280 412 687 445">1. Pre-Audit Questionnaire</li> <li data-bbox="280 479 564 517">2. Camera Listing</li> </ol> <p data-bbox="280 629 437 663">Interviews:</p> <ol data-bbox="280 696 804 801" style="list-style-type: none"> <li data-bbox="280 696 804 730">1. Interview with the Agency Head</li> <li data-bbox="280 763 730 801">2. Interview with the Director</li> </ol> <p data-bbox="280 913 651 947">Site Review Observations:</p> <ol data-bbox="280 981 991 1086" style="list-style-type: none"> <li data-bbox="280 981 780 1014">1. Observations of Physical Plant</li> <li data-bbox="280 1048 991 1086">2. Observations of Video Monitoring Technology</li> </ol> <p data-bbox="280 1198 611 1232">Findings (By Provision):</p> <p data-bbox="280 1344 1481 1753">115.218 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA audit. During the tour the auditor confirmed there were no expansions or modifications. The interview with the Agency Head indicated when they modify physical plant of existing facilities or they build a new facility they keep PREA in the forefront. She stated they ensure buildings do not have any visual PREA concerns, such as blind spots. Additionally, she stated modifications make things more efficient and effective. The Agency Head advised the goal is to protect IICs and staff. The interview with the Director confirmed there were no substantial expansions or modifications to the existing facility since the last PREA audit.</p> <p data-bbox="280 1865 1469 2067">115.218 (b): The PAQ indicated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. During the tour the auditor observed cameras on the housing floors and in a few common areas. Cameras are not actively monitored. When the auditor requested to view the cameras, it was noted that the</p>

monitors to view them were in locked closets and one monitor was not hooked up and was unable to be hooked up while on-site. This illustrated that video monitoring is ineffective for supervision and monitoring. The interview with the Agency Head confirmed that any use of newly updated or installed monitoring technology would be utilized to assist in enhancing the agency's ability to protect IICs from sexual abuse. She stated the agency has a number of cameras and DVRs and they are continually looking to expand technologies across facilities. The Agency Head noted that they are working with their technology partners to build an infrastructure and the goal is to update to more current technology. The Director confirmed that when installing or updating video monitoring technology they consider how that technology will protect residents from sexual abuse. She advised when they initially installed cameras they had central office staff conduct a walk through to assist with identifying areas for placement. She noted they identified additional blind spots for video monitoring technology. A review of the camera listing and the camera map noted cameras are placed within the facility in high traffic areas. Additionally, the documentation indicated the facility was installing cameras to cover blind spots and enhance supervision and monitoring.

Based on a review of the PAQ, Camera Listing, Camera Map, observations made during the tour and information from interviews with the Agency Head and Director, this standard appears to be compliant.

115.221	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 01.12.120 Investigations of Unusual Incidents</li> <li>4. Administrative Directive 01.12.112 Preservation of Physical Evidence</li> <li>5. Memorandum of Understanding with Mutual Ground</li> <li>6. Memorandum of Understanding with the Illinois State Police</li> <li>7. Correspondence with the Illinois State Police</li> </ol>

Interviews:

1. Interviews with Random Staff
2. Interview with the PREA Coordinator
3. Interview with SAFE/SANE

Findings (By Provision):

115.221 (a): The PAQ indicated that the agency is responsible for conducting administrative and criminal investigations. Additionally, the PAQ stated that the Illinois State Police is also responsible for conducting criminal investigations. The PAQ indicated that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. The initial investigative report shall be provided to the Chief Administrative Officer within 24 hours of the onset of the investigation. Policy further states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. 01.12.120, pages 1-2 state that The CAO shall ensure that an internal investigation is conducted by facility staff, or by staff assigned by the Chief of Investigations and Intelligence, on each unusual incident report, if it is determined that further facts are required. The Director or the respective Deputy Director or Chief may request that the Chief of Operations initiate a Department investigation of any other major incident. Department investigations shall be conducted by the Investigations and Intelligence Unit. 01.12.112 pages 1-2 describe the uniform evidence protocol including preservation and collection. Interviews with eleven random staff indicated ten were aware of and understood the protocol for obtaining usable physical evidence. Ten of the eleven staff stated they knew who was responsible for conducting sexual abuse investigations.

115.221 (b): The PAQ indicated that the evidence protocol is not developmentally appropriate for youth as the agency does not house youthful residents. It further stated that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents". Further clarification with the PCM indicated that it was not developed for youth as they do not house youth, however it was developed based on the most recent edition of the DOJ's publication. 01.12.112 indicates that prior to evidence collection the scene shall be secured; evidence shall be collected subsequent of searches, sketches and photographs; evidence shall be handled as little as possible and evidence shall be marked and tagged. The memo from the Chief of Investigations

and Intelligence also indicated that all Sexual Assault Evidence Kits will be completed by an outside hospital or outside hospital emergency room with trained medical staff and the hospital completing the kit will be responsible for submitting the kit to the Illinois State Police Division of Forensic Services.

115.221 (c): The PAQ indicated that the facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside medical facility. The PAQ stated that forensic medical examinations are offered without financial cost to the victim. It further indicated forensic medical examinations are conducted by SAFE or SANE, and when SAFE or SANE are not available examinations are conducted by a qualified medical practitioner. The PAQ confirmed that state statute (Illinois Compiled Statutes ILCS) requires forensic medical examination to be performed by SANE/SAFE. 04.01.301, page 9 states individuals in custody shall not be charged a co-payment for medical treatment, including a forensic medical examination, obtained for alleged sexual abuse. Where evidentiary or medically appropriate, treatment for a forensic medical exam shall be performed by a certified Sexual Assault Forensic Examiner (SAFE) or a certified Sexual Assault Nurse Examiner (SANE) at a local emergency room as determined by the local or medical facility. If a forensic medical examination is conducted, and to ensure a secure chain of custody, the local emergency room or medical facility shall only release the evidence collection kit to a member of the facility's Internal Affairs Unit or a member of the Investigations and Intelligence Unit. The evidence collection kit shall not be returned to the facility by the medical furlough security staff. Kits will be completed by an outside hospital or outside hospital emergency room with trained medical staff. The PAQ indicated that during the previous twelve months there were zero forensic medical examination conducted by a SANE/SAFE. The auditor contacted Rush Copley Medical Center related to forensic medical exams. The staff confirmed they conduct forensic medical exams by SAFE/SANE. There were zero allegations reported during the previous two years confirming there have been zero forensic medical examinations.

115.221 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center and the efforts are documented. The PAQ further indicated that if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member, however a rape crisis center advocate is always provided. 04.01.301, page 5 states that the PCM shall identify community agencies, including advocacy and crisis organizations, where reports can be made or that provide assistance or support services to staff or offenders in the prevention or intervention of sexual abuse and harassment. Page 8 further states that all response efforts, including efforts to secure advocacy services from a rape crisis center, shall be documented. The facility has a Memorandum of Understanding with Mutual Ground which was executed on August 24, 2021. The MOU states the purpose and scope of the MOU is to establish a joint effort between IDOC and SAFE to make available to IICs access to

an outside entity to provide emotional support services related to sexual abuse, including crisis intervention and sexual assault counseling. The MOU further states that it is understood that face-to-face emotional support will be provided in as confidential a manner as possible or emotional support would be provided through confidential, unmonitored, unrecorded phone calls and shall comply with 735 ILCS 5/8-802.1 "Confidentiality of Statements Made to Rape Crisis Personnel." The interview with the PC indicated that if requested by the victim, a victim advocate, qualified agency staff member or qualified community based organization staff member accompanies and provides emotional support, crisis intervention, information and referrals during forensic medical examinations and investigatory interviews. He further stated that all forensic medical examinations are conducted at hospitals with SAFE/SANE and that the hospitals have MOUs in place to ensure a victim advocate is available. Additionally, he indicated that IDOC facilities have MOUs with rape crisis centers to ensure advocates are available and that contact information to these organizations is provided in facility handbooks as well as multiple posting throughout facilities. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.221 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. 04.01.301, page 5 states that the PCM shall identify community agencies, including advocacy and crisis organizations, where reports can be made or that provide assistance or support services to staff or offenders in the prevention or intervention of sexual abuse and harassment. Page 8 further states that all response efforts, including efforts to secure advocacy services from a rape crisis center, shall be documented. The facility has a Memorandum of Understanding with Mutual Ground which was executed on August 24, 2021. The MOU states IDOC will follow the Sexual Assault Survivors Emergency Treatment Act (SASETA) when a forensic medical examination is determined by IDOC to be medically and evidentiarily appropriate in accordance with 115.21, and the examination will be provided at no cost to the IIC. It is expected that the treatment hospital will contact a local rape crisis center as may be specified within a memorandum of understanding or other agreement between the treatment hospital's local rape crisis center pursuant to SASETA. IDOC will allow an IIC transported to a treatment hospital for medical forensic services to access crisis intervention and medical advocacy while at the treatment hospital. If the PCM is on duty, and as time and circumstances allow, the PCM shall provide notice to the appropriate rape crisis center of an IIC being transported to a treatment hospital for medical forensic services to allow for an advocate to be dispatched earlier than when the hospital calls upon arrival. The MOU further states that after the forensic services is performed, IDOC will inform the IIC how to contact the rape crisis center so that the IIC can independently decide whether to avail himself or herself of

additional rape crisis services. The interview with the PC indicated that if requested by the victim, a victim advocate, qualified agency staff member or qualified community based organization staff member accompanies and provides emotional support, crisis intervention, information and referrals during forensic medical examinations and investigatory interviews. He further stated that all forensic medical examinations are conducted at hospitals with SAFE/SANE and that the hospitals have MOUs in place to ensure a victim advocate is available. Additionally, he indicated that IDOC facilities have MOUs with rape crisis centers to ensure advocates are available and that contact information to these organizations is provided in facility handbooks as well as multiple posting throughout facilities. He confirmed that all rape crisis centers comply with requirements set forth by the Illinois Coalition Against Sexual Assault. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.221 (f): The PAQ indicated that the agency/facility is not responsible for investigating administrative or criminal investigations of sexual abuse. The agency/facility does conduct sexual abuse investigations, however there are certain criminal investigations that are conducted by the Illinois State Police. The MOU with the Illinois State Police (signed in 2019) indicates that they conduct investigations related to sexual assault involving staff on staff or staff on resident. A review of documentation confirmed that the PC has annual correspondence with the Illinois State Police related to the Survey of Sexual Victimization. During that correspondence the Illinois State Police confirm that they follow a uniform evidence protocol and the requirements under this standard.

115.221 (g): The auditor is not required to audit this provision.

115.221 (h): The facility has an MOU with Mutual Ground, which is the local rape crisis center with trained/certified victim advocates. Staff are required to maintain necessary training and certification under state law.

Based on a review of the PAQ, 04.01.301, 01.12.120, 01.12.112, the MOU with Mutual Ground, the MOU with the Illinois State Police, the correspondence with the Illinois State Police and information from interviews with random staff and the PREA Coordinator, this standard appears to be compliant.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 01.12.120 Investigations of Unusual Incidents
4. Memorandum of Understanding with the Illinois State Police/Office of Executive Inspector General

Interviews:

1. Interview with the Agency Head
2. Interviews with Investigative Staff

Findings (By Provision):

115.222 (a): The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. The initial investigative report shall be provided to the Chief Administrative Officer within 24 hours of the onset of the investigation. Policy further states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. 01.12.120, pages 1-2 state that The CAO shall ensure that an internal investigation is conducted by facility staff, or by staff assigned by the Chief of Investigations and Intelligence, on each unusual incident report, if it is determined that further facts are required. The Director or the respective Deputy Director or Chief may request that the Chief of Operations initiate a Department investigation of any other major incident. Department investigations shall be conducted by the Investigations and Intelligence Unit. The PAQ noted there were zero allegations reported within the previous twelve month. The interview with the Agency Head confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. She advised they have an Administrative Directive that outlines the process. The investigative unit will review all evidence and will contact ISP, if needed. Once all information is gathered, the Agency Head indicated that they will utilize a

preponderance of the evidence to conclude the investigation. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.222 (b): The PAQ indicated that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The PAQ further stated that the policy is published on the agency's website and all referrals for criminal investigations are documented. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. The initial investigative report shall be provided to the Chief Administrative Officer within 24 hours of the onset of the investigation. Policy further states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. Additionally, the MOU with the Illinois State Police (signed in 2019) indicates that they conduct investigations related to sexual assault involving staff on staff or staff on resident. A review of the agency website indicates that it states that IDOC investigates all allegations of offender on offender sexual abuse and staff sexual misconduct. It further states that investigations are initiated by the Investigations Unit at IDOC Headquarters. Interviews with investigators confirmed that all allegations are referred to an investigative agency with the authority to conduct criminal investigations. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.222 (c): The agency/facility has the authority to conduct both administrative and criminal investigations. The Illinois State Police also have the authority to conduct criminal investigations. 04.01.301 states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. Additionally, the MOU with the Illinois State Police (signed in 2019) indicates that they conduct investigations related to sexual assault involving staff-on-staff or staff-on-resident.

115.222 (d): The PAQ stated that if the agency is not responsible for conducting administrative or criminal investigations of alleged sexual abuse, and another state entity has that responsibility, this other entity has a policy governing how such investigations are conducted. The agency/facility has the authority to conduct both administrative and criminal investigations. The Illinois State Police also has the authority to conduct criminal investigations. 04.01.301 states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. Additionally, the MOU with the Illinois State Police (signed in 2019) indicates that they conduct

	<p>investigations related to sexual assault involving staff on staff or staff on resident.</p> <p>115.222 (e): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, 04.01.301, 01.12.120, the MOU with the Illinois State Police, the agency's website and information obtained via interviews with the Agency Head and the investigators, this standard appears to be compliant.</p>
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<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 03.03.102 Employee Training</li> <li>4. Administrative Directives 01.01.101 Administrative Directives</li> <li>5. Administrative Directive 01.02.101 Staff Meeting</li> <li>6. PREA Pre-Service Orientation Training Curriculum</li> <li>7. PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum</li> <li>8. Transgender and Non-Binary Individuals in Custody Setting - A Guide to Rehabilitation, Safety Management and Care</li> <li>9. Supervising Individuals in Custody in the IDOC Women's Division</li> <li>10. Staff Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Random Staff</li> </ol>

Findings (By Provision):

115.231 (a): The PAQ indicated that the agency trains all employees who may have contact with residents on the requirements under this provision. 04.01.301, pages 3-4 state that the PC shall develop or approve standardized modules for training staff. Training shall include, but may not be limited to: the Department's zero tolerance policy; the Department's Sexual Abuse and Harassment Prevention and Intervention Policy; an offender's right to be free from sexual abuse and harassment and to be free from retaliation for reporting sexual abuse and harassment; common signs of sexually abusive or harassing behavior; common signs of being a victim of sexual abuse or harassment; protocol for initial response, including identification and separation of offenders; reporting procedures and preservation of physical evidence of sexual abuse. 03.03.102, page 1 states that the Department shall ensure all new employees receive orientation and pre-service training and all employees receive in-service training on a fiscal year basis. A review of the PREA Pre-Service Orientation Training Curriculum and the PREA -Individual in Custody Sexual Assault Prevention and Intervention Curriculum confirm that both trainings includes information on: the agency's zero-tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the residents' right to be free from sexual abuse and sexual harassment, the right of the resident to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse how to avoid inappropriate relationship with residents and how to comply with relevant laws related to mandatory reporting. With regard to how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex residents, staff are required to complete the Transgender and Non-Binary Individuals in Custody Setting - A Guide to Rehabilitation, Safety Management and Care video. Interviews with eleven random staff confirmed that all eleven had received PREA training and the training included the required elements under this provision. Staff noted they receive training annually. A review of documentation for eleven staff confirmed all eleven had completed PREA training during day two cycle training.

115.231 (b): The PAQ indicated that training is tailored to the gender of resident at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. 03.03.102, page 4 states that all employees employed at a women's facility shall receive an additional 40 hours of gender responsive and trauma informed training onsite upon hire. Each employee shall then be provided a gender responsive and trauma informed refresher each subsequent year of employment. A review of the Supervising Individuals in Custody in the IDOC Women's Division training curriculum confirms the training includes 83 slides related to trauma informed practices, gender specific programs and services,

different level of value of communication for women and health boundaries and professional distance. Additionally, the agency has the Gender Responsibility and Supervising the Female Offender training. A review of documentation for eleven staff confirmed all eleven had completed the training for female offenders.

115.231 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment and that staff are provided training annually. 03.03.102, page 4 states that employees shall receive an additional 40 hours of training each subsequent year of employment. 01.01.101, page 7 states that the Policy and Directives Unit shall provide monthly notice of, and make available via the Department Intranet any new or revised directives, rescission notices, or provide a notice of no change. Additionally, 01.02.101 states that administrative and supervisory staff meeting shall be held at least once a month to ensure that lines of two-way communication are established between all levels of supervision and that the meeting will be used for discussing policy and program changes and topics which are of general interest to the group. A review of documentation for eleven staff confirmed all eleven had completed PREA training during day two cycle training at least every two years.

115.231 (d): The PAQ indicated that the agency documents that employees who may have contact with residents understand the training they have received through employee signatures or electronic verification. 03.03.102, page 6 states that certificates or other verification of training received shall be provided to the Training Coordinator. The certificates or verification of training shall include all information required on the DOC 0200. Additionally, all newly hired staff are required to complete the Acknowledgement of Participation which indicates that the staff has read and understood 04.01.301. A review of documentation for eleven staff confirmed all eleven had signed the DOC 0200.

Based on a review of the PAQ, PAQ, 04.01.301, 03.03.102, 01.01.101, 01.02.101, PREA Pre-Service Orientation Training Curriculum, PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum, Transgender and Non-Binary Individuals in Custody Setting - A Guide to Rehabilitation, Safety Management and Care training, Supervising Individuals in Custody in the IDOC Women's Division, staff training records and information from interviews with random staff, this standard appears to be compliant.

<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 04.01.122 Volunteer Services
4. Administrative Directive 03.03.102 Employee Training
5. Volunteer Services Handbook
6. PREA Pre-Service Orientation Training Curriculum
7. PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum
8. Volunteer Training Records

Interviews:

1. Interviews with Contractors and/or Volunteers

Findings (By Provision):

115.232 (a): The PAQ indicated that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. 04.01.301, pages 3-4 state that the PC shall develop or approve standardized modules for training staff. Training shall include, but may not be limited to: the Department's zero tolerance policy; the Department's Sexual Abuse and Harassment Prevention and Intervention Policy; an offender's right to be free from sexual abuse and harassment and to be free from retaliation for reporting sexual abuse and harassment; common signs of sexually abusive or harassing behavior; common signs of being a victim of sexual abuse or harassment; protocol for initial response, including identification and separation of offenders; reporting procedures and preservation of physical evidence of sexual abuse. Page 2 states that the term staff for the purpose of this directive shall mean any Department employee, contracted employee, employee of a vendor or volunteer. 04.01.122, page 3 states that the Facility Volunteer Coordinator shall ensure volunteers receive orientation and training appropriate to the type of volunteer assignment at the

facility or program site prior to service. Training shall include, but not be limited to, preparation of an incident report, volunteer rules of conduct and the Department's zero tolerance policy toward all forms of sexual abuse and sexual harassment. The PAQ indicated that seven volunteers and contractors had received PREA training. A review of the PREA Pre-Service Orientation Training Curriculum and the PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum confirms that the trainings discuss responsibilities under the agency's sexual abuse and sexual harassment policy. A review of the Volunteer Services Handbook confirms that it includes information on the zero tolerance, how to report and red flags. Interviews with volunteers confirmed that they were provided information on the agency's sexual abuse and sexual harassment policies and their responsibilities. The auditor requested training for three volunteers. At the issuance of the interim report the documentation had not been received.

115.232 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. Additionally, the PAQ stated that all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 04.01.301, pages 3-4 state that the PC shall develop or approve standardized modules for training staff. Training shall include, but may not be limited to: the Department's zero tolerance policy; the Department's Sexual Abuse and Harassment Prevention and Intervention Policy; an offender's right to be free from sexual abuse and harassment and to be free from retaliation for reporting sexual abuse and harassment; common signs of sexually abusive or harassing behavior; common signs of being a victim of sexual abuse or harassment; protocol for initial response, including identification and separation of offenders; reporting procedures and preservation of physical evidence of sexual abuse. Page 2 states that the term staff for the purpose of this directive shall mean any Department employee, contracted employee, employee of a vendor or volunteer. 04.01.122, page 3 states that the Facility Volunteer Coordinator shall ensure volunteers receive orientation and training appropriate to the type of volunteer assignment at the facility or program site prior to service. Training shall include, but not be limited to, preparation of an incident report, volunteer rules of conduct and the Department's zero tolerance policy toward all forms of sexual abuse and sexual harassment. A review of the PREA Pre-Service Orientation Training Curriculum and the PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum confirms that the trainings discuss responsibilities under the agency's sexual abuse and sexual harassment policy. A review of the Volunteer Services Handbook confirms that it includes information on the zero tolerance, how to report and red flags. Interviews with volunteers indicated they had training in person. Both confirmed the training included information on the zero tolerance policy and reporting responsibilities. The auditor requested training for three volunteers. At the issuance of the interim report the documentation had not been received.

115.232 (c): The PAQ indicated that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. 03.03.102, page 6 states that certificates or other verification of training received shall be provided to the Training Coordinator. The certificates or verification of training shall include all information required on the DOC 0200. Additionally, all newly hired staff are required to complete the Acknowledgement of Participation which indicates that the staff has read and understood 04.01.301. Additionally, 04.01.122, page 3 states that individual volunteer files shall include training documentation including documented orientation and any additional training. Training documentation shall be signed and dated by the volunteer along with the Volunteer Coordinator. The auditor requested training for three volunteers. At the issuance of the interim report the documentation had not been received.

Based on a review of the PAQ, 04.01.301, 04.01.122, 03.03.102, the Volunteer Services Handbook, PREA Pre-Service Orientation Training Curriculum, the PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum and volunteer training records, this standard appears to require corrective action. The auditor requested training for three volunteers. At the issuance of the interim report the documentation had not been received.

#### Corrective Action

The facility will need to provide the originally requested documentation. The facility will need to ensure all volunteers have completed training. Confirmation of the training will need to be provided.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. List of Current Volunteers
2. Volunteer PREA Training Records

	<p>The facility provided a list of current volunteers (seven) and associated PREA training documents. All seven had completed PREA training and signed an acknowledgment of completion and understanding.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.233</b>	<b>Resident education</b>
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	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 04.01.105 Facility Orientation</li> <li>4. Administrative Directive Administrative Directive 04.01.111 ADA Accommodations</li> <li>5. Administrative Directive 05.07.101 Reception and Classification Process</li> <li>6. Video Remote Interpreting Information</li> <li>7. Language Interpretation Procedure – Propio Language Services, LLC.</li> <li>8. Individuals In Custody Handbook (Handbook)</li> <li>9. Sexual Abuse and Custodial Sexual Misconduct (PREA Brochure)</li> <li>10. PREA Poster</li> <li>11. PREA Reporting Poster</li> <li>12. Resident Education Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Intake Staff</li> <li>2. Interviews with Random Residents</li> </ol>

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Posters

Findings (By Provision):

115.233 (a): The PAQ stated that during the intake process, residents shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, 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. 4.01.301, page 7 states that during the admission and orientation process, individuals in custody shall be provided with a presentation explaining the Department's zero tolerance policy regarding sexual abuse and sexual harassment, including reporting procedures and available services. Individuals in custody shall be informed that victims need not name their attacker to receive medical and mental health services. The policy further states that the facility orientation handbook shall include an explanation of reporting procedures and programs and services available to victims or predators of sexual abuse and harassment to include mailing addresses and telephone numbers of local, state or national victim advocacy or rape crisis organizations. The PAQ indicated that 132 residents received PREA information at intake during the previous twelve months. A review of the Handbook confirms that pages 74-79 provide residents with information about the zero-tolerance policy, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such incidents, examples of sexual abuse and sexual harassment, how to prevent sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment. The PREA Brochure includes information on what to do if sexually abused, the zero tolerance policy, rights under PREA, reporting mechanisms, what sexual abuse is, examples of sexual abuse and how to prevent sexual abuse. The auditor observed the intake/education process through a demonstration. All residents are provided a Handbook and PREA Brochure upon arrival. Then within 24 to 48 hours they complete orientation. The staff bring the resident to their office or the classroom, where they show the PRC video. Staff sometimes sit with the resident when they watch the video and other times they play the video for them to watch on their own. Staff ask the resident if they have any questions after the video. Staff also read the PREA Script that corresponds to the video. The video is available in English, Spanish and ASL. The interview with the intake staff confirmed that residents receive information on the agency's sexual abuse and sexual harassment policies during intake, including zero tolerance, their rights under PREA and how to report. The staff stated every resident goes through

orientation within 48 hours. Interviews with 21 total residents indicated nineteen were provided information about the agency's zero tolerance policy, their rights under PREA, how to report and the facility's response to an allegation of sexual abuse or sexual harassment. It should be noted that all residents entering the facility are being transferred from an IDOC facility where they were provided PREA education upon intake and comprehensive PREA education within 30 days. A review of documentation for nineteen residents that arrived within the previous twelve months confirmed all nineteen were provided PREA information at intake.

115.233 (b): The PAQ indicated that the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in provision (a). The PAQ further stated that there were 88 residents transferred from another community confinement facility who was provided the refresher information over the previous twelve months. 4.01.301, page 7 states that during the admission and orientation process, individuals in custody shall be provided with a presentation explaining the Department's zero tolerance policy regarding sexual abuse and sexual harassment, including reporting procedures and available services. Individuals in custody shall be informed that victims need not name their attacker to receive medical and mental health services. The policy further states that the facility orientation handbook shall include an explanation of reporting procedures and programs and services available to victims or predators of sexual abuse and harassment to include mailing addresses and telephone numbers of local, state or national victim advocacy or rape crisis organizations. A review of the Handbook confirms that pages 74-79 provide residents with information about the zero-tolerance policy, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such incidents, examples of sexual abuse and sexual harassment, how to prevent sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment. The PREA Brochure includes information on what to do if sexually abused, the zero tolerance policy, rights under PREA, reporting mechanisms, what sexual abuse is, examples of sexual abuse and how to prevent sexual abuse. The auditor observed the intake/education process through a demonstration. All residents are provided a Handbook and PREA Brochure upon arrival. Then within 24 to 48 hours they complete orientation. The staff bring the resident to their office or the classroom, where they show the PRC video. Staff sometimes sit with the resident when they watch the video and other times they play the video for them to watch on their own. Staff ask the resident if they have any questions after the video. Staff also read the PREA Script that corresponds to the video. The video is available in English, Spanish and ASL. The interview with the intake staff confirmed that residents receive information on the agency's sexual abuse and sexual harassment policies during intake, including zero tolerance, their rights under PREA and how to report. The staff stated every resident goes through orientation within 48 hours. Interviews with 21 total residents indicated nineteen were provided information about the agency's zero tolerance policy, their rights under PREA, how to report and the facility's response to an allegation of sexual

abuse or sexual harassment. It should be noted that all residents entering the facility are being transferred from an IDOC facility where they were provided PREA education upon intake and comprehensive PREA education within 30 days. A review of documentation for nineteen residents that arrived within the previous twelve months confirmed all nineteen were provided PREA information at intake.

115.233 (c): The PAQ indicated that resident PREA education is available in formats accessible to all s, including those who are disabled or limited English proficient. 04.01.301, pages 7-8 state that the Department shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to offender who have limited reading skills. 04.01.111, pages 3-4 indicate that the CAO shall ensure offenders are provide with information regarding ADA disability accommodations and shall establish procedures for offender access to teletypewriter (TTY) and Video Remote Interpreting (VRS) equipment. The policy also indicates that the CAO shall find alternative notification methods for auditory announcements (tactile paging system). 05.07.101, page 2 states that all videos used during orientation shall include closed captioning subtitles and closed captioning utilizing American Sign Language which has been reviewed for accuracy of the interpretation by the Illinois Deaf and Hard of Hearing Commissioner or a qualified interpreter. The policy further states that he department shall reserve the first row of seats during orientation for offenders who are disabled. 04.01.105, page 2 states that for a non-English speaking offender, reasonable efforts shall be made for the orientation to be explained to him or her in a language her or she understands. It further states that offenders shall receive written orientation material and/or translation in their own language and when a literacy problem exists, a staff member shall assist the offender in understanding the materials. The facility also has a contract with Propio Language Services, LLC. This company provides the facility a phone number that they can call that connects the staff member with a translator who can will translate information between the staff member and LEP resident. The company has interpretation services for over 600 languages. A review of PREA Poster, PREA Reporting Poster, the Handbook and the PREA Brochure confirmed that information can be provided in large font, bright colors, can be read to residents in terminology that they understand and is available in Spanish. Additionally, pages 81-82 of the Handbook provides information on Americans with Disabilities (ADA) including requesting accommodations, telecommunication equipment and sign language information. A review of five disabled resident files indicated all five had signed that they received and understood the PREA education. There were no LEP resident files to review.

115.233 (d): The PAQ indicated that the agency maintains documentation of resident participation in PREA education sessions. 04.01.301, page 7 states the individual in custody's participation in the orientation process shall be documented on the Orientation Receipt, DOC 0291. A review of 22 total resident files confirmed

all 22 received PREA education. All 22 signed the DOC 0291 confirming they received education.

115.233 (e): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks or other written formats. 04.01.301, page 7 states that the offender handbook shall include an explanation of reporting procedures and programs and services available to victims or predators of sexual abuse and harassment to include mailing addresses and telephone numbers of local, state or national victim advocacy or rape crisis organizations. A review of the Handbook and PREA Posters confirmed information is accessible to residents through these avenues. The auditor observed PREA information posted throughout the facility via the PREA Poster and the PREA Reporting Poster. The PREA Posters were observed on legal size paper in English and Spanish. The PREA Reporting Posters were on letter size paper in English and Spanish. Posters were displayed throughout the facility, including the housing unit floors.

Based on a review of the PAQ, 04.01.301, 04.01.105, 04.01.111, 05.07.101, Propio Language Services, LLC. information, Video Remote Interpreting information, the Handbook, PREA Poster, PREA Reporting Poster, PREA Brochure, observations made during the tour, and information obtained during interviews with intake staff and random residents, this standard appears be compliant.

<b>115.234 Specialized training: Investigations</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:  <ol style="list-style-type: none"><li>1. Pre-Audit Questionnaire</li><li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li><li>3. Administrative Directive 01.12.115 Institutional Investigative Assignments</li><li>4. Prison Rape Elimination Act (PREA) for Investigators Training Curriculum</li><li>5. Investigator Training Records</li></ol>
	Interviews:

## 1. Interviews with Investigative Staff

### Findings (By Provision):

115.234 (a): The PAQ indicates that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. 01.12.115, page 2 states that the CAO shall ensure that each individual appointed as an investigator be registered for the next available investigator training program within ten days of temporary or permanent assignment as an investigator. Training topics include but are not limited to: investigative techniques, including interviewing sexual abuse victims; crime scene preservation; collection and preservation of evidence, including sexual abuse evidence collection in a confinement setting; proper use of Miranda and Garrity warnings; criteria and evidence required to substantiate a case for administrative action or prosecution referral; and investigative reporting. The agency utilizes their own training for this standard; PREA for Investigators. The investigators confirmed they received specialized training regarding conducting sexual abuse and sexual harassment investigations in a confinement setting. A review of documentation indicated that the facility utilizes a specific IDOC agency investigator to conduct any investigation. He was documented with the specialized training.

115.234 (b): 01.12.115, page 2 states that the CAO shall ensure that each individual appointed as an investigator be registered for the next available investigator training program within ten days of temporary or permanent assignment as an investigator. Training topics include but are not limited to: investigative techniques, including interviewing sexual abuse victims; crime scene preservation; collection and preservation of evidence, including sexual abuse evidence collection in a confinement setting; proper use of Miranda and Garrity warnings; criteria and evidence required to substantiate a case for administrative action or prosecution referral; and investigative reporting. The agency utilizes their own training for this standard; PREA for Investigators. A review of the training curriculum confirmed slides 67-118 include the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. The investigators confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case. A review of documentation indicated that the facility utilizes a specific IDOC agency investigator to conduct any investigation. He was documented with the specialized training.

	<p>115.234 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that two agency investigators have completed the specialized training. A review of documentation indicated that the facility utilizes a specific IDOC agency investigator to conduct any investigation. He was documented with the specialized training.</p> <p>115.234 (d): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, 04.01.301, 01.12.115, PREA for Investigators Training Curriculum, a review of investigator training records, as well as the interviews with the investigators, this standard appears to be compliant.</p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 03.03.102 Employee Training</li> <li>4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> <li>5. Prison Rape Elimination Act: What Healthcare and Mental Health Providers Need to Know Training Curriculum</li> </ol> <p>Findings (By Provision):</p> <p>115.235 (a): The PAQ indicated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. 04.01.301, page 4 states that PC shall develop or approve specialized training modules for all full and part-time medical and mental health care practitioners who</p>

work regularly in the facilities. Training shall include: detecting and assessing signs of sexual abuse and sexual harassment; preserving physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations or suspicions of sexual abuse and sexual harassment. The training is conducted via the Prison Rape Elimination Act: What Healthcare and Mental Health Providers Need to Know. A review of the training curriculum confirmed that it includes the following topics: 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 whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has zero medical and mental health staff and that residents are transported to the local hospital for all services. The facility does not employ medical or mental health care staff. All services are provided in the community and as such no training is required. No files were reviewed and no interviews were conducted.

115.235 (b): The PAQ indicated that this provision does not apply as agency medical and mental health care staff do not perform forensic medical examinations. The facility does not employ medical or mental health staff and as such no interviews were conducted.

115.235 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. The facility does not employ medical or mental health care staff. All services are provided in the community and as such no training is required.

115.235 (d): 04.01.301, pages 3-4 state that the PC shall develop or approve standardized modules for training staff. Training shall include, but may not be limited to: the Department's zero tolerance policy; the Department's Sexual Abuse and Harassment Prevention and Intervention Policy; an offender's right to be free from sexual abuse and harassment and to be free from retaliation for reporting sexual abuse and harassment; common signs of sexually abusive or harassing behavior; common signs of being a victim of sexual abuse or harassment; protocol for initial response, including identification and separation of offenders; reporting procedures and preservation of physical evidence of sexual abuse. 03.03.102, page 1 states that the Department shall ensure all new employees receive orientation and pre-service training and all employees receive in-service training on a fiscal year basis. A review of the PREA Pre-Service Orientation Training Curriculum and the PREA -Individual in Custody Sexual Assault Prevention and Intervention Curriculum confirm that both trainings includes information on responsibilities in prevention, detection and response as well as the zero tolerance policy and how to report allegations of sexual abuse. The facility does not employ medical or mental health

	<p>care staff. All services are provided in the community and as such no training is required.</p> <p>Based on a review of the PAQ, 04.01.301, 03.03.102, Prison Rape Elimination Act: What Healthcare and Mental Health Providers Need to Know training curriculum, this standard appears to be not applicable and as such compliant.</p>
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<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.302 Screening for Risk of Victimization and Abusiveness</li> <li>3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> <li>4. Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494)</li> <li>5. Assessment and Reassessment Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Staff Responsible for Risk Screening</li> <li>2. Interviews with Random Residents</li> <li>3. Interview with the PREA Coordinator</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of Risk Screening Area</li> <li>2. Observations of Where Resident Files are Located</li> </ol> <p>Findings (By Provision):</p>

115.241 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. 04.01.302, page 2 states screening and assessment shall be documented on the Screening for Potential Sexual Victimization or Sexual Abuse, DOC 0494, or Offender 360 (O360) equivalent, and shall occur: within 24 hours of admission or transfer to any facility and by staff, designated by the CAO, who shall screen each individual in custody for sexually abusive behavior or victimization. It further states that within 72 hours of admission or transfer to any facility and require: clinical Services staff, or other staff designated by the CAO, to supplement the initial screening by considering prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence of sexual abuse by reviewing documents such as, but not limited to, pre-sentence reports, statement of facts, and other material in the master file or O360. Any supplemental findings or concerns be documented on the DOC 0494 completed in accordance with II.G.1.a. A separate DOC 0494 shall not be required. The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed in a private office setting. Staff advise the resident that they have to do an initial screening and then also a follow-up. Staff complete the initial risk screening via the DOC 0494. Staff go through all the questions, including: age, height, weight, gender identity, sexual preference, if they have ever been a victim of sexual abuse, if they ever sexually abused someone, if they have any violent offenses and if they have any violent discipline. Staff review information in Offender 360 to verify responses to questions such as criminal history and discipline history. The interview with the staff responsible for the risk screening confirmed that residents are screened for their risk of victimization and abusiveness upon intake.

115.241 (b): The PAQ indicated that the policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. 04.01.302, page 2 states screening and assessment shall be documented on the Screening for Potential Sexual Victimization or Sexual Abuse, DOC 0494, or Offender 360 (O360) equivalent, and shall occur: within 24 hours of admission or transfer to any facility and by staff, designated by the CAO, who shall screen each individual in custody for sexually abusive behavior or victimization. It further states that within 72 hours of admission or transfer to any facility and require: clinical Services staff, or other staff designated by the CAO, to supplement the initial screening by considering prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence of sexual abuse by reviewing documents such as, but not limited to, pre-sentence reports, statement of facts, and other material in the master file or O360. Any supplemental findings or concerns be documented on the DOC 0494 completed in accordance with II.G.1.a. A separate DOC 0494 shall not be required. The PAQ indicated that 126 residents were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received a risk

screening within 72 hours. The interview with the staff responsible for the risk screening confirmed that residents are screened for their risk of victimization and abusiveness within 72 hours. Interviews with eighteen residents that arrived within the previous twelve months indicated seventeen were asked questions related to risk of victimization and abusiveness when they arrived at the facility. A review of nineteen resident files of those that arrived within the previous twelve months indicated all nineteen had an initial risk screening completed within the 72 hours of arrival.

115.241 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of the Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494) indicates that residents are asked about identified or perceived sexual orientation, gender identity and history or sexual victimization. Additionally, the Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494) indicates that general information such as age, height, weight, number of incarcerations, non-violent or violent criminal history, disabilities, education level, socioeconomic status, immigrant status/language, history or sexual abusive behavior, criminal history of sexual abuse in the community, history of domestic violence, security threat group affiliation and history or institutional assaultive/violent behavior are factored into the risk screening assessment tool. Each question has appropriate responses that correspond to a number. The numbers are added up at the end of the victimization section and predatory section and the total number determines where the resident falls on the continuum. The continuum ranges from not likely, likely, moderately likely to highly likely for both vulnerable and predatory. The residents who fall in the highly likely or moderately likely range are then reviewed for the official vulnerable or predatory designation. The DOC 0949 also states that the evaluator may refer an individual in custody on the continuum, but if the individual falls into the likely or not likely range, a rationale for the referral should be documented.

115.241 (d): A review of the Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494) indicates that the tool has two sections; vulnerability and predatory. The vulnerability section includes general information such as age, height, weight, number of incarcerations, non-violent or violent criminal history, disabilities (developmental, mental illness and physical), education level, socioeconomic status and immigrant status/language. Residents are also asked about identified or perceived sexual orientation, gender identity and history or sexual victimization. The resident is also asked about his/her own perception of their safety at the time of the screening. Each question has appropriate responses that correspond to a number. The numbers are added up at the end of the victimization section and the total number determines where the resident falls on the continuum. The continuum ranges from not likely, likely, moderately likely to highly likely for vulnerability. The residents who fall in the highly likely or moderately likely range are then reviewed for the official vulnerable designation. The staff responsible for

the risk screening stated that the initial risk screening includes asking the questions from the DOC 0494 and reviewing information in Offender 360. Staff confirmed the elements under this provision are part of the risk screening.

115.241 (e): A review of the Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494) indicates information including, history or sexual abusive behavior, criminal history of sexual abuse in the community, history of domestic violence, security threat group affiliation and history or institutional assaultive/ violent behavior are factored into the risk screening assessment tool. Each question has appropriate responses that correspond to a number. The numbers are added up at the end of the predatory section and the total number determines where the resident falls on the continuum. The continuum ranges from not likely, likely, moderately likely to highly likely for predatory. The residents who fall in the highly likely or moderately likely range are then reviewed for the official predatory designation. The staff responsible for the risk screening stated that the initial risk screening includes asking the questions from the DOC 0494 and reviewing information in Offender 360. Staff confirmed the elements under this provision are part of the risk screening.

115.241 (f): The PAQ did not indicate that the policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. However, communication with the Director indicated this should have been marked yes and that they do reassess each resident's risk level. 04.01.302, page 2 states screening and assessment shall be documented on the Screening for Potential Sexual Victimization or Sexual Abuse, DOC 0494, or Offender 360 (O360) equivalent, and shall occur no sooner than 15 calendar days, but no later than 30 calendar days of admission or transfer to the facility, each individual in custody, including any individual returned to a Reception and Classification Center as a parole or mandatory supervised release violator, shall be screened again for sexually abusive behavior or victimization based upon any additional, relevant information received by the facility since the initial intake screening. The PAQ indicated that 118 residents were reassessed within 30 days, which is equivalent to 100% of the residents who arrived and stayed longer than 30 days. The auditor was provided a demonstration of the risk reassessment process. The risk reassessment is completed in the same manner as the initial risk screening. Interviews with eighteen residents that arrived within the previous twelve months indicated that thirteen have been asked questions related to their risk of victimization and abusiveness more than once. The interview with the staff who conduct the risk screening confirmed that residents are reassessed within 30 days of arrival. A review of nineteen resident files of those that arrived in the previous twelve months indicated all nineteen had a reassessment completed within 30 days.

115.241 (g): The PAQ indicated that the policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. 04.01.302, page 2 states screening and assessment shall be documented on the Screening for Potential Sexual Victimization or Sexual Abuse, DOC 0494, or Offender 360 (O360) equivalent, and shall occur for all alleged victims and alleged perpetrators at the conclusion of any sexual abuse investigation determined to be substantiated or unsubstantiated. Additionally it states screening and assessment shall be documented on the Screening for Potential Sexual Victimization or Sexual Abuse, DOC 0494, or Offender 360 (O360) equivalent, and shall occur when warranted due to a referral, request, or receipt of additional information that bears on the individual in custody's risk of sexual victimization or abusiveness. The interview with staff responsible for the risk screening confirmed that residents are reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. Interviews with eighteen residents that arrived within the previous twelve months indicated that thirteen have been asked questions related to their risk of victimization and abusiveness more than once. A review of nineteen resident files of those that arrived in the previous twelve months indicated all nineteen had a reassessment completed within 30 days. There were zero sexual abuse investigations completed during the previous twelve months and as such no reassessments due to incident of sexual abuse were completed.

115.241 (h): The PAQ indicated that policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the resident has previously experienced sexual victimization; and (d) the residents' own perception of vulnerability. 04.01.302, page 2 states individuals in custody shall not be disciplined for refusing to answer, or not disclosing complete information in response to, questions asked during the screening for potential sexual victimization or sexual abuse. The interview with the staff responsible for risk screening confirmed that residents are not disciplined for refusing to respond or not disclose information related to the risk screening.

115.241 (i): 04.01.302, page 2 states the CAO shall ensure staff conducting the risk screenings are provided with an area to conduct the risk screenings which provides a reasonable level of confidentiality while considering the safety and security of the staff conducting the screenings. Further policy states access to information related to sexual abuse occurring in a correctional setting shall be treated as confidential and limited to staff directly related to the assessment, treatment, placement or investigation of the individual in custody to the extent possible while ensuring the

	<p>safety and security of individuals in custody and staff. Resident risk assessments are electronic. Electronic risk assessments are completed and located in the Offender 360 program. During the tour the auditor had a staff member illustrate how to access Offender 360 and the resident's risk assessment. The staff member was unable to pull up the risk assessment with responses confirming the information is only accessible to those with a need to know. The interview with the PREA Coordinator indicated that the agency has outlined who should have access to an IIC's risk assessment within the facility in order to protect sensitive information from exploitation. He stated screening information is provided on a need-to-know basis to make informed placement decisions as well as predator/vulnerable designations. The staff responsible for risk screening confirmed that the agency has outlined who should have access to the risk screening information so that it is not exploited. She stated they have to request access.</p> <p>Based on a review of the PAQ, 04.01.301, the PREA Manual, DOC 0494, resident risk assessments and the information from interviews with the PREA Coordinator, staff responsible for conducting the risk screenings and random residents, this standard appears to be compliant.</p>
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<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.302 Screening for Risk of Victimization and Abusiveness</li> <li>3. Administrative Directive 04.03.104 Evaluation, Treatment and Correctional Management of Transgender Offenders</li> <li>4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> <li>5. Predator/Vulnerable Lists (High Risk Lists)</li> <li>6. Transgender/Intersex Housing Determination Documents</li> <li>7. LGBTI Resident Housing Assignments</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Staff Responsible for Risk Screening</li> </ol>

2. Interview with PREA Coordinator
3. Interviews with LGB Residents
4. Interview with Transgender or Intersex Residents

Site Review Observations:

1. Shower Area in Housing Units

Findings (By Provision):

115.242 (a): The PAQ indicated that the agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. 04.01.302, page 4 states prior to housing an individual in custody identified as a predator with another individual, the proposed housing assignment shall be reviewed and approved by the CAO in consultation with the facility PREA Compliance Manager. Prior to housing an individual in custody identified as vulnerable with another individual, the proposed housing assignment shall be reviewed and approved by the CAO in consultation with the facility PREA Compliance Manager. Housing an individual in custody identified as vulnerable with an individual in custody identified as a predator shall be prohibited. The interview with the PREA Coordinator indicated that the information from the risk screening to determine risk of victimization and perpetration and whether the individual in custody is provided a designation of predator and/or vulnerable. He stated those designated as predator cannot be housed in minimum security or community confinement level facilities. The interview with the staff responsible for the risk screening indicated that information from the risk screening is utilized to assist with placement, including room assignments. A review of housing documentation confirmed there were zero residents at high risk of abusiveness and zero residents at high risk of victimization. It should be noted that residents at high risk of abusiveness are not housed at community confinement facilities and as such the staff do not have to consider that element when determining housing. Additionally, residents work outside the facility in the community.

115.242 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each resident. 04.01.302, page 4 states prior to housing an individual in custody identified as a predator with another individual, the proposed housing assignment shall be reviewed and approved by the CAO in consultation with the facility PREA Compliance Manager. Prior to housing an

individual in custody identified as vulnerable with another individual, the proposed housing assignment shall be reviewed and approved by the CAO in consultation with the facility PREA Compliance Manager. Housing an individual in custody identified as vulnerable with an individual in custody identified as a predator shall be prohibited. The interview with the staff responsible for the risk screening indicated that information from the risk screening is utilized to assist with placement, including room assignments.

115.242 (c): The PAQ indicated that the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. 04.03.104, page 7 indicates that transgender, intersex and gender incongruent offenders shall not be assigned to gender-specific facilities based solely on their external genital anatomy. The Transgender Administrative Committee (TAC) shall make individualized determinations about how to ensure the safety of each offender including considering transfer from one gender-specific facility to an opposite gender facility and specifically the gender of staff which will perform searches of the offender. The determination shall consider, on a case-by-case basis, whether specific placement ensure the offender's health and safety, and whether the placement would present management or security concerns. The review of meeting minutes for TAC meetings confirms that housing is reviewed on a case-by-case basis for each individual. The PC stated that transgender and intersex resident's housing and programming assignments are determined by the multidisciplinary Transgender Administrative Committee (TAC) and guided by Administrative Directive 04.03.104. He confirmed the TAC considers whether the placement will ensure the resident's safety and whether the placement would present any management or security problems.

115.242 (d): 04.03.104, page 7 states that decisions shall be made by the TAC on a case-by-case basis with serious consideration given to circumstances including, but not limited to, the following: the offender's perception of whether a male or female facility is safest for him or her, as well as the preferred gender of staff to perform searches. The interview with the PC confirmed that the residents' views with respect to his/her safety would be given serious consideration. The staff responsible for conducting the risk screening stated the facility has not had a transgender or intersex resident so he was unsure about information related to transgender and intersex residents. The interview with the transgender resident noted he was not asked about how he felt about his safety. He advised he wanted to be housed alone but the facility will not listen to him. It should be noted that all transgender residents are asked about their safety during their biannual assessments with the TAC.

115.242 (e): 04.03.104, page 9 states that transgender, intersex and gender incongruent offenders shall be allowed the same frequency of showers in

accordance with his or her classification. Showers shall be separated and private from other offenders. During the tour the auditor observed that resident showers are single person and have a curtain. Additionally, each bathroom has a solid entrance door. The interview with the PC and the staff responsible for risk screening confirmed that transgender and intersex residents are afforded the opportunity to shower separately. The PC stated that transgender and intersex residents are able to shower alone with adequate shower coverings when dayrooms/showers are closed to other individuals in custody. The staff responsible for conducting the risk screening stated that transgender and intersex residents have their own shower. The interview with the transgender resident confirmed he is provided the opportunity to shower separately.

115.242 (f): 04.03.104, page 7 states that transgender, intersex and gender incongruent offenders shall not be assigned to gender specific facilities based solely on their external genital anatomy. Additionally, the PREA Manual, pages 27-28 indicate that the agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents. The interview with the PC confirmed that the agency is not subject to a consent decree and that there is not a dedicated facility for LGBTI residents. He further stated facility placement officers ensure this practice does not take place. Interviews with five LGBTI residents confirmed they did not feel LGBTI residents were placed in one wing, housing unit or facility based on gender identity and/or sexual preference. A review of housing assignments for LGBTI residents noted they were housed across numerous rooms within the facility, confirming LGBTI residents are not placed in one housing area solely due to their gender identity and/or sexual preference.

Based on a review of the PAQ, 04.01.302, 04.03.104, the PREA Manual, Predator/Vulnerable Lists, transgender housing determinations (agency wide - not facility specific), LGBTI housing assignments, observations made during the tour and information from interviews with the PC, staff responsible for conducting the risk screening, and LGBTI residents, this standard appears to be compliant.

<b>115.251 Resident reporting</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

1. Pre-Audit Questionnaire
2. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)
3. Memorandum of Understanding with the John Howard Association
4. TRUST Act Memorandum
5. Individuals In Custody Orientation Manual (Handbook)
6. PREA Poster
7. PREA Reporting Poster
8. Sexual Abuse and Custodial Sexual Misconduct (PREA Brochure)

Interviews:

1. Interview with the PREA Coordinator
2. Interviews with Random Staff
3. Interviews with Random Residents

Site Review Observations:

1. Observation of PREA Reporting Information
2. Testing of Internal Reporting Hotline
3. Testing of the External Reporting Entity

Findings (By Provision):

115.251 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other resident or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. The PREA Manual, page 29 states that offenders shall be encouraged to report allegations to staff at all levels. Offenders shall be provided with avenues of internal reporting, including, but not limited to, a telephone hotline maintained by the Investigations and Intelligence Unit, or by mail to an outside entity (e.g. John Howard Association). Offenders shall be provided information on reporting mechanisms as noted in section 115.33. A

review of additional documentation to include the Handbook, PREA Poster, PREA Reporting Poster and PREA Brochure indicated that they outline methods for reporting. These methods include: telling any staff member; calling the hotline, contacting the John Howard Association (outside reporting entity) and/or sending a note, grievance or request slip. The auditor observed PREA information posted throughout the facility via the PREA Poster and the PREA Reporting Poster. The PREA Posters were observed on legal size paper in English and Spanish. The PREA Reporting Posters were on letter size paper in English and Spanish. Posters were displayed throughout the facility, including the housing unit floors. The auditor tested an internal reporting mechanism during the tour. The auditor submitted a kite on September 22, 2025 via the locked box in food service. Confirmation was provided via email on September 23, 2025 that the kite was received and how the staff would handle an allegation. It should be noted that auditor did not test the hotline as it required residents to pay when using the payphones in the facility. Residents do have cell phones and can call the hotline anytime they are off-site and have their cell phone. Interviews with 21 residents confirmed that all 21 were aware of at least one method to report sexual abuse and sexual harassment. Most residents indicated they could report through the hotline number, to staff or through a note. Interviews with eleven random staff indicated residents can report to staff, through the hotline number and in writing.

115.251 (b): The PAQ stated that the agency provides at least one way for residents to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ states that the facility does not house residents solely for civil immigration purposes. The agency has an MOU with the John Howard Association. The MOU states John Howard Association will allow IDOC to identify JHA within resident orientation materials and prison posting as one way for residents to report sexual abuse or sexual harassment to an entity that is not part of the agency, and that is able to receive and forward resident reports of sexual abuse or harassment to Agency official for investigation, allowing the resident to remain anonymous, upon request. The MOU further provides additional responsibilities for JHA and IDOC. The PREA Manual, page 29 indicates that offenders shall be provided contact information to the John Howard Association to make such reports. This information shall be available in Handbook. A review of the Handbook and PREA Reporting Poster confirmed that residents can report externally to the John Howard Association. The Handbook, pages 76-78 and the PREA Reporting Poster provides the address to JHA and states that residents can report via privileged mail to the John Howard Association through the PO Box in Chicago, Illinois. The documents also advise that residents can remain anonymous when reporting to JHA. The auditor observed PREA information posted throughout the facility via the PREA Poster and the PREA Reporting Poster. The PREA Posters were observed on legal size paper in English and Spanish. The PREA Reporting Posters were on letter size paper in English and Spanish. Posters were displayed throughout the facility, including the housing unit floors. The auditor also tested the outside reporting mechanism via a letter to the John Howard Association. A test letter was sent via the US mail from

Menard Correctional Center on September 15, 2025. The auditor addressed the mail to JHA and noted "privileged mail" on the envelope. The auditor did not have an IIC number and as such a return address stamp was utilized by the facility. While a return name and number is required by IICs, the mailroom staff do not open this mail and as such IICs are able to remain anonymous within the letter. The John Howard Association is utilized for numerous services and they are not just an organization to report sexual abuse. The auditor received confirmation on September 23, 2025 (via the JHA Director) that the letter was received, that the information would be forwarded to the agency PC and that IICs can remain anonymous when reporting. The process is the same across all IDOC facilities and as such an additional letter was not sent from Fox Valley ATC. During the tour the auditor observed the resident mail process. Residents can place outgoing mail in the box in food service or they can provide mail to the staff. Additionally, residents are able to place mail in any US Postal Service box when off-site. Outgoing regular mail placed in the facility box is unsealed and staff review the outgoing mail prior to being sent out. Outgoing legal/privileged mail is sealed and is not opened or reviewed by staff. Incoming regular mail is received by facility staff who open it and review it prior to being provided to the resident. Incoming legal mail is not opened or reviewed and would be provided to the resident. The staff who handle mail stated that mail to and from the John Howard Association is privileged mail. The interview with the PC indicated residents are provided information for the John Howard Association, which is the outside reporting entity and that all correspondence is considered privileged. He stated that upon receipt, the John Howard Association immediately contacts the agency PREA Coordinator. Interviews with 21 residents indicated sixteen were aware of the John Howard Association and fourteen knew they could anonymously report.

115.251 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. It further indicated that staff are required to document verbal reports immediately. 04.01.301, page 10 states that any alleged sexual abuse or harassment shall be reported through chain of command as an unusual incident in accordance with 01.12.105. The PREA Manual, page 29 further states that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Additionally during the tour, the auditor asked staff to demonstrate how they submit a written report. Staff indicated verbal reports would be documented in an incident report and the PREA Checklist. The incident report would be completed by staff and provided to the supervisor. Interviews with 21 residents indicated that all 21 knew they could report verbally and/or in writing to staff and ten knew they could report through a third party. It should be noted this method is outlined in the posted/distributed information. Interviews with eleven random staff indicated that residents can report verbally, in writing, anonymously and through a third party. The staff stated that verbal reports are documented as soon as possible. There were zero allegations reported during the previous two years and as such no documentation was available

	<p>for review.</p> <p>115.251 (d): The PAQ indicates the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. It further states that staff can report through any of the reporting mechanisms offered to individuals in custody. The PAQ indicated that staff are informed of this method through PREA refresher trainings and postings around the facility. The PREA Manual, page 29 states that the agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents. Interviews with eleven random staff indicate that all eleven were aware that they could privately report sexual abuse of a resident.</p> <p>Based on a review of the PAQ, PREA Manual, MOU with John Howard Association, the TRUST Act memo, the Handbook, PREA Poster, PREA Reporting Poster, PREA Brochure, observations during the tour, and information from interviews with the PC, random residents and random staff, this standard appears to be compliant.</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.114 Local Offender Grievance Procedures</li> <li>3. Individuals In Custody Orientation Manual (Handbook)</li> <li>4. Grievance Log</li> </ol> <p>Findings (By Provision):</p> <p>115.252 (a): 04.01.114 is the policy related to grievance procedures for residents. The PAQ indicated that the agency is not exempt from this standard.</p> <p>115.252 (b): The PAQ indicated that agency policy or procedure allows a residents to</p>

submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The PAQ further indicated that residents are required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Further communication with the PC indicated that this was an error and that residents are not required to use the informal grievance process. 04.01.114, page 2 states that offender grievances related to allegations of sexual abuse shall not be subject to any filing time frame. Policy further states that offender grievances involving alleged incidents of sexual abuse shall be exempt from any informal grievance process. A review of the Handbook confirmed that information on grievances is provided to residents on pages 41-46.

115.252 (c): The PAQ stated that agency policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. It further stated that agency policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. 04.01.114, page 6 indicates an offender may submit the grievance without submitting it to any staff member who is the subject of the complaint. Policy further states that no grievance shall be referred to any staff member who is the subject of the complaint. A review of the Handbook confirmed that information on grievances is provided to residents on pages 41-46.

115.252 (d): The PAQ stated that agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PAQ indicated there were zero sexual abuse grievances filed in the previous twelve months. The PAQ further indicates that the agency always notifies a resident in writing when the agency files for an extension, including notice of the date by which a decision will be made. 04.01.114, page 6 states that the Department shall issue a final 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 shall not include time consumed by the offender in preparing any administrative appeal. Policy further states that the Department may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The offender shall be notified, in writing, of such extension and provided with a date by which a decision will be made. Page 6 also states that at any level of the grievance process, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. A review of the grievance log confirmed there were zero sexual abuse allegations reported.

115.252 (e): The PAQ indicated that agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. It further indicated that agency policy and procedure requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the residents' decision to decline. 04.01.114, page 6 states that third parties, including other offenders, staff members, family members, attorneys, etc., shall be permitted to assist offenders in filing grievances relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of the offender. Policy further states that the Department shall require, as a condition of processing the grievance, the alleged victim to agree to have the grievance filed on his or her behalf. If the alleged victim declines, the decision shall be documented. The PAQ indicated there were zero third-party grievances filed in the previous twelve months where the resident declined assistance and which contained the residents decision to decline. A review of the grievance log confirmed there were zero sexual abuse allegations reported.

115.252 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. It further indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The PAQ also indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days. 04.01.114, page 7 states that for emergency grievances alleging an offender is subject to a substantial risk of imminent sexual abuse, the Department shall provide an initial response within 48 hours, and shall have a final decision provided within five calendar days. The initial response and the final decision shall document the Department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PAQ indicated there were zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the grievance log confirmed there were zero sexual abuse allegations reported.

115.252 (g): The PAQ indicated that the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. 04.01.114, page 2 stats that staff shall be prohibited from imposing discipline due to use of the grievance process. The PAQ indicated that zero residents have been disciplined for filing a grievance in bad faith in the previous twelve

	<p>months.</p> <p>Based on a review of the PAQ, 04.01.114, the Handbook, and the grievance log, this standard appears to be compliant.</p>
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<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Memorandum of Understanding with Mutual Ground</li> <li>4. Individuals in Custody Orientation Manual (Handbook)</li> <li>5. PREA Poster</li> <li>6. PREA Reporting Poster</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Random Residents</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observation of Victim Advocacy Information</li> </ol> <p>Findings (By Provision):</p> <p>115.253 (a): The PAQ indicated that the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The PAQ also stated that the facility provides residents with mailing addresses and phone numbers to local, state or national victim advocacy or rape crisis centers and provides residents with access to such services by enabling reasonable</p>

communication. The MOU with Mutual Ground indicates that the purpose and scope of the MOU is to establish a joint effort between IDOC and Mutual Ground to make available to IICs access to an outside entity to provide emotional support services related to sexual abuse, including crisis intervention and sexual assault counseling, to aid IDOC in fulfilling compliance with 115.53 while IICs are incarcerated at Fox Valley ATC and within the IDOC prison. The MOU further states that it understood face-to-face emotional support provided in a confidential a manner as possible or emotional support through confidential unmonitored, unrecorded phone call(s) shall comply with 735 ILCS 5/8-802.1 "Confidentiality of Statements Made to Rape Crisis Personnel." A review of the Handbook and PREA Reporting Poster confirmed that IICs are provided the mailing address and telephone number to Mutual Ground. The documents state that individuals in custody may contact victim advocates for emotional support services related to sexual abuse. The documents state that calls made from the IIC phone system may be monitored and recorded. They also advised that allegations provided to victim advocates may be forwarded to authorities in accordance with mandatory reporting laws. Further the documents note that advocacy can be provided either by phone or in-person and will be provided in as confidential a manner as possible, consistent with legal calls/visits. The auditor observed PREA information posted throughout the facility via the PREA Poster and the PREA Reporting Poster. The PREA Posters were observed on legal size paper in English and Spanish. The PREA Reporting Posters were on letter size paper in English and Spanish. Posters were displayed throughout the facility, including the housing unit floors. The auditor was unable to test the process for emotional support services via the on-site payphones (due to it costing money). The facility does provide residents the contact information and residents are able to call from their cell phones when off-site or are able to send written correspondence to the organization. The auditor did call the contact information provided from a personal cell phone and confirmed the number went to the rape crisis center and they were available to provide services. Interviews with 21 residents indicated eleven were aware of outside victim advocacy services and nineteen were provided a telephone number and mailing address to a local, state and/or national rape crisis center. Most residents were familiar with Mutual Ground as they also utilized the organization for their substance abuse programming.

115.253 (b): The PAQ indicated that the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. It further stated that the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The MOU with Mutual Ground indicates that the purpose and scope of the MOU is to establish a joint effort between IDOC and Mutual Ground to make available to IICs access to an outside entity to provide emotional support services related to sexual abuse, including crisis intervention and sexual assault counseling, to aid IDOC in fulfilling compliance with

115.53 while IICs are incarcerated at Fox Valley ATC and within the IDOC prison. The MOU further states that it understood face-to-face emotional support provided in a confidential a manner as possible or emotional support through confidential unmonitored, unrecorded phone call(s) shall comply with 735 ILCS 5/8-802.1 "Confidentiality of Statements Made to Rape Crisis Personnel." A review of the Handbook and PREA Reporting Poster confirmed that IICs are provided the mailing address and telephone number to Mutual Ground. The documents state that individuals in custody may contact victim advocates for emotional support services related to sexual abuse. The documents state that calls made from the IIC phone system may be monitored and recorded. They also advised that allegations provided to victim advocates may be forwarded to authorities in accordance with mandatory reporting laws. Further the documents note that advocacy can be provided either by phone or in-person and will be provided in as confidential a manner as possible, consistent with legal calls/visits. The auditor observed PREA information posted throughout the facility via the PREA Poster and the PREA Reporting Poster. The PREA Posters were observed on legal size paper in English and Spanish. The PREA Reporting Posters were on letter size paper in English and Spanish. Posters were displayed throughout the facility, including the housing unit floors. During the tour the auditor observed the resident mail process. Residents can place outgoing mail in the box in food service or they can provide mail to the staff. Additionally, residents are able to place mail in any US Postal Service box when off-site. Outgoing regular mail placed in the facility box is unsealed and staff review the outgoing mail prior to being sent out. Outgoing legal/privileged mail is sealed and is not opened or reviewed by staff. Incoming regular mail is received by facility staff who open it and review it prior to being provided to the resident. Incoming legal mail is not opened or reviewed and would be provided to the resident. The staff who handle mail stated that mail to and from the John Howard Association is privileged mail. Staff stated mail to and from the rape crisis center (Mutual Ground) is privileged mail. Interviews with 21 residents indicated eleven were aware of outside victim advocacy services and nineteen were provided a telephone number and mailing address to a local, state and/or national rape crisis center. Most residents were familiar with Mutual Ground as they also utilized the organization for their substance abuse programming.

115.253 (c): The PAQ indicated that the facility does not maintain a memorandum of understanding or other agreement with a community service provider that is able to provide residents with emotional support services related to sexual abuse. The PAQ indicated the facility maintains documentation of their attempts to enter into an MOU. A review of documentation confirms that the facility has an MOU with Mutual Ground. The MOU was signed August 24, 2021 and the facility maintains a copy of the MOU.

Based on a review of the PAQ, MOU with Mutual Ground , the PREA Poster, the PREA Reporting Poster, the Handbook, observations made during the tour and interviews with random residents, this standard appears to be compliant.

<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> <li>3. PREA Poster</li> </ol> <p>Findings (By Provision):</p> <p>115.254 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and the agency publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of a resident. The PREA Manual, page 32 states that the Department shall post publicly, and maintain, the third-party reporting avenue on its public website. A review of the agency's website confirms that there is information on how to report sexual abuse and/or staff sexual misconduct. Individuals can call the IDOC Headquarters number (217-558-4013) and leave a message. The PREA Posters advises that individuals can report to staff or through the PREA hotline. Third party reporting information was observed in visitation and the front entrance via the PREA Poster. The PREA Posters were in English and Spanish on letter size paper. The auditor tested the third party reporting mechanism on numerous occasions. The auditor called the PREA hotline as outlined on the agency website. The hotline is the same hotline utilized for the IIC population. The auditor received confirmation from the PREA Coordinator that the message was received and forwarded to him to handle. He indicated he would provide the information to the facility for investigation if it was a report of sexual abuse or sexual harassment.</p> <p>Based on a review of the PAQ, the PREA Manual, the PREA Poster, and the agency's website, this standard appears to be compliant.</p>

<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 01.12.105 Reporting of Unusual Incidents
4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)

Interviews:

1. Interviews with Random Staff
2. Interview with the Director
3. Interview with the PREA Coordinator

Findings (By Provision):

115.261 (a): The PAQ indicated that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against residents or staff who reported such an incident; and/or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 04.01.301, page 8 states that any verbal report or observance of sexual activity shall be treated as possible sexual abuse. Any report or observance of sexual abuse or harassment shall be documented on an Incident Report, DOC 0434, and reported to the facility PCM in accordance with Paragraph II.G.6. All reports shall be investigated accordingly. Page 10 (Paragraph II.G.6) states that any alleged sexual abuse or harassment shall be reported through chain of command as an unusual incident in accordance with 01.12.105. All staff who observe the alleged abuse or harassment or to whom the initial report was made shall complete a DOC 0434 and may be required to be interviewed by an investigator or other staff designated by the Chief Administrative Officer prior to leaving the facility at the end of their shift. Interviews with eleven random staff confirmed that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation.

115.261 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. 04.01.301, page 8 states that any verbal report or observance of sexual activity shall be treated as possible sexual abuse. Any report or observance of sexual abuse or harassment shall be documented on an Incident Report, DOC 0434, and reported to the facility PCM in accordance with Paragraph II.G.6. All reports shall be investigated accordingly. Page 10 (Paragraph II.G.6) states that any alleged sexual abuse or harassment shall be reported through chain of command as an unusual incident in accordance with 01.12.105. All staff who observe the alleged abuse or harassment or to whom the initial report was made shall complete a DOC 0434 and may be required to be interviewed by an investigator or other staff designated by the Chief Administrative Officer prior to leaving the facility at the end of their shift. The PREA Manual, page 32 further states that the information concerning the identity of the alleged offender victim and the specific facts of the case shall be limited to staff who need to know because of their involvement with the victim's welfare and the investigation of the incident. This is important to not only preserve the victim's privacy but to preserve maximum flexibility to investigate the allegation. Interviews with eleven random staff confirmed that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they report the information to the supervisor and/or Director.

115.261 (c): The facility does not employ medical or mental health care staff and as such no interviews were conducted.

115.261 (d): The interview with the PREA Coordinator indicated that while State law (730 ILCS 5/5-8-6) specifically prohibits anyone under the age of eighteen to be confined to the Illinois Department of Corrections; if an allegation was made regarding a youth (such as a minor child visiting an individual in custody housed at the facility), the Illinois State Police and/or the Department of Children & Family Services, as appropriate, would be contacted to notify the agency of the allegation so they may properly investigate. For allegations made by a vulnerable adult in custody, the agency would ensure access to mental health is available for immediate assessment (per our PREA protocol) as well as long-term services. Additionally, access to community confidential support services would be available and offered. The Director stated that the facility does not house anyone under eighteen and would not house a vulnerable adult.

	<p>115.261 (e): 04.01.301, page 8 states that any verbal report or observance of sexual activity shall be treated as possible sexual abuse. Any report or observance of sexual abuse or harassment shall be documented on an Incident Report, DOC 0434, and reported to the facility PCM in accordance with Paragraph II.G.6. All reports shall be investigated accordingly. Page 10 (Paragraph II.G.6) states that any alleged sexual abuse or harassment shall be reported through chain of command as an unusual incident in accordance with 01.12.105. All staff who observe the alleged abuse or harassment or to whom the initial report was made shall complete a DOC 0434 and may be required to be interviewed by an investigator or other staff designated by the Chief Administrative Officer prior to leaving the facility at the end of their shift. The interview with the Director confirmed that all allegations are reported to the PREA office and IDOC agency investigators. There were zero allegations reported during the previous two years and as such no documentation was available for review.</p> <p>Based on a review of the PAQ, 04.01.301, 01.12.105, the PREA Manual, and information from interviews with random staff, the PREA Coordinator and the Director, this standard appears to be compliant.</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head</li> <li>2. Interview with the Director</li> <li>3. Interview with Random Staff</li> </ol>

	<p>Findings (By Provision):</p> <p>115.262 (a): The PAQ indicated that when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be immediately provided protection from the alleged abuser and the incident shall be investigated. The PREA Manual, page 33 states that in cases where the alleged perpetrator is another offender, the Shift Supervisor shall be notified immediately. The Shift Supervisor shall ensure appropriate and immediate safeguards to protect the offender are taken. Depending on the severity, safeguards may include monitoring the situation, changing housing assignments, changing work assignments, placing the alleged victim and perpetrator in Special Housing, etc. The PREA Manual further states that if the alleged perpetrator is a staff member, all options for safeguarding the offender shall be considered as described above. Options may include reassignment to another unit or post, or other measures that will effectively separate the staff member from the offender. The PAQ further stated there were zero instances where the facility learned that a resident was an imminent risk of substantial risk of sexual abuse. The Agency Head stated that when an IIC is deemed at imminent risk of sexual abuse they investigate the allegation and they make sure the IIC is in a safe space. She advised they can move the person to a new housing unit or can transfer to another facility. She further stated they also ensure that the individual receives medical and mental health services. The interview with the Director indicated that if a resident is at imminent risk of sexual abuse they would ensure the residents safety. She advised they would review housing and determine if a resident needs to be sent to a different facility. Further she stated they would offer mental health services and emotional support services. Interviews with random staff confirmed that residents at imminent risk of sexual abuse would be separated from the threat, this could include a housing change.</p> <p>Based on a review of the PAQ, 04.01.301, PREA Manual and information from interviews with the Agency Head, Director and random staff, this standard appears to be compliant.</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)
4. Resident Risk Assessments

Interviews:

1. Interview with the Agency Head
2. Interview with the Director

Findings (By Provision):

115.263 (a): The PAQ indicated that the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 04.01.301, page 9 states that reports of sexual abuse or sexual harassment occurring while an offender was housed within a different jurisdiction, such as a municipal lockup, county jail, or correctional center in another state, shall be documented on a DOC 0434 and reported to the Chief Administrative Officer of the facility that received the allegation the allegation to the Chief Administrative Officer of the agency where the alleged abuse occurred within 72 hours. The PAQ indicated there were zero residents that reported that they were abused while confined at another facility. A review of documentation confirmed there were zero residents who reported sexual abuse that occurred at another facility.

115.263 (b): The PAQ indicated that agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. 04.01.301, page 9 states that reports of sexual abuse or sexual harassment occurring while an offender was housed within a different jurisdiction, such as a municipal lockup, county jail, or correctional center in another state, shall be documented on a DOC 0434 and reported to the Chief Administrative Officer of the facility that received the allegation the allegation to the Chief Administrative Officer of the agency where the alleged abuse occurred within 72 hours.

115.263 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. 04.01.301, page 9 states that reports of sexual abuse or sexual harassment occurring while an offender was housed within a different jurisdiction, such as a municipal lockup, county jail, or correctional center in another state, shall be documented on a DOC 0434 and reported to the Chief Administrative Officer of the facility that received the allegation the allegation to the Chief Administrative Officer of the agency where the alleged abuse occurred within 72 hours.

115.263 (d): The PAQ indicated that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. 04.01.301, page 9 states reports of sexual abuse or harassment occurring while an individual in custody was housed at a different facility shall be reported to the CAO of the facility where the incident occurred as soon as possible, but not later than 72 hours after the initial report was received. The CAO that receives such notification shall ensure the allegation is investigated in accordance with the procedures herein. The PREA Manual, pages 33-34 state that in cases where there is an allegation that sexual abuse occurred at another Department facility, the Chief Administrative Officer of the victim's current facility shall report the allegation to the Chief Administrative of the identified facility. In cases alleging sexual abuse by staff at another facility, the Chief Administrative Officer of the offender's current facility shall refer the matter directly to Internal Affairs. The PAQ stated there were zero allegations reported to them from another facility in the previous twelve months. The Agency Head stated that when notified by another agency of an allegation within an IDOC facility, the point of contact is the Warden of the facility where the allegation occurred. She advised they would forward the information to the appropriate staff (IA) for investigation. The Agency Head advised they have had examples and all were investigated. The interview with the Director indicated that if an allegation is received from another agency/facility it would be reported to the PREA Coordinator and it would be investigated by an agency investigator. She advised there have not been any allegations reported from another facility/agency within the previous twelve months. There were zero allegations reported during the previous two years and as such no documentation was available for review.

Based on a review of the PAQ, 04.01.301, the PREA Manual, Resident Risk Assessments, and interviews with the Agency Head and Director, this standard appears to be compliant.

<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

### Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. PREA Checklist

### Interviews:

1. Interviews with First Responders
2. Interviews with Random Staff

### Findings (By Provision):

115.264 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse and that 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 to separate the alleged victim and abuser. It further states that 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 to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be immediately provided protection from the alleged abuser and the incident shall be investigated. The victim shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and be evaluated by mental health or a crisis intervention team member within 24 hours to assess the need for counseling services. Policy further states that staff responding to any allegation of sexual abuse shall take steps to ensure preservation of the area in which the alleged abuse occurred, including requesting the alleged victim and abuser not to take any action that may destroy physical evidence, including changing clothes, bathing, brushing teeth, urinating, defecating drinking or eating, etc. The PREA Checklist also provides staff with a checklist of duties to ensure is completed post sexual abuse allegation. The PREA Checklist includes the required first responder duties. The PAQ indicated there were zero sexual abuse

allegations reported and as such no first responder duties were required. The security first responder stated first responder duties include: separating, securing the scene, protecting evidence, placing the victim in a secure location, placing the perpetrator in a separate secure location, asking them not to shower, brush their teeth, etc., contacting the center supervisor and/or police, transporting the resident to the hospital and writing an incident report. The non-security first responder stated first responder duties would include reporting the information to facility staff as soon as possible. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were conducted. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.264 (b): The PAQ indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. It further indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. 04.01.301, page 8 states that a member of the security staff shall be promptly notified if the staff responding is other than security staff. The PREA Checklist also provides staff with a checklist of duties to ensure is completed post sexual abuse allegation. The PREA Checklist includes the required first responder duties. The PAQ indicated there were zero allegations of sexual abuse reported during the previous twelve months. The security first responder stated first responder duties include: separating, securing the scene, protecting evidence, placing the victim in a secure location, placing the perpetrator in a separate secure location, asking them not to shower, brush their teeth, etc., contacting the center supervisor and/or police, transporting the resident to the hospital and writing an incident report. The non-security first responder stated first responder duties would include reporting the information to facility staff as soon as possible. Interviews with random staff indicated they were aware of first responder duties. There were zero allegations reported during the previous two years and as such no documentation was available for review.

Based on a review of the PAQ, 04.01.301, the PREA Checklist and interviews with random staff and first responders, this standard appears to be compliant.

#### Recommendation

The auditor highly recommends that the facility conduct a mock sexual abuse drill annually and complete necessary steps, including first responder duties.

<b>115.265</b>	<b>Coordinated response</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 344 453 378">Documents:</p> <ol data-bbox="280 412 1449 674" style="list-style-type: none"> <li data-bbox="280 412 687 445">1. Pre-Audit Questionnaire</li> <li data-bbox="280 483 1449 562">2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li data-bbox="280 595 1449 674">3. Fox Valley Adult Transition Center Directive (ID) 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> </ol> <p data-bbox="280 786 437 819">Interviews:</p> <ol data-bbox="280 853 732 887" style="list-style-type: none"> <li data-bbox="280 853 732 887">1. Interview with the Director</li> </ol> <p data-bbox="280 999 608 1032">Findings (By Provision):</p> <p data-bbox="280 1144 1474 1637">115.265 (a): The PAQ indicated that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. ID 04.01.301, pages 7-13 outline the steps that need to be taken in response to an allegation of sexual abuse. Pages 7-8 outlines first responder duties, while pages 9-10 describes medical and mental health duties. Pages 10-12 describe the investigators duties and pages 12-13 discuss facility leadership duties. The Director confirmed that the facility has a plan to coordinate actions among first responder, medical, mental health, investigator and facility leadership in response to a sexual abuse allegation. She advised they would use community medical and mental health services and staff from their parent facility, Logan Correctional Center.</p> <p data-bbox="280 1749 1474 1827">Based on a review of the PAQ, ID 04.01.301 and information from the interview with the Director, this standard appears to be compliant.</p>

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Collective Bargaining Agreements</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head</li> </ol> <p>Findings (By Provision):</p> <p>115.266 (a): The PAQ indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. Further communication with the PC indicated that IDOC has collective bargaining agreements, however Safer Foundations does not have collective bargaining agreements. A review of a sample of IDOC's collective bargaining agreements confirm that those reviewed allowed for the removal of the alleged staff abuser. Most of the agreements indicated that a written reason for the removal, discipline or termination should be provided to the union. The interview with the Agency Head confirmed that the agency has entered into or renewed collective bargaining agreements or other agreements since August 20, 2012. She confirmed that the agreements do not limit the agency's ability to remove alleged staff sexual abusers from contact with any IICs pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>115.266 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, a sample of IDOC collective bargaining agreements and the interview with the Agency Head, this standard appears to be compliant.</p>
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<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. PREA Retaliation Monitor – Staff (DOC 0499)
4. PREA Retaliation Monitor – Offender (DOC 0498)

Interviews:

1. Interview with the Agency Head
2. Interview with the Director
3. Interview with Designated Staff Member Charged with Monitoring Retaliation

Findings (By Provision):

115.267 (a): The PAQ indicated that the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. 04.01.301, pages 11-12 state that for a minimum of 90 days following the initial report of sexual abuse or harassment, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to observe if there are changes that may suggest possible retaliation by offenders or staff. Policy further states that the Department shall act promptly to remedy any such retaliation. The PAQ indicated that the agency designates staff members charged with monitoring for retaliation.

115.267 (b): 04.01.301, pages 11-12 state that for a minimum of 90 days following the initial report of sexual abuse or harassment, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to observe if there are changes that may suggest possible retaliation by offenders or staff. Offender conduct and treatment shall be documented on the PREA Retaliation Monitor – Offender, DOC 0498. The review shall include, but not be limited to, disciplinary reports, housing or programming changes and facility transfers and include periodic in-person status checks to ensure they display no changes that may suggest retaliation. Staff conduct and treatment shall be documented on the PREA

Retaliation Monitor – Staff, DOC 0499. The review shall include, but not be limited to, negative performance reviews and reassignments. Interviews with the Agency Head, Director and staff responsible for monitoring retaliation all indicated that protective measures would be taken if residents or staff members expressed fear of retaliation. The Agency Head stated that the agency has a variety of things they can do to protect an individual from retaliation, including changing housing units, transferring to another facility and transferring staff to a different post. Additionally, she indicated they ensure the IIC has access to mental health professional as well as JHA as these provide internal and external ways to report retaliation. The Director stated that they look into every allegation case-by-case. She advised they can make room changes, floor changes, changes to counselors, etc. She noted they would monitor the resident closely per policy to prevent retaliation. The Director confirmed they can remove staff from contact and they can offer emotional support services. The staff responsible for monitoring stated his role is to complete the forms for retaliation, separate the individuals and monitor for 90 days. He advised they would take preventative measures through observation, documentation and separation. He confirmed they can change housing, transfer facilities, remove staff from contact and offer emotional support services. There were no residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed.

115.267 (c): The PAQ indicated that the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The PAQ stated that the agency/facility monitors the conduct or treatment for 90 days. The PAQ further stated that the agency/facility acts promptly to remedy any relation and that the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. 04.01.301, pages 11-12 state that for a minimum of 90 days following the initial report of sexual abuse or harassment, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to observe if there are changes that may suggest possible retaliation by offenders or staff. Offender conduct and treatment shall be documented on the PREA Retaliation Monitor – Offender, DOC 0498. The review shall include, but not be limited to, disciplinary reports, housing or programming changes and facility transfers and include periodic in-person status checks to ensure they display no changes that may suggest retaliation. Policy further states that the Department shall act promptly to remedy any such retaliation. The PAQ indicated there were zero incidents of retaliation reported. The interview with the Director indicated if they suspected retaliation, depending on the gravity, they would talk to the staff and/or resident. She stated the incident/retaliation would be referred for investigation. The interview with the staff member responsible for monitoring for retaliation indicated he monitors for 90 days and would extend for an additional 90 days if there was a concern for retaliation. He stated while monitoring for retaliation he looks at incident

reports, discipline and anything that may seem to be excessive. The staff confirmed that he would review discipline, housing changes, work changes and staff post changes. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.267 (d): 04.01.301, pages 11-12 state that for a minimum of 90 days following the initial report of sexual abuse or harassment, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to observe if there are changes that may suggest possible retaliation by offenders or staff. Offender conduct and treatment shall be documented on the PREA Retaliation Monitor - Offender, DOC 0498. The review shall include, but not be limited to, disciplinary reports, housing or programming changes and facility transfers and include periodic in-person status checks to ensure they display no changes that may suggest retaliation. The interview with the staff member responsible for monitoring retaliation confirmed he conducts periodic in-person status checks weekly. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.267 (e): 04.01.301, page 12 states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect the individuals against retaliation. The Agency Head and Director stated that the same protective measures outlined in provision (b) would be offered to those who cooperate with an investigation or express fear for retaliation.

115.267 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, 04.01.301, DOC 0498, and interviews with the Agency Head, Director and staff charged with monitoring for retaliation, this standard appears to be complaint.

#### Recommendation

The auditor highly recommends that the facility conduct a mock sexual abuse drill annually and complete necessary steps, including monitoring for retaliation.

<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 1474 1106" style="list-style-type: none"> <li data-bbox="280 412 689 448">1. Pre-Audit Questionnaire</li> <li data-bbox="280 483 1449 564">2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li data-bbox="280 600 1347 636">3. Administrative Directive 01.12.120 Investigations of Unusual Incidents</li> <li data-bbox="280 672 1289 707">4. Administrative Directive 01.12.101 Employee Criminal Misconduct</li> <li data-bbox="280 743 1327 779">5. Administrative Directive 01.12.112 Preservation of Physical Evidence</li> <li data-bbox="280 815 1417 851">6. Administrative Directive 01.12.125 Uniform Investigative Reporting System</li> <li data-bbox="280 887 1391 922">7. Administrative Directive 01.12.115 Institutional Investigative Assignment</li> <li data-bbox="280 958 1474 1039">8. Memorandum of Understanding with the Illinois State Police/Office of Executive Inspector General</li> <li data-bbox="280 1075 762 1111">9. Investigator Training Records</li> </ol> <p data-bbox="280 1218 437 1254">Interviews:</p> <ol data-bbox="280 1290 868 1469" style="list-style-type: none"> <li data-bbox="280 1290 836 1326">1. Interviews with Investigative Staff</li> <li data-bbox="280 1361 730 1397">2. Interview with the Director</li> <li data-bbox="280 1433 868 1469">3. Interview with the PREA Coordinator</li> </ol> <p data-bbox="280 1576 612 1612">Findings (By Provision):</p> <p data-bbox="280 1720 1474 2087">115.271 (a): The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. The initial investigative report shall be provided to the Chief Administrative Officer within 24 hours of the onset of the investigation. Policy further states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. 01.12.120, page 1 states the CAO shall ensure that an internal investigation is conducted by facility staff, or by staff</p>

assigned by the Chief of Investigations and Intelligence, on each unusual incident reported, if it is determined that further facts are required. Page 2 states that the facility investigation shall include, but not be limited to: obtaining statements from all involved individuals; obtaining statements from all known and any possible witnesses; securing and preserving all weapons; securing and preserving any other evidence; determining if all policies and procedures were followed; determining the quality of offender and staff supervision; conferring with local State Attorney to determine if criminal prosecution is warranted and referring individuals to the prosecuting authority for criminal prosecution, when warranted. 01.12.101, 01.12.105, 01.12.115, 01.12.112 and 01.12.125 all outline different elements to the investigative process for the agency. The investigators confirmed that an investigation would be initiated immediately after the allegation was received. They stated anonymous and third party reports would involve the same investigative process as allegations made via other reporting methods. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.271 (b): 01.12.115, page 2 states that the CAO shall ensure that each individual appointed as an investigator be registered for the next available investigator training program within ten days of temporary or permanent assignment as an investigator. Training topics include but are not limited to: investigative techniques, including interviewing sexual abuse victims; crime scene preservation; collection and preservation of evidence, including sexual abuse evidence collection in a confinement setting; proper use of Miranda and Garrity warnings; criteria and evidence required to substantiate a case for administrative action or prosecution referral; and investigative reporting. The agency utilizes their own training for this standard; PREA for Investigators. A review of the training curriculum confirmed slides 67-118 include the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. A review of documentation indicated that the facility utilizes a specific IDOC agency investigator to conduct any investigation. He was documented with the specialized training. There were zero allegations reported during the previous two years.

115.271 (c): 04.01.301, page 10 states that for reports of sexual abuse, the crime scene shall always be protected and investigators shall collect and tag evidence from the scene in accordance with established procedures. Evidence collected shall be submitted to the State Police within ten business days of receipt. 01.12.120, page 1 states the CAO shall ensure that an internal investigation is conducted by facility staff, or by staff assigned by the Chief of Investigations and Intelligence, on each unusual incident reported, if it is determined that further facts are required. Page 2 states that the facility investigation shall include, but not be limited to: obtaining statements from all involved individuals; obtaining statements from all

known and any possible witnesses; securing and preserving all weapons; securing and preserving any other evidence; determining if all policies and procedures were followed; determining the quality of offender and staff supervision; conferring with local State Attorney to determine if criminal prosecution is warranted and referring individuals to the prosecuting authority for criminal prosecution, when warranted. 01.12.101, 01.12.105, 01.12.115, 01.12.112 and 01.12.125 all outline different elements to the investigative process for the agency. Interviews with the investigators indicated his first steps would include gathering and preserving all evidence and starting the PREA checklist. The investigators stated investigations into allegations of sexual abuse and sexual harassment are done promptly, thoroughly, and objectively for all allegations. The facility investigator advised he would initiate the PREA checklist and have the resident seen by medical and mental health. He stated he would collect/review evidence, talk to the perpetrator, talk to any witnesses, review video, listen to phone calls and then go from there. The investigators indicated that they would gather and preserve direct and circumstantial evidence, including: physical evidence, video, phone calls, interviews and a credibility assessment. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.271 (d): The investigators confirmed that when they discover that a prosecutable crime may have taken place they may consult with prosecutors before conducting any compelled interviews. The facility investigator advised they partner with law enforcement so they typically have to put the case together before they forward it to them. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.271 (e): 04.01.301, page 10 states that alleged victims of sexual abuse shall not be required to submit to truth telling verification examinations such as voice stress analysis or polygraph exam as part of or as a condition of the investigation. The investigators confirmed they would never, under any circumstance, require a resident victim of sexual abuse to submit to a polygraph test or any other truth-telling devices as a condition for proceeding with the investigation. They further stated that credibility of a victim, suspect and/or witness would be assessed on an individual basis and it is not determined based on the person's status. The facility investigator advised credibility would be based on evidence. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed.

115.271 (f): 01.12.120, page 3 states that the supervisor of the internal investigation team shall submit an initial report, verbal or written, to the CAO within 48 hours of the incident and shall submit a final written report utilizing the Report of Investigation, DOC 0262, within ten working days from the conclusion of the investigation. The investigators confirmed that all administrative investigations are

documented in a written report via the DOC 0262 and would include a description of physical evidence and interview evidence as well as facts and finding ascertained during the investigative process. They further stated that during the investigation they would review logbooks, video and interview statements to determine if staff actions or failure to act contributed to the sexual abuse. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.271 (g): 01.12.120, page 3 states that the supervisor of the internal investigation team shall submit an initial report, verbal or written, to the CAO within 48 hours of the incident and shall submit a final written report utilizing the Report of Investigation, DOC 0262, within ten working day from the conclusion of the investigation. The investigators confirmed that all criminal investigations are documented in a written report via the DOC 0262 and would include a description of physical evidence and interview evidence as well as facts and finding ascertained during the investigative process. The investigators stated investigations include attachments such as statements, video, audio, physical evidence, tec. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.271 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution. 04.01.301, page 11 states that upon conclusion of the investigation, if applicable, the case shall be reviewed with the appropriate State's Attorney for possible referral for prosecution. The PAQ indicated there were zero allegations referred for prosecution since the last PREA audit. The investigators indicated that substantiated allegations that appear to be criminal are referred for prosecution. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.271 (i): The PAQ indicated 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. A review of a sample of historic investigations confirmed retention is being met.

115.271 (j): The investigators confirmed that the investigation would proceed regardless of whether the staff member terminates employment and/or the resident leaves the facility prior to the completed investigation. They stated the individual leaving has no bearing and the investigation would proceed accordingly.

	<p>115.271 (k): The auditor is not required to audit this standard.</p> <p>115.271 (l): 04.01.301 states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. Additionally, the MOU with the Illinois State Police (signed in 2019) indicates that they conduct investigations related to sexual assault involving staff-on-staff and staff-on-resident. The PREA Coordinator stated that cases which are referred to the Illinois State Police are assigned an external investigator from IDOC's Office of Investigations &amp; Intelligence. The IDOC external investigator would ensure updates are provided to the facility and PREA Coordinator, as appropriate. The Director stated that they remained informed of the progress of investigation through IDOC investigators. The investigators indicated they would serve as a liaison if ISP conducts an investigation.</p> <p>Based on a review of the PAQ, 04.01.310, 01.12.101, 01.12.112, 01.12.115, 01.12.120, 01.12.125, the MOU with the State Police, investigative training records and information from interviews with the PREA Coordinator, Director and investigative staff, this standard appears to be compliant.</p>
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<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Prison Rape Elimination Act (PREA) for Investigators Training Curriculum</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Investigative Staff</li> </ol> <p>Findings (By Provision):</p>

	<p>115.272 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 04.01.301, page 10 states that the Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Additionally, the PREA for Investigators Training Curriculum includes information on the elements to substantiate an investigation (preponderance of evidence). The investigators indicated that the standard required to substantiate an administrative investigation is a preponderance of the evidence. There were zero allegations reported during the previous two years and as such no documentation was available for review.</p> <p>Based on a review of the PAQ, 04.01.301, PREA Investigators Training Curriculum, and information from the interviews with the investigators, this standard appears to be compliant.</p>
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<b>115.273 Reporting to residents</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Director</li> <li>2. Interviews with Investigative Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.273 (a): The PAQ indicated that the agency has a policy requiring that any</p>

resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. 04.01.301, page 10 states that the alleged victim will be notified, in writing, of the outcome of the investigation. The PAQ indicated there were zero sexual abuse allegations reported and as such zero notifications were made during the audit period. The interviews with the Director and the investigators confirmed that residents are informed of the outcome of the investigation into their allegation. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.273 (b): The PAQ indicate that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The PAQ indicated there were zero sexual abuse allegations reported during the previous twelve months and zero notifications related to outside entity investigations. 04.01.301, page 10 states that the alleged victim will be notified, in writing, of the outcome of the investigation. If an outside law enforcement agency conducts the investigation, relevant information shall be requested from the investigative entity to ensure the alleged victim is informed of the outcome of the investigation. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.273 (c): The PAQ indicated following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Additionally, the PAQ indicated that there has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months. The PREA Manual, page 40 states that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PREA Manual further states that an assessment shall be completed to

determine if actions described above are warranted in accordance with section 115.65. The actions may not be appropriate in all cases. Offenders shall be notified only if there is a link between the listed actions in this section and an incident of sexual abuse. The timing of such notifications shall not interfere with any pending criminal or administrative investigations. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. There were zero sexual abuse allegations reported against staff in the previous twelve months.

115.273 (d): The PAQ indicated following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PREA Manual, page 40 states that following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. There were zero resident-on-resident sexual abuse allegation over the previous twelve months and as such no notifications were required under this provision.

115.273 (e): The PAQ indicated the agency has a policy that all notifications to residents described under this standard are documented. 04.01.301, page 10 states that the alleged victim will be notified, in writing, of the outcome of the investigation. The PAQ indicated there were zero sexual abuse investigations completed within the previous twelve months and zero notifications. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.273 (f): This provision is not required to be audited.

Based on a review of the PAQ, 04.01.301, the PREA Manual, and information from interviews with the Director and the investigator, this standard appears to be compliant.

Recommendation

The auditor highly recommends that the facility conduct a mock sexual abuse drill annually and complete necessary steps, including victim notification.

**115.276 Disciplinary sanctions for staff**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 03.01.120 Employee Review Hearing
4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)

Findings (By Provision):

115.276 (a): The PAQ indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 04.01.301, page 11 states that all terminations for violating the agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PREA Manual, page 41 states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.276 (b): The PREA Manual, page 41 states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. It further states that administrative discipline shall be conducted using the Employee Review Hearing Process and the collective bargaining agreement. Any decision made on the proposal shall be in accordance with all applicable laws, rules and regulations. The PAQ indicated there were zero staff members who violated the sexual abuse or sexual harassment policies in the previous twelve months and zero staff members

who was terminated (or resigned prior to termination) for violating the agency's sexual abuse or sexual harassment policies. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.276 (c): The PAQ indicated that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PAQ indicated there were zero staff that were disciplined short of termination for violating the sexual abuse or sexual harassment policies. The PREA Manual, page 41 states that disciplinary sanctions for violations of agency policy relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. 03.01.120 further describes the employee disciplinary review process. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.276 (d): The PAQ indicated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. 04.01.301, page 11 states that all terminations for violating the agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PAQ indicated there were no staff members who were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual or sexual harassment policies. There were zero allegations reported during the previous two years and as such no documentation was available for review.

Based on a review of the PAQ, 04.01.301, 03.01.120, and the PREA Manual, this standard appears to be compliant.

<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program

Interviews:

1. Interview with the Director

Findings (By Provision):

115.277 (a): The PAQ indicated that 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 and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. 04.01.301, page 11 states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there have been no contractors or volunteers who violated the sexual abuse or sexual harassment policies within the previous twelve months and as such none were reported to law enforcement or relevant licensing bodies. A review of documentation confirmed there were zero contractors or volunteers who violated the agency's sexual abuse or sexual harassment policies.

115.277 (b): The PAQ indicated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 04.01.301, page 11 states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies. The interview with the Director indicated that any violation of the sexual abuse and sexual harassment policies would result in an investigation. She advised that one extreme would involve the contractor or volunteer being barred from the facility and the other would involve them completing additional training.

Based on a review of the PAQ, 04.01.301, and information from the interview with the Director, this standard appears to be compliant.

<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 453 374">Documents:</p> <ol data-bbox="280 412 1445 741" style="list-style-type: none"> <li data-bbox="280 412 687 445">1. Pre-Audit Questionnaire</li> <li data-bbox="280 483 1445 562">2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li data-bbox="280 600 847 633">3. Illinois Administrative Code 20.504</li> <li data-bbox="280 672 1398 741">4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> </ol> <p data-bbox="280 855 437 889">Interviews:</p> <ol data-bbox="280 927 732 960" style="list-style-type: none"> <li data-bbox="280 927 732 960">1. Interview with the Director</li> </ol> <p data-bbox="280 1070 609 1104">Findings (By Provision):</p> <p data-bbox="280 1214 1477 1664">115.278 (a): The PAQ indicated that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that a resident engaged in resident-on-resident sexual abuse. 04.01.301, page 10 states that upon conclusion of the investigation disciplinary reports shall be completed, served and processed, where warranted. 20.504, page 2 states that no offender shall be found guilty of any violation without a hearing before the Adjustment Committee or Program Unit. 20.504 further describes the formal disciplinary process required. The PAQ indicated there were zero administrative or criminal finding of guilt for resident-on-resident sexual abuse. A review of documentation confirmed there were zero resident-on-resident sexual abuse allegations reported during the previous twelve months.</p> <p data-bbox="280 1774 1461 2063">115.278 (b): 20.507, pages 2-3 stated that in determining the appropriate sanctions, the Adjustment Committee or Program Unit, the CAO and the Director shall consider, among other matters, mitigating or aggravating factors including; the offenders age, medical and mental health state, if the offender was determined to be mentally ill, the extent and degree of participation in the commission of the offense and the offender's prior disciplinary record. The Director stated that if a resident violates the sexual abuse and sexual harassment policy it would be</p>

investigated externally. She advised the resident would go through progressive discipline and sanctions could range from a verbal counseling to being returned back to prison. The Director confirmed that discipline would be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

115.278 (c): 20.507, pages 2-3 stated that in determining the appropriate sanctions, the Adjustment Committee or Program Unit, the CAO and the Director shall consider, among other matters, mitigating or aggravating factors including; the offenders age, medical and mental health state, if the offender was determined to be mentally ill, the extent and degree of participation in the commission of the offense and the offender's prior disciplinary record. The interview with the Director confirmed that the disciplinary process considers whether the resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.278 (d): The PAQ indicated the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The facility does not have medical or mental health care staff. All services are provided in the community. As such, no interviews were conducted.

115.278 (e): The PAQ indicated that the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

115.278 (f): The PAQ indicated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. 04.01.301, page 12 states disciplinary action for a report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation, shall be prohibited. The PREA Manual, page 42 states that the maintenance of an effective sexual abuse prevention policy, and general secure and orderly running of a facility, requires that offenders be held responsible for manipulative behavior and intentionally making false allegations. Allegations of false reports shall be considered by staff in accordance with the procedures and standards founds within Illinois Administrative Code 507, Administration of Discipline.

115.278 (g): The PAQ indicated that the agency prohibits all sexual activity between residents. It further indicated that if the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Based on a review of the PAQ, 04.01.301, 20.507, the PREA Manual, and information from the interview with the Director, this standard appears to be compliant.

115.282	Access to emergency medical and mental health services
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. PREA Checklist</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with First Responders</li> </ol> <p>Findings (By Provision):</p> <p>115.282 (a): The PAQ indicated that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature of scope of services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further indicates that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. 04.01.301, page 8</p>

states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. During the tour the auditor confirmed that the facility did not have a medical or mental health area and did not provide medical or mental health services on-site. The facility does not employ medical or mental health care staff and as such no interviews were conducted. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. There were zero allegations reported during the previous two years and as such no documentation was available for review. The auditor confirmed that the facility would document any services via the PREA Checklist.

115.282 (b): 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. Page 9 (Paragraph II.G.5) further states that treatment shall be provided by a certified SAFE or SANE at a local emergency room and that the medical examination provided by Department facilities shall include a general physical examination for recent sexual abuse. The security first responder stated first responder duties include: separating, securing the scene, protecting evidence, placing the victim in a secure location, placing the perpetrator in a separate secure location, asking them not to shower, brush their teeth, etc., contacting the center supervisor and/or police, transporting the resident to the hospital and writing an incident report. The non-security first responder stated first responder duties would include reporting the information to facility staff as soon as possible. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.282 (c): The PAQ indicated that resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. 04.01.301, page 9 states that a general physical examination for recent sexual abuse shall include, but not be limited to: a blood test (RPR for Syphilis); culture smears for seminal fluid, Gonorrhea, Chlamydia and other Sexually Transmitted Diseases (STD) as appropriate; Hepatitis C antibody test and Hepatitis B surface antigen and antibody blood test and an HIV test and counseling shall be offered. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. There were zero allegations reported during the previous two years and as such no documentation was available for review.

	<p>115.282 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 04.01.301, page 9 states that offenders shall not be charged a co-payment for medical treatment, including forensic medical examinations, obtained for alleged sexual abuse.</p> <p>Based on a review of the PAQ, 04.01.301, the PREA Checklist, and information from the interviews with the first responders, this standard appears to be complaint.</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> <li>4. PREA Checklist</li> </ol> <p>Findings (By Provision):</p> <p>115.283 (a): The PAQ indicated 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. 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. Additionally, 04.01.301, page 6 states that if it is determined that the offender was previously a victim of sexual abuse, the facility PCM shall notify medical and mental health staff within fourteen days of the screening. During</p>

the tour the auditor confirmed that the facility did not have a medical or mental health area and did not provide medical or mental health services on-site. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.283 (b): 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. The facility does not employ medical or mental health care staff and as such no interviews were conducted. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.283 (c): The facility provides access to medical and mental health care off-site through local community providers. The facility does not employ medical or mental health care staff and as such no interviews were conducted.

115.283 (d): The PAQ indicated that Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. 04.10.301, page 10 states female victims of sexual abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the sexual abuse, such victims shall receive timely and comprehensive information about and timely access to all lawfully pregnancy-related medical services. The facility does not employ medical or mental health care staff and as such no interviews were conducted. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.283 (e): The PAQ indicated if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. 04.10.301, page 10 states female victims of sexual abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the sexual abuse, such victims shall receive timely and comprehensive information about and timely access to all lawfully pregnancy-related medical services. The PREA Manual, page 45 states that if pregnancy results from the conduct described in paragraph (d) of this section (sexually abusive vaginal penetration), such victims shall receive timely and

comprehensive information about and timely access to all lawful pregnancy-related medical services. It further states that Department healthcare providers shall deliver comprehensive prenatal counseling and care for pregnant female offenders. The facility does not employ medical or mental health care staff and as such no interviews were conducted. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.283 (f): The PAQ indicated that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. 04.01.301, page 9 states that a general physical examination for recent sexual abuse shall include, but not be limited to: a blood test (RPR for Syphilis); culture smears for seminal fluid, Gonorrhea, Chlamydia and other Sexually Transmitted Diseases (STD) as appropriate; Hepatitis C antibody test and Hepatitis B surface antigen and antibody blood test and an HIV test and counseling shall be offered. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.283 (g): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 04.01.301, page 9 states that offenders shall not be charged a co-payment for medical treatment, including forensic medical examinations, obtained for alleged sexual abuse. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.283 (h): The PAQ indicated 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. The PAQ indicated that any abusers would be immediately discharged from the program as it would be a violation of their probation. The PREA Manual, page 46 states that all prisons shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The facility does not employ medical or mental health care staff and as such no interviews were conducted. There were zero resident-on-resident sexual abuse allegations reported during the audit period and as such there were no resident-on-resident abusers.

	Based on a review of the PAQ, 04.01.301, the PREA Manual and the PREA Checklist, this standard appears to be complaint.
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Sexual Abuse Incident Review Form (DOC 0593)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Director</li> <li>2. Interview with the PREA Coordinator</li> <li>3. Interview with Incident Review Team</li> </ol> <p>Findings (By Provision):</p> <p>115.286 (a): The PAQ indicated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 04.01.301, page 11 states that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ indicated that there were zero sexual abuse incident reviews completed within the previous twelve months. There were zero allegations reported during the previous two years and as such no documentation was available for review.</p> <p>115.286 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative</p>

sexual abuse investigation. It further stated that in the past 12 months there were zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents. 04.01.301, page 11 states that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. There were zero allegations reported during the previous two years and as such no documentation was available for review.

115.286 (c): The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. 04.01.301, page 11 states that the review team, at minimum, shall include: Assistant Chief Administrative Officer; Shift Commander or Lieutenant; a representative from Internal Affairs; the PCM, a representative from medical and a representative from mental health. The interview with the Director indicated that the facility had a sexual abuse incident review team that includes the staff under this provision. She stated the medical, mental health and investigative staff would be from Logan Correctional Center.

115.286 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. 04.01.301, page 11 states that the review, including any reports of findings or any recommendation for improvement, shall be documented on the DOC 0593, Sexual Abuse Incident Review. Interviews with the Director, PC and sexual incident review team member confirmed sexual abuse incident reviews include the required elements under this provision. The Director stated they would utilize information from the sexual abuse incident reviews to minimize the opportunity of something occurring again. She advised they may use it to augment training, change policy or make room adjustments. The PC stated that all sexual abuse incident reviews are forwarded to him and he has not noticed any trends. He further stated that after the sexual abuse incident review is submitted recommendations are approved and put into place (when possible).

115.286 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 04.01.301, page 11 states that the DOC 0593 shall be forwarded to the Chief Administrative Officer so recommendations for improvement may be considered. Any recommendation not implemented shall be documented on the DOC 0593 including justification for not doing so. A review of the form confirmed that a section exists for recommendations.

	<p>Based on a review of the PAQ, 04.01.301, DOC 0593 form, and information from interviews with the Director, the PC and a member of the sexual abuse incident review team, this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends that the facility conduct a mock sexual abuse drill annually and complete necessary steps, including a sexual abuse incident review.</p>
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<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. PREA Checklist</li> <li>4. Illinois Department of Corrections (IDOC) Annual PREA Report</li> <li>5. Survey of Sexual Victimization</li> </ol> <p>Findings (By Provision):</p> <p>115.287 (a): The PAQ indicated that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. 04.01.301, pages 12-13 state that the Chief Administrative Officer and the facility PCM shall conduct an annual evaluation of the Sexual Abuse and Harassment Prevention and Intervention Program at their respective facility and submit to the PC a written report of the findings. The report should at minimum include: a review of each incident of sexual abuse or harassment that occurred during the reporting period; program and procedural changes implemented based on recommendations of the review team;</p>

training needs to ensure future safety and security; record of referrals to outside community resources; record of referrals for post-release service and statistical data. Policy further states that upon receipt of the reports from each facility, the agency PC shall assess the overall effectiveness of the Department's Sexual Abuse and Harassment Prevention and Intervention Program and submit a written report to the Director that has at minimum: statistical data and corrective action by facility; aggregated incident based sexual abuse or harassment data for the Department; perceived areas of concern and recommended or implemented improvements; a comparison of the current year's statistical data and corrective action with those of previous reporting periods; and an assessment of the Department's progress in addressing sexual abuse or harassment overall. A review of investigative reports (IDOC) and the PREA Checklist confirm that information/data related to each sexual abuse and sexual harassment allegation is reported and documented. The PREA Checklist is then forwarded to the PC to assist with compiling statistical data to identify trends.

115.287 (b): The PAQ indicated that the agency aggregates the incident-based sexual abuse data at least annually. 04.01.301, pages 12-13 state that upon receipt of the reports from each facility, the agency PC shall assess the overall effectiveness of the Department's Sexual Abuse and Harassment Prevention and Intervention Program and submit a written report to the Director that has at minimum: statistical data and corrective action by facility; aggregated incident based sexual abuse or harassment data for the Department; perceived areas of concern and recommended or implemented improvements; a comparison of the current year's statistical data and corrective action with those of previous reporting periods; and an assessment of the Department's progress in addressing sexual abuse or harassment overall. A review of the IDOC Annual PREA Report indicates that it includes agency accomplishments, facilities audited during the year, statistical data and corrective actions. The report compares data from 2014 through the current year.

115.287 (c): The PAQ indicated that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. A review of the agency's most recent Survey of Sexual Victimization (formerly known as Survey of Sexual Violence) confirms that the agency collects appropriate information using a standardized instrument and reports the appropriate information via the SSV.

115.287 (d): The PAQ indicated that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. 04.01.301, pages 12-13 state that the Chief Administrative Officer and the facility PCM shall conduct an annual

evaluation of the Sexual Abuse and Harassment Prevention and Intervention Program at their respective facility and submit to the PC a written report of the findings. The report should at minimum include: a review of each incident of sexual abuse or harassment that occurred during the reporting period; program and procedural changes implemented based on recommendations of the review team; training needs to ensure future safety and security; record of referrals to outside community resources; record of referrals for post-release service and statistical data. Policy further states that upon receipt of the reports from each facility, the agency PC shall assess the overall effectiveness of the Department's Sexual Abuse and Harassment Prevention and Intervention Program and submit a written report to the Director that has at minimum: statistical data and corrective action by facility; aggregated incident based sexual abuse or harassment data for the Department; perceived areas of concern and recommended or implemented improvements; a comparison of the current year's statistical data and corrective action with those of previous reporting periods; and an assessment of the Department's progress in addressing sexual abuse or harassment overall.

115.287 (e): The PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of residents and that data from private facilities complies with SSV reporting regarding content. 04.01.301, pages 12-13 state that the Chief Administrative Officer and the facility PCM shall conduct an annual evaluation of the Sexual Abuse and Harassment Prevention and Intervention Program at their respective facility and submit to the PC a written report of the findings. The report should at minimum include: a review of each incident of sexual abuse or harassment that occurred during the reporting period; program and procedural changes implemented based on recommendations of the review team; training needs to ensure future safety and security; record of referrals to outside community resources; record of referrals for post-release service and statistical data. Policy further states that upon receipt of the reports from each facility, the agency PC shall assess the overall effectiveness of the Department's Sexual Abuse and Harassment Prevention and Intervention Program and submit a written report to the Director that has at minimum: statistical data and corrective action by facility; aggregated incident based sexual abuse or harassment data for the Department; perceived areas of concern and recommended or implemented improvements; a comparison of the current year's statistical data and corrective action with those of previous reporting periods; and an assessment of the Department's progress in addressing sexual abuse or harassment overall. A review of the IDOC Annual PREA Report indicates that it includes agency accomplishments, facilities audited during the year, statistical data and corrective actions. The report compares data from 2014 through the current year. The data included information from both Safer Foundation facilities, including Crossroads Adult Transition Center.

115.287 (f): The PAQ indicated that the agency provided the Department of Justice

	<p>with data from the previous calendar year upon request. 04.01.301, page 13 states that upon request, the report shall be submitted to the Department of Justice. A review of documentation confirmed the agency submitted the Survey of Sexual Victimization in 2024.</p> <p>Based on a review of the PAQ, 04.01.301, the PREA Checklist, the Survey of Sexual Victimization and the IDOC Annual PREA Report, this standard appears to be compliant.</p>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Illinois Department of Corrections (IDOC) Annual PREA Report</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head</li> <li>2. Interview with the PREA Coordinator</li> </ol> <p>Findings (By Provision):</p> <p>115.288 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: 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. 04.01.301, pages 12-13 state that the Chief Administrative Officer and the facility PCM shall conduct an annual evaluation of the Sexual Abuse and Harassment Prevention and Intervention Program at their respective facility and submit to the PC a written report of the</p>

findings. The report should at minimum include: a review of each incident of sexual abuse or harassment that occurred during the reporting period; program and procedural changes implemented based on recommendations of the review team; training needs to ensure future safety and security; record of referrals to outside community resources; record of referrals for post-release service and statistical data. Policy further states that upon receipt of the reports from each facility, the agency PC shall assess the overall effectiveness of the Department's Sexual Abuse and Harassment Prevention and Intervention Program and submit a written report to the Director that has at minimum: statistical data and corrective action by facility; aggregated incident based sexual abuse or harassment data for the Department; perceived areas of concern and recommended or implemented improvements; a comparison of the current year's statistical data and corrective action with those of previous reporting periods; and an assessment of the Department's progress in addressing sexual abuse or harassment overall. The interview with the Agency Head indicated that data is collected and that the consistent review allows for improvement of policies and procedures. She advised they also use it to create and work through corrective action plans, such as retraining staff. The Agency Head confirmed that they take corrective action on an ongoing basis. She advised the PC is really big on corrective action and being in the facilities to review and make sure issues are identified and corrective action is implemented. The PC confirmed that the agency reviews data that is collected in order to assess and improve the effectiveness of the sexual abuse prevention, detection and response policies. He stated the Agency Head approves the report and that the information is published on the agency website. He further stated that trends are analyzed and appropriate corrective action is taken based off of this information. A review of the Annual PREA Report indicates that it includes agency accomplishments, facilities audited during the year, statistical data and corrective actions. The report compares data from 2014 through the current year. The report is extremely detailed and contains charts, graphs and illustrations. The report exceeds the requirement of this provision.

115.288 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and that the annual report provides an assessment of the agency's progress in addressing sexual abuse. 04.01.301, pages 12-13 state that the Chief Administrative Officer and the facility PCM shall conduct an annual evaluation of the Sexual Abuse and Harassment Prevention and Intervention Program at their respective facility and submit to the PC a written report of the findings. The report should at minimum include: a review of each incident of sexual abuse or harassment that occurred during the reporting period; program and procedural changes implemented based on recommendations of the review team; training needs to ensure future safety and security; record of referrals to outside community resources; record of referrals for post-release service and statistical data. Policy further states that upon receipt of the reports from each facility, the agency PC shall assess the overall effectiveness of the Department's Sexual Abuse and Harassment Prevention and Intervention Program and submit a written report to the Director that has at minimum: statistical data and corrective

action by facility; aggregated incident based sexual abuse or harassment data for the Department; perceived areas of concern and recommended or implemented improvements; a comparison of the current year's statistical data and corrective action with those of previous reporting periods; and an assessment of the Department's progress in addressing sexual abuse or harassment overall. A review of the IDOC Annual PREA Report indicates that it includes agency accomplishments, facilities audited during the year, statistical data and corrective actions. The report compares data from 2014 through the current year.

115.288 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 04.01.301, page 13 states that the annual report shall be made available on the Department's website no later than June 30th of the year subsequent to the reporting period. The interview with the Agency Head confirmed that she reviews and approves the annual report. A review of the website confirmed that the current annual report as well as prior annual reports are available for review.

115.288 (d): The PAQ indicated that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and that the agency indicates the nature of material redacted. 04.01.301, page 13 states that the final report shall not contain any personal identifiers. The Department may redact information on the posted report if said information would present a clear and specific threat to the safety and security of a facility or the Department. A review of IDOC Annual PREA Report confirmed there was no personal identifying information included nor any security related information. The report did not contain any redacted information. The interview with the PC indicated that confidential and sensitive individual in custody or staff information is redacted. In consultation with the Legal Department, a determination would be made regarding what information would be redacted and justification for such redaction would be provided.

Based on a review of the PAQ, 04.01.301, the IDOC Annual PREA Report, the website and information obtained from interviews with the Agency Head and PC, the facility appears to exceed this standard.

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

### Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)
4. Illinois Department of Corrections (IDOC) Annual PREA Report

### Interviews:

1. Interview with the PREA Coordinator

### Findings (By Provision):

115.289 (a): The PAQ indicated that the agency ensures that incident-based and aggregate data are securely retained. The PREA Manual, page 50 states that the agency shall ensure that data collected pursuant to 115.87 are securely retained. The interview with the PREA Coordinator indicated that all identifying information regarding PREA allegations is treated as confidential and maintained in secure databases and secured drives. Any hard-copy documents are maintained via double-locked storage.

115.289 (b): The PAQ indicated that 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. 04.01.301, page 14 states the annual report shall be made available on the Department's website no later than June 30th of the year subsequent that of the reporting period. A review of the website confirmed that the current annual report, which includes aggregated data, as well as prior annual reports are available for review.

115.289 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. 04.01.301, page 13 states that the final report shall not contain any personal identifiers. A review of the IDOC Annual PREA Report confirmed there was no personal identifying information

	<p>included nor any security related information. The report did not contain any redacted information.</p> <p>115.289 (d): The PAQ indicated that the agency maintains sexual abuse data collected pursuant to Standard 115.287 for at least ten years after the date of initial collection, unless federal, state or local law requires otherwise. 04.01.301, page 13 states that all reports and statistical data shall be retained for a period of no less than ten years. A review of prior IDOC Annual PREA Reports confirmed that data is available from 2014 to current.</p> <p>Based on a review of the PAQ, 04.01.301, the IDOC Annual PREA Report, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Findings (By Provision):</p> <p>115.401 (a): The facility is part of the Illinois Department of Corrections. All facilities were audited in the previous three-year audit cycle and audit report are found on the agency's website.</p> <p>115.401 (b): The facility is part of the Illinois Department of Corrections. The Department has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the first year of the three-year cycle.</p> <p>115.401 (h) - (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents and was permitted to conduct private interviews.</p> <p>115.401 (n): The facility provided photos of the audit announcement posted around the facility at least six weeks prior to the on-site portion of the audit. During the tour the auditor observed the audit announcement posted on bright pink letter size</p>

	<p>paper in English and Spanish. The audit announcements were in the housing units and in common areas. The audit announcement advised the IICs that correspondence with the auditor would remain confidential unless the IIC reported information such as sexual abuse, harm to self or harm to others. The IICs were able to send correspondence via privileged mail.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Findings (By Provision):</p> <p>115.403 (f): The agency has audit reports published to their website for all audits completed during the previous three year audit cycles.</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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.)	yes
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	yes

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	yes
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	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?	yes
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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	yes

	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?	
	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
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and	yes

	expressively, using any necessary specialized vocabulary?	
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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 §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	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 two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the 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 the 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 questions immediately above ?	yes

<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	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, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	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	yes

	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?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>	

<b>(a)</b>		
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA 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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim	yes

	advocate from a rape crisis center?	
	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
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal	yes

	investigation is completed for all allegations of sexual harassment?	
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	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 confinement?	yes

	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	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?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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
<b>115.231 (b)</b>	<b>Employee training</b>	
	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
<b>115.231 (c)</b>	<b>Employee training</b>	
	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
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	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
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a	yes

	resident is transferred to a different facility?	
<b>115.233 (c)</b>	<b>Resident education</b>	
	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
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	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
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing	yes

	sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	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.)	na
	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	na

	professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
	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.)	na
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive	yes

	toward other residents?	
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes

	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>	

<b>(h)</b>		
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

<b>115.242 (c)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
<b>115.242 (f)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	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: 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
<b>115.251 (b)</b>	<b>Resident reporting</b>	

	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
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address 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.	no
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	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 a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by 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 is 70 days per 115.252(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
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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 files such a request on behalf	yes

	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.)	
	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
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	yes

	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.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide 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
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information 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 regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	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,	yes

	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?	
	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
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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:4. 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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as 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
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	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.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	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	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	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
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	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, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are 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
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data	yes

	necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 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 § 115.287 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 § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.288 (b)</b>	<b>Data review for corrective action</b>	

	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403</b>	<b>Audit contents and findings</b>	

<b>(f)</b>		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes