

PREA Facility Audit Report: Final

Name of Facility: Menard Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 10/25/2025

Date Final Report Submitted: 04/21/2026

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"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 04/21/2026

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	09/15/2025
End Date of On-Site Audit:	09/19/2025

FACILITY INFORMATION	
Facility name:	Menard Correctional Center
Facility physical address:	711 Kaskaskia Street, Menard, Illinois - 62259
Facility mailing address:	

Primary Contact

Name:	Sheri Buettner
Email Address:	Sheri.Buettner@illinois.gov
Telephone Number:	618-826-5071

Warden/Jail Administrator/Sheriff/Director	
Name:	Anthony Wills
Email Address:	Anthony.Wills@illinois.gov
Telephone Number:	618-826-5071

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Connie Dolce
Email Address:	connie.dolce@illinois.gov
Telephone Number:	618-826-5071

Facility Characteristics	
Designed facility capacity:	2389
Current population of facility:	1882
Average daily population for the past 12 months:	1876
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

Age range of population:	18 - 91
Facility security levels/inmate custody levels:	Maximum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	888
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	60
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	52

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Ryan Nottingham	Email Address:	ryan.nottingham@illinois.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

3

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.12 - Contracting with other entities for the confinement of inmates
- 115.88 - Data review for corrective action

Number of standards met:

42

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:	2025-09-15
2. End date of the onsite portion of the audit:	2025-09-19

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, Call for Help, Metro-East Every Survivor Counts

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	2389
15. Average daily population for the past 12 months:	1876
16. Number of inmate/resident/detainee housing units:	10
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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1915
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:	10
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:	23
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:	8
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:	230
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:	5
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:	15

<p>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:</p>	<p>18</p>
<p>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:</p>	<p>10</p>
<p>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:</p>	<p>47</p>
<p>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:</p>	<p>0</p>
<p>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):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>888</p>
<p>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:</p>	<p>52</p>

<p>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:</p>	<p>60</p>
<p>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:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>20</p>
<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <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 </p>
<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor ensured a geographically diverse sample among interviewees (targeted and random). The following Individuals In Custody (IIC) were selected from the housing units: eleven from E, seven from N2, six from NL, two from NU, nine from W, four from X and one from R.</p>

<p>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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):</p>	<p>35 of the IICs were male and five were transgender female. 31 of the IICs interviewed were black, five were white, three were Hispanic, and one was another race/ethnicity. With regard to age, two were between eighteen and 25, seven were 26-35, 22 were 36-45, five were 46-55 and four were 56 or older. 27 of the IICs interviewed were at the facility less than a year, nine were there between a year and five years, two were at the facility between eleven and fifteen years and two were at the facility over sixteen years.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>20</p>
<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>	
<p>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:</p>	<p>1</p>

<p>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:</p>	<p>1</p>
<p>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:</p>	<p>1</p>
<p>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:</p>	<p>2</p>
<p>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:</p>	<p>2</p>
<p>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:</p>	<p>2</p>
<p>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:</p>	<p>5</p>

<p>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:</p>	<p>6</p>
<p>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:</p>	<p>4</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>The auditor reviewed housing for high risk IICs and those who reported sexual abuse.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>A few of the IICs had more than one targeted interview protocol utilized.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

58. Enter the total number of RANDOM STAFF who were interviewed:

17

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- Length of tenure in the facility
- Shift assignment
- Work assignment
- Rank (or equivalent)
- Other (e.g., gender, race, ethnicity, languages spoken)
- None

If "Other," describe:

Race, gender and ethnicity

60. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- Yes
- No

61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

Security staff mainly make up three shifts, first shift works from 7am-3pm, second shift works from 3pm-11pm and third shift works from 11pm-7am. Eight staff were interviewed from first shift, six staff were from second shift and three staff were from third shift. With regard to the demographics of the random staff interviewed, fifteen were male and two were female. Fifteen staff interviewed were white and two were Hispanic. Eight staff were Correctional Officers, three were Sergeants, three were Lieutenants and three were Majors.

Specialized Staff, Volunteers, and Contractor Interviews

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

<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>28</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>65. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>66. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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 checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Mailroom
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<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
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
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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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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 15-19, 2025. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected IICs and staff for interview as well as documentation to review. The auditor conducted a tour of the facility on September 15-16, 2025. The tour included all areas associated with the facility to include: housing units, laundry, warehouse, intake, visitation, chapel, education, vocation, maintenance, food service, health services, recreation, industries, commissary, property, outside mechanical building, front entrance and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for IICs in housing units and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted in housing units and common areas via the PREA Poster and PREA Reporting Poster. It should be noted that the auditor did not observe PREA Posters and PREA Reporting Posters in all housing units. Most were on the first tier of the housing areas. The PREA Posters were on legal size paper in English and Spanish. The PREA Reporting Posters were on letter size paper in English and Spanish. Additionally, the auditor observed the PREA hotline number stenciled all over the facility in oversized font. IICs were recently issued tablets and a review of the tablet noted there was no PREA information available. The facility took immediate corrective action and uploaded the Handbook, PREA Poster and PREA Reporting Poster to the tablet. The auditor viewed these documents were available under the Bulletins section for IICs to view.

Third party reporting information was observed in visitation and the front entrance via the PREA Poster. The PREA Poster was

observed in English and Spanish on legal size paper. The auditor observed that the no-contact visitation area did not have PREA Posters, however immediately following the on-site portion of the audit the facility posted this information.

During the tour the auditor confirmed the facility follows a staffing plan. At least one security staff member was assigned to each gallery (numerous galleries make up a housing unit). Program, work and education areas included non-security staff and either a positioned or roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. During the tour the auditor observed staff conducting rounds and performing official duties. The auditor observed that lines of sight were poor with the facility physical plant but adequate with staffing. The facility did not appear to be overcrowded. The auditor observed numerous blind spots throughout the facility.

During the tour the auditor observed cameras in a few housings units and common areas. The auditor noted that cameras coverage was minimal for the facility. The auditor verified that the cameras are not actively monitored but rather are utilized mainly for investigative purposes. Shift Commanders, Internal Affairs (IA) and administrative level staff have access to view the cameras.

During the tour the auditor observed that privacy was provided in some areas via doors and curtains. The facility has numerous housing units with open bar stock cells. Toilets are in cell which causes cross gender viewing issues both physically and on video (for those housing units with cameras). The facility corrected this issue previously through issuing all IICs a "modesty sheet" to allow them to place over them when using the restroom. The auditor did not observe the modesty sheets consistently throughout the facility and

when asked, IICs advised they were not provided the modesty sheet. The auditor did observe numerous sheets hung for privacy in cells. While this is not allowed per facility rules, the auditor did not observe any staff obstructing the IICs to remove the sheets. The auditor also observed that one housing unit did not have shower curtains. Staff advised that they would put the curtains up when in use, however IICs indicated the curtains are never put up. The auditor also observed a cross gender viewing issue with the toilet in the gym and toilet in the chapel. The auditor viewed the strip search areas in visitation, segregated housing and intake and confirmed there were no any cross gender viewing issues. A review of video monitoring technology noted that cameras faced in the cells and as such involved cross gender viewing without use of the modesty sheets. With regard to the opposite gender announcement, the auditor heard the announcement verbally upon entry into a few if the housing units. The auditor noted this was not consistent and the physical plant of the facility paired with the cells caused an issue. The agency also has a paging system for the deaf and hard of hearing IICs where the announcement can be sent out to their watches.

Medical and mental health records are paper. The records area is staffed 7am-4pm Monday through Friday. The records staffed advised the records area is locked when not staffed and that access is limited. Risk screening information is maintained in the electronic Offender 360 program and via paper files. The auditor had a security staff member attempt to access the electronic information in Offender 360, however he did not have access to the information. The agency restricted access to the risk screening information and any access has to be approved by the agency PREA Coordinator. Paper risk screening files are maintained in the master IIC file in records. Records is

staffed Monday through Friday 7am-4pm. The records door is locked after hours with limited access. Investigative files are paper and electronic. Only Internal Affairs staff have access to the investigations in the electronic database. Paper files are also maintained in IA's locked office.

During the tour the auditor observed that IICs are able to place outgoing mail in any of the locked boxes around the facility, including in housing unit sally ports or on the first tier of housing units. Additionally, mail can be provided to staff during rounds and can be placed in the locked grievance box during rounds. The interview with the mailroom staff indicated that outgoing regular mail is sorted. All regular mail comes to them unsealed and they spot check the mail prior to sending it out. Legal/privileged mail comes to them sealed and is not opened or reviewed. Incoming mail is sorted and logged (if legal). Regular mail is opened and reviewed by mailroom staff and then provided to the IIC. Legal/privileged mail remains sealed and is provided to the 3-11 security specialist to distribute. The security specialist opens the mail in the presence of the IIC to ensure it does not contain any contraband. The mail is not reviewed. The mailroom staff stated that mail to and from JHA is privileged mail. The mailroom staff stated mail to and from the local rape crisis center is treated as privileged mail.

The auditor observed the intake process through a demonstration. IICs are provided initial and comprehensive education the day they arrive at the facility. All IICs are given a Handbook (available in English and Spanish) and are provided orientation. IICs that have already been through intake have a tablet as these are provided at the permanent facility. All IICs arriving at the facility as a new intake are not provided a tablet and will not be provided a tablet until they arrive at their permanent facility. Orientation is conducted in

a classroom. Staff show the PRC education video and read the PREA script that is associated with the video. Staff verbally advise what IICs should and should not do if they are sexually abused. At the end of the presentation staff ask IICs whether they have any questions. The auditor viewed the video is available in English and Spanish.

The auditor was provided a demonstration of the initial risk screening process. The initial risk screening is completed in a confidential office setting, one-on-one. Mental health staff ask the IIC the questions from the DOC 0494. Staff ask about height, weight, whether they have any prior sex offenses, if they have any disabilities, if they have ever been a victim of sexual abuse, if they were ever in a gang, if they have ever had a ticket (discipline) for violence, etc. The paper form is provided to clinical services staff to review the IICs file to verify the verbal responses and to enter into the electronic system. The risk reassessment is completed by clinical staff in a private setting. Staff ask the questions from the DOC 0494: including age, height, criminal history (violent vs. non-violent offenses), discipline history, etc. Staff ask all the questions and inquire whether the IIC has received the Handbook. Staff also ask the IIC if they know how to report an incident of sexual abuse or sexual harassment. The staff review the IICs file information to determine accuracy of information verbally provided. The paper form information is entered into Offender 360 and the paper form is then placed in the master file.

The auditor tested the internal reporting mechanisms during the tour. The auditor called the internal PREA hotline on September 17, 2025 and left a message to test functionality. IICs are advised to select English or Spanish upon contact with the hotline. Initial phone instructions are provided in English and Spanish, however the hotline instructions/directions are only available in

English. The auditor received confirmation from the PC on September 17, 2025 that the call was received and forwarded to him. The internal PREA hotline is accessible on all phones but does require an IIC pin number. IICs have access to phones in cell and can now also make calls via their tablet. The auditor also tested the internal written reporting process. The auditor submitted a kite on September 16, 2025 via the locked box in a housing unit. On September 17, 2025, the auditor received confirmation that the kite was received and forwarded to IA.

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 is not just for reporting sexual abuse or sexual harassment. 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.

Additionally during the on-site portion of the audit the auditor asked staff to demonstrate how to document a verbal report of sexual abuse. Staff indicated if they received a verbal report they would complete an incident report. Staff complete the form by hand or electronically on one of the computers. The form is printed signed and provided to a supervisor.

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 was unable to test access to emotional support services. The facility does not currently have an agreement with the local rape crisis center and as such the hotline is not accessible. The facility provides the phone number, but all calls would need to be set up through staff. Staff would set the call up similar to a legal call. IICs are able to contact emotional support services through the mail.

During IIC interviews the auditor utilized Propio as well as staff for translation services. The auditor was provided a phone number and access code to contact Propio. The auditor selected a language and was provided over the phone translation services. Additionally, a bilingual staff member was utilized for an LEP IIC interview. In addition to the over the phone translation the agency also has access to Propio through a web-based system. This can be used for ASL and/or language translation.

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, IIC 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 43 personnel and/or training files that included five staff hired in the previous twelve months, three contractors hired within the previous twelve months and five staff promoted within the previous twelve months. The sample included eight total contractors, five volunteers and seven medical and mental health care staff.

Individual In Custody Files. A total of 49 IIC files were reviewed. 35 IIC files were of those that arrived within the previous twelve months, three were LEP IICs, eight were disabled IICs, four were transgender or intersex IICs and sixteen were identified with prior sexual victimization and/or a history of prior abusiveness.

Medical and Mental Health Records. The auditor reviewed medical and mental health documentation for thirteen victims of sexual abuse and sexual harassment as well as mental health documents for sixteen IICs who disclosed victimization during the risk screening and/or were identified with prior sexual abusiveness.

Grievances. The auditor reviewed the grievance log of those deemed "PREA" and a sample of the grievances.

Incident Reports. The auditor reviewed incident reports associated with the thirteen sexual abuse and sexual harassment allegations.

Investigation Files. The auditor reviewed documentation for thirteen allegations. All thirteen had a completed administrative

investigation.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	17	0	17	0
Staff-on-inmate sexual abuse	9	0	9	0
Total	26	0	26	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	8	0	8	0
Staff-on-inmate sexual harassment	9	0	9	0
Total	17	0	17	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	4	0	13	0
Staff-on-inmate sexual abuse	6	1	2	0
Total	10	1	15	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	2	1	5	0
Staff-on-inmate sexual harassment	5	1	3	0
Total	7	2	8	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:

10

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>6</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
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.	<input type="radio"/> Yes <input checked="" type="radio"/> 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

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

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

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
27. Facility Organizational Chart
28. PREA Compliance Manager Training

Interviews:

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

Findings (By Provision):

115.11 (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 IICs. 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 procedures 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 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 and PCM, training (staff, volunteers and contractors), staffing, intake/risk screening, IIC 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 IIC discipline, incident reviews and data collection. The policies are consistent with the PREA standards and outline 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.

115.11 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. 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.

115.11 (c): The PAQ indicated that the facility has designated a PREA Compliance Manager that has sufficient time and authority to coordinate the facility's efforts to comply with PREA standards. The PAQ stated the position of PCM at the facility is the Corrections Assessment Specialist and the position reports to the Assistant Warden. AD 04.01.301, page 4 states that the Chief Administrative Officer of each correctional facility shall designate a facility PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with PREA standards and who is trained in sexual abuse crisis issues and has the knowledge, skills and abilities for program implementation and evaluation. The facility's organizational chart indicates that the PCM is the Corrections Assessments Specialist and the position reports to the Assistant Warden of Programs. The interview with the PREA Compliance Manager indicated she has enough time to manage all of her PREA related responsibilities. She advised she has a good relationship with the Warden and he allows her extra time for her PREA related responsibilities. She advised she coordinates compliance through monthly meetings, ensuring they are adhering to timelines and communicating with everyone between meetings. The PCM noted if she identifies an issue complying with a PREA standard she first identifies the issues and a starting point on how to move forward. The PCM was new to the role but was knowledgeable and took initiative to train herself on the numerous aspects of PREA compliance. She appeared to exceed

	<p>the requirement of this provision.</p> <p>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, the facility organizational chart, training with the PREA Compliance Manager, and information from interviews with the PC and PCM, the facility appears to exceed this standard.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Contracts for Confinement of Individuals In Custody 3. PREA Audit Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency’s Contract Administrator <p>Findings (By Provision):</p> <p>115.12 (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</p>

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.

115.12 (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.

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

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 01.02.103 Duty Administrative Officer, Back-up Duty Administrative Officer and Required Inspection Tours 4. Staffing Plan 5. Camera Listing 6. Staffing Plan Review

7. Deviations from the Staffing Plan (Daily Rosters)

8. Unannounced Rounds

Interviews:

1. Interview with the Warden

2. Interview with the PREA Compliance Manager

3. Interview with the PREA Coordinator

4. Interviews with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels

2. Video Monitoring Technology or Other Monitoring Materials

Findings (By Provision):

115.13 (a): The PAQ indicated that the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect IICs against 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 IICs 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 staffing plan is based on 1876 IICs, which is average daily population. The facility employs 888 staff. Security staff mainly make up three shifts; 7am-3pm, 3pm-11pm and 11pm-7am. Each shift has a Shift Supervisor as well as other supervisors (Lieutenants and Sergeants) and

numerous Correctional Officers. Supervisors and Officers are assigned to housing units as well as other program, work and common areas. Additionally, medical and mental health care staff and administrative staff have their own varied scheduled work hours. The facility utilizes overtime to ensure all minimum mandatory posts are filled. The agency continues to make efforts in recruiting to hire staff across all IDOC facilities. During the tour the auditor confirmed the facility follows a staffing plan. At least one security staff member was assigned to each gallery (numerous galleries make up a housing unit). Program, work and education areas included non-security staff and either a positioned or roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. During the tour the auditor observed staff conducting rounds and performing official duties. The auditor observed that lines of sight were poor with the facility physical plant but adequate with staffing. The facility did not appear to be overcrowded. The auditor observed numerous blind spots throughout the facility. During the tour the auditor observed cameras in a few housings units and common areas. The auditor noted that cameras coverage was minimal for the facility. The auditor verified that the cameras are not actively monitored but rather are utilized mainly for investigative purposes. Shift Commanders, Internal Affairs (IA) and administrative level staff have access to view the cameras. The interview with the Warden confirmed that the facility has a staffing plan that includes adequate levels to protect IICs from sexual abuse. He stated they utilize the tools they have, including cameras and communication systems. He advised they tour galleries and uphold all guidelines. The Warden advised video monitoring is part of the staffing plan and the staffing plan is documented. The Warden stated if they are short staffed they do not run certain things. He advised staffing is based on the number of individuals in the area and that they have numerous staff in housing units due to the physical plant. The Warden noted they check for compliance with the staffing plan through audits and daily rosters. The interview with the PCM noted that the staffing plan first considers safety. She advised they limit the number of IICs to offer services to and that they cut back on certain services if staffing is not available. She stated they ensure IICs can move safely. She confirmed that all elements under this provision are considered in the staffing plan.

115.13 (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 Warden confirmed that any deviations from the staffing plan would be documented on the roster. A review of daily rosters confirmed that deviations are documented through the number of staff in each category (i.e. call ins, training, military, etc.) as well the posts that are closed due to the deviations. It should be noted that the facility does not deviate from the minimum number of staff required, but rather the staff filling those positions. The facility utilizes voluntary and mandatory overtime to fill all minimum staffing posts.

115.13 (c): The PAQ indicated that at least once a year the facility in collaboration with the PC, reviews the staffing plan to see where adjustments are needed. 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 August 27, 2025. 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 review included documentation on the facility staffing allocations, cameras and all the required components under provision (a) of this standard, including physical plant, finding of inadequacy, composition of IIC population, programs occurring on each shift, incidents of sexual abuse and other relevant factors. The plan outlined the need for additional cameras. The staffing plan was previously reviewed on December 31, 2024. 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.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The PAQ further states that the facility documents the unannounced rounds and the rounds cover all shifts. Additionally, the PAQ stated that the facility prohibits staff from alerting other staff of the conduct of such rounds. 01.02.103, page 3 states that the Back-up Duty Administrative Officer (BUDAO) or Duty Administrative Officer (DAO) shall at least every two days, excluding weekends and holidays, inspect activity areas of the facility, housing units, including restrictive housing, kitchens and dining rooms, health care units, recreation areas and educational, vocational, maintenance and industry buildings. Page 4 states that the BUDAO shall conduct unscheduled inspections of random areas within the facility for all major holidays, during back shift, each weekend and at satellite facilities. The policy states that the unscheduled inspection of random areas within the facility on the DOC 0481. The policy further states that staff shall be prohibited from alerting other staff member that supervisory rounds are occurring unless such announcement is related to the legitimate operational function of the facility. Interviews with intermediate-level or higher-level level staff confirmed that they make unannounced rounds and they document the unannounced rounds in the log books and/or DAO log. The staff indicated they ensure staff don't notify one another of their unannounced rounds by just showing up and conducting rounds at different times and different locations. A review of documentation for six randomly selected weeks confirmed that intermediate level or higher level supervisors made unannounced rounds across all

shifts. It should be noted that rounds appeared to be completed a few times a week across all shifts, which exceeds the requirement of this provision.

Based on a review of the PAQ, 04.01.301, 01.02.103, the facility staffing plan, the staffing plan review, , documentation of unannounced rounds, deviations from the staffing plan, observations made during the tour and interviews with the PC, PCM, Warden and intermediate-level or higher-level staff, this standard appears to require corrective action. The auditor observed numerous blind spots throughout the facility

Corrective Action

The facility will need to alleviate the blind spots and provide confirmation of the modifications.

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 Alleviated Blind Spots

The facility provided photos confirming mirrors were installed to alleviate the identified blind spots. Additionally, photos illustrated obstructions in windows were removed.

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

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Public Act 99-628
3. Memorandum from Legal Counsel

Findings (By Provision):

115.14 (a): The PAQ and the memo from Legal Counsel indicated that no youthful IICs are housed at Menard Correctional Center and as such this standard is not applicable. Public Act 99-628 (effective January 1, 2017) states that all offenders under eighteen years of age when sentenced to imprisonment shall be committed to the Department of Juvenile Justice and the court in its order of commitment shall set a definite term. As of January 1, 2017, newly sentenced seventeen year old offenders are to be admitted into the penitentiary system at an Illinois Department of Juvenile Justice facility and later subject to permanent transfer to IDOC pursuant to 730 ILCS 5/3-10-7€ after attaining the age of eighteen.

115.14 (b): The PAQ and the memo from Legal Counsel indicated that no youthful IICs are housed at Menard Correctional Center and as such this standard is not applicable. Public Act 99-628 (effective January 1, 2017) states that all offenders under eighteen years of age when sentenced to imprisonment shall be committed to the Department of Juvenile Justice and the court in its order of commitment shall set a definite term. As of January 1, 2017, newly sentenced seventeen year old offenders are to be admitted into the penitentiary system at an Illinois Department of Juvenile Justice facility and later subject to permanent transfer to IDOC pursuant to 730 ILCS 5/3-10-7€ after attaining the age of eighteen.

115.14 (c): The PAQ and the memo from Legal Counsel indicated that no youthful IICs are housed at Menard Correctional Center and as such this standard is not applicable. Public Act 99-628 (effective January 1, 2017) states that all offenders under eighteen years of age when sentenced to imprisonment shall be committed to the Department of Juvenile Justice and the court in its order of commitment shall set a definite term. As of January 1, 2017, newly sentenced seventeen year old offenders are to be admitted into the penitentiary system at an Illinois Department of Juvenile Justice facility and later subject to permanent transfer to IDOC pursuant to 730 ILCS 5/3-10-7€ after attaining the age of eighteen.

Based on a review of the PAQ, the memo from Legal Counsel and Public Act 99-628, this standard appears to be not applicable and as such, compliant.

115.15 Limits to cross-gender viewing and searches

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 04.03.104 Evaluation, Treatment and Correctional Management of Transgender Offenders
4. Administrative Directive 05.01.113 Searches of Offenders
5. Rehabilitation, Safety Management and Care for Transgender People in Correctional Settings Curriculum
6. Personal Searches Curriculum
7. Guidance on Cross-Gender and Transgender Pat Searches
8. Personal Search Card
9. Staff Training Records

Interviews:

1. Interviews with Random Staff
2. Interviews with Random Individuals In Custody
3. Interviews with Transgender and/or Intersex Individuals In Custody

Site Review Observations:

1. Observations of Privacy Barriers
2. Observation of Cross Gender Announcement

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility does not conduct cross gender strip or cross gender visual body cavity searches of IICs. The PAQ further indicated that areas where strip searches are conducted (visiting room shakedown, gatehouse, sallyport, industries, maintenance and dietary) have gender specific posts to ensure there are no cross gender searches conducted. The PAQ stated zero 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.

115.15 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female IICs, absent exigent circumstances and the facility does not restrict female IICs' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The PAQ further indicated that the facility does not house female IICs and as such this provision does not apply. 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. There were zero cisgender female IICs at the facility. Interviews with transgender IICs indicated most were not searched based on their preference. All seventeen staff indicated they do not restrict access to programs and privileges in order to comply with this provision.

115.15 (c): The PAQ indicated that facility policy requires that all cross-gender strip searches and cross gender visual body cavity searches be documented and that all cross-gender pat-down searches of female IICs be documented. The PAQ stated that the facility does not house female IICs 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 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.

115.15 (d): The PAQ stated that the facility has implemented policies and procedures that enable IICs 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. Additionally, the PAQ stated that policies and procedures require staff of the opposite gender to announce their presence when entering an IIC 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." During the tour the auditor observed that privacy was provided in some areas via doors and curtains. The facility has numerous housing units with open bar stock cells. Toilets are in cell which causes cross gender viewing issues both physically and on video (for those housing units with cameras). The facility corrected this issue previously through issuing all IICs a "modesty sheet" to allow them to place over them when using the restroom. The auditor did not observe the modesty sheets consistently throughout the facility and when asked, IICs advised they were not provided the modesty sheet. The auditor did observe numerous sheets hung for privacy in cells. While this is not allowed per facility rules, the auditor did not observe any staff obstructing the IICs to remove the sheets. The auditor also observed that one housing unit did not have shower curtains. Staff advised that they would put the curtains up when in use, however IICs indicated the curtains are never put up. The auditor also observed a cross gender viewing issue with the toilet in the gym. The auditor viewed the strip search areas in visitation, segregated housing and intake and confirmed there were no any cross gender viewing issues. A review of video monitoring technology noted that cameras faced in the cells and as such involved cross gender viewing without use of the modesty sheets. With regard to the opposite gender announcement, the auditor heard the announcement verbally upon entry into a few if the housing units. The auditor noted this was not consistent and the physical plant of the facility paired with the cells caused an issue. The agency also has a paging system for the deaf and hard of hearing IICs where the announcement can be sent out to their watches. All seventeen random staff stated that IICs have privacy when showering, using the restroom and changing clothes. 27 of the 40 IICs interviewed indicated they have privacy when showering, using the restroom and changing their clothes. The auditor inquired about the modesty sheets and the majority of the IICs stated they never received them. Sixteen of the 40 IICs stated that staff of the opposite gender announce when entering IIC housing units. All seventeen staff stated that opposite gender staff announce their presence when entering IIC housing units.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex IIC for the sole purpose of determining the IIC's genital status and no searches of this nature occurred in the past 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 seventeen random staff indicated all seventeen were aware of an agency policy that prohibits strip searching a transgender or intersex IIC for the sole purpose of determining the IICs' genital status. Interviews with five transgender IICs confirmed that none believed they were searched for the sole purpose of determining their genital status.

115.15 (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 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 their offender identification card. 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. Additionally, during the PREA cycle training staff view the PREA Resource Center Video, Guidance on Cross-Gender and Transgender Pat Searches. The PAQ indicated that 100% of staff have received this training. Interviews with random staff confirmed all seventeen had received training on conducting cross-gender pat down searches and searches of a transgender and intersex IICs. A review of 27 staff training records indicated all 27 had received the search training.

Based on a review of the PAQ, 04.01.301, 04.03.104, 05.01.113, Post Description Correctional Officer Housing Unit Wing 1, Rehabilitation, Safety Management and Care for Transgender People in Correctional Settings Curriculum, Personal Searches Curriculum, Guidance on Cross-Gender and Transgender Pat Searches, Personal Search Card, staff training records, observations made during the tour as information from interviews with random staff, random IICs and transgender IICs indicates this standard appears to require corrective action. Interviews with transgender IICs indicated most were not searched based on their preference. During the tour the auditor observed that privacy was provided in some areas via doors and curtains. The facility has numerous housing units with open bar stock cells. Toilets are in cell which causes cross gender viewing issues both physically and on video (for those housing units with cameras). The facility corrected this issue previously through issuing all IICs a "modesty sheet" to allow them to place over them when using the restroom. The auditor did not observe the modesty sheets consistently throughout the facility and when asked, IICs advised they were not provided the modesty sheet. The auditor did observe numerous sheets hung for privacy in cells. While this is not allowed per facility rules, the auditor did not observe any staff obstructing the IICs to remove the sheets. The auditor also observed that one housing unit did not have shower curtains. Staff advised that they would put the curtains up when in use, however IICs indicated the curtains are never put up. The auditor also observed a cross gender viewing issue with the toilet in the gym and toilet in the chapel. A review of video monitoring technology noted that cameras faced in the cells and as such involved cross gender viewing without use of the modesty sheets. With regard to the opposite gender announcement, the auditor heard the announcement verbally upon entry into a few of the housing units. The auditor noted this was not consistent and the physical plant of the facility paired with the cells caused an issue. 27 of the 40 IICs interviewed indicated they have privacy when showering, using the restroom and changing their clothes. The auditor inquired about the modesty sheets and the majority of the IICs stated they never received them. Sixteen of the 40 IICs stated that staff of the opposite gender announce when entering IIC housing units.

Corrective Action

The facility will need to provide training with staff on the agency's policies and procedures related to transgender and intersex IIC searches. Confirmation of the training will need to be provided. The auditor will need to conduct follow-up phone interviews with transgender and intersex IICs to confirm practice. The facility will need to alleviate the cross gender viewing issues. Confirmation of the modifications will need to be provided. The facility will need to provide training with staff on the opposite gender announcement requirements. Confirmation of the training will need to be provided.

	<p>Verification of Corrective Action Since the Interim Audit Report</p> <p>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.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Modesty Sheet Distribution Information 2. Photos of Alleviated Cross Gender Viewing Issues 3. Opposite Gender Announcement Training <p>The facility provided photos confirming modifications to alleviate the identified cross gender viewing issues in the one housing unit shower and two toilet areas. Further, the facility provided a checklist illustrating modesty sheets were distributed to all IICs in the housing units with open bar stock. Staff assurance memorandums were also provided with the checklist to confirm the distribution on April 16, 2026.</p> <p>The facility completed training during roll call from November 16-19, 2025 on the opposite gender announcement policy and procedure. Confirmation of the training was provided.</p> <p>It should be noted that corrective action was not required related to transgender searches as direction was sent out on December 2, 2025 by the United States Department of Justice outlining that these provision were no longer applicable and auditors were to pause making compliance determinations. It should be noted that all transgender IICs were transferred from the facility during the corrective action period as part of a requirements unrelated to the PREA standards.</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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115.16	Inmates with disabilities and inmates who are limited English proficient
	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 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 Orientation Manual (Handbook)
10. PREA Posters
11. PREA Reporting Poster

Interviews:

1. Interview with the Agency Head
2. Interviews with LEP and Disabled Individuals In Custody
3. Interviews with Random Staff

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled IICs 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 the PREA Poster, the PREA Reporting Poster, the Handbook and distributed information confirmed that information can be provided in large font and bright colors and can be read to IICs in terminology that they understand. Additionally, page 79 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 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 in housing units and common areas via the PREA Poster and PREA Reporting Poster. It should be noted that the auditor did not observe PREA Posters and PREA Reporting Posters in all housing units. Most were on the first tier of the housing areas. The PREA Posters were on legal size paper in English and Spanish. The PREA Reporting Posters were on letter size paper in English and Spanish. Additionally, the auditor observed the PREA hotline number stenciled all over the facility in oversized font. IICs were recently issued tablets and a review of the tablet noted there was no PREA information available. The facility took immediate corrective action and uploaded the Handbook, PREA Poster and PREA Reporting Poster to the tablet. The auditor viewed these documents were available under the Bulletins section for IICs to view. The auditor did not required accommodations for disabled IICs, however in addition to the over the phone translation the agency also has access to Propio through a web-based system. This can be used for ASL and/or language translation. Interviews with four disabled IICs indicated none were provided information in a format that they could understand. This will be addressed in PREA Standard 115.33.

115.16 (b): The PAQ indicates that the agency has established procedures to provide IICs 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 IIC. The company has interpretation services for over 600 languages. A review of the PREA Poster, the PREA Reporting Poster, the Handbook and distributed information 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 in housing units and common areas via the PREA Poster and PREA Reporting Poster. It should be noted that the auditor did not observe PREA Posters and PREA Reporting Posters in all housing units. Most were on the first tier of the housing areas. The PREA Posters were on legal size paper in English and Spanish. The PREA Reporting Posters were on letter size paper in English and Spanish. Additionally, the auditor observed the PREA hotline number stenciled all over the facility in oversized font. IICs were recently issued tablets and a review of the tablet noted there was no PREA information available. The facility took immediate corrective action and uploaded the Handbook, PREA Poster and PREA Reporting Poster to the tablet. The auditor viewed these documents were available under the Bulletins section for IICs to view. During IIC interviews the auditor utilized Propio as well as staff for translation services. The auditor was provided a phone number and access code to contact Propio. The auditor selected a language and was provided over the phone translation services. Additionally, a bilingual staff member was utilized for an LEP IIC interview. In addition to the over the phone translation the agency also has access to Propio through a web-based system. This can be used for ASL and/or language translation. Interviews with two LEP IICs indicated neither were provided information in a format that they could understand. This will be addressed in PREA Standard 115.33.

115.16 (c): The PAQ indicated that agency policy prohibits use of IIC interpreters, IIC readers, or other type of IIC assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the IIC's safety, the performance of first responder duties, or the investigation of the IIC's allegation. The PAQ further stated the agency/facility documents the limited circumstances and that there were zero instances where an IIC 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 individual. Use of such interpreters shall be documented. Interviews with seventeen random staff indicated twelve were aware of a policy that prohibits utilizing IIC interpreters, readers or other types of IIC assistants for sexual abuse allegations. Interviews with four disabled IICs and two LEP IICs indicated none were provided information in a format that they could understand (will be addressed in PREA Standard 115.33). One LEP IIC advised he had another IIC translate during the risk screening process.

Based on a review of the 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 Posters, PREA Reporting Posters, observations made during the tour as well as interviews with the Agency Head, random staff, IICs with disabilities and LEP IICs, this standard appears to require corrective action. Interviews with four disabled IICs and two LEP IICs indicated none were provided information in a format that they could understand. One LEP IIC advised he had another IIC translate during the risk screening process.

Corrective Action

The facility will need to provide training with staff on prohibition of using IICs as interpreters and resources to use in lieu of IICs.

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. Staff Training on Prohibition of Individual in Custody Interpreters, Translators, Readers and Assistants

The facility completed training completed during roll call from November 16-19, 2025 on the prohibition of utilizing IICs to translate, interpret, read or provide assistance.

	<p>The training outlined the agency resources to utilized in lieu of IICs. Confirmation of the training was provided.</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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115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 01.02.107 Background Investigations 3. Administrative Directive 03.02.100 Administrative Review of Personnel or Service Issues 4. Administrative Directive 03.02.108 Standards of Conduct 5. PREA Preemployment Self Report DOC 0450 6. PREA Questionnaire for Institutional Employers DOC 0589 7. Arrest Tracking Process Memorandum 8. Staff and Contractor Personnel Files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Human Resource Staff <p>Findings (By Provision):</p> <p>115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may come in contact with IICs, and shall not enlist the services of any contractor who may have contact with IICs 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</p>

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 of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. A review of documentation for five staff hired in the previous twelve months confirmed all five had a criminal background records check completed prior to hire. All five also completed the DOC 0450, which contains the PREA questions outlined under this standard. A review of documentation for three contractors hired in the previous twelve months confirmed all three had a criminal background records check completed prior to enlisting their services.

115.17 (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 an IIC. 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.

115.17 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with IICs, 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 88 staff were hired in the previous twelve months that had 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). A review of documentation for five staff hired in the previous twelve months confirmed all five had a criminal background records check completed prior to hire. None of the five had prior institutional employers, however the auditor reviewed documentation at prior IDOC audits and confirmed the process.

115.17 (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 IICs. The PAQ indicated that there have been four contracts at the facility within the past twelve months where criminal background record check was completed on all staff covered under the contract. 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. A review of documentation for three contractors hired in the previous twelve months confirmed all three had a criminal background records check completed prior to enlisting their services.

115.17 (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 IICs, 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).

115.17 (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. A review of documentation for five staff hired in the previous twelve

months confirmed all five completed the DOC 0450, which contains the PREA questions outlined under this standard. A review of documentation for five staff promoted during the previous twelve months confirmed all five had completed the DOC 0450 prior to promotion.

115.17 (g): The PAQ indicates that agency policy states 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.

115.17 (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 contractors and information obtained from the Human Resource staff interview, this standard appears to be compliant.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the Warden

Site Review Observations:

1. Observations of Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. During the tour the auditor did not observe any substantial modifications or expansions to the existing facility. 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 Warden confirmed the facility has not made any substantial modifications since the last PREA audit.

115.18 (b): The PAQ stated that the agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later. During the tour the auditor observed cameras in a few housings units and common areas. The auditor noted that cameras coverage was minimal for the facility. The auditor verified that the cameras are not actively monitored but rather are utilized mainly for investigative purposes. Shift Commanders, Internal Affairs (IA) and administrative level staff have access to view the cameras. 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 Warden confirmed that when installing or updating video monitoring technology they consider how that technology will protect IICs from sexual abuse. He stated they put every aspect into consideration, such as placement of cameras, identification of blind spots, keeping the integrity of privacy and ensuring cameras are not altered or moved.

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

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 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. Administrative Directive 01.12.112 Preservation of Physical Evidence 5. Memorandum of Understanding with Metro-East Every Survivor Counts 6. Investigative Reports 7. Memorandum of Understanding with the Illinois State Police 8. Correspondence with the Illinois State Police <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff 2. Interview with the PREA Compliance Manager 3. Interview with SAFE/SANE 4. Interviews with Individuals In Custody who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>115.21 (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</p>

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 seventeen random staff indicated all seventeen were aware of and understood the protocol for obtaining usable physical evidence. Additionally, all seventeen staff stated they knew who was responsible for conducting sexual abuse investigations.

115.21 (b): The PAQ indicated that the evidence protocol is not developmentally appropriate for youth as the agency does not house youthful IICs. 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 PC 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.

115.21 (c): The PAQ indicated that the facility offers all IICs 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 always conducted by SAFE or SANE. 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 that offenders shall not be charged for co-payments for medical treatment, including a forensic medical examination, obtained for alleged sexual abuse. Treatment shall be provided 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 facility. 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. The PAQ indicated that during the previous twelve months there was five forensic medical examinations conducted. It further noted that all five exams were completed

by SAFE/SANE. The auditor contacted St. Elizabeth's Hospital and Carbondale Memorial Hospital related to forensic medical examinations. Hospital staff confirmed that forensic medical examinations are provided by SAFE/SANE at both hospitals. A review of investigations indicated four IICs were transported to one of the two hospitals for a forensic medical examination.

115.21 (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 provided a Memorandum of Understanding with Metro-East Every Survivor Counts, however it was not executed. 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 PCM advised an IIC victim would be provided a victim advocate, qualified agency staff member or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews. She advised they used to have an MOU for services, but the place was closed and they were working on a new MOU. Interviews with IICs who reported sexual abuse indicated one of the six was afforded the opportunity to contact someone after a report of sexual abuse. A review of the ten sexual abuse allegations noted six were offered a victim advocate. All six were documented with declining the services.

115.21 (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 provided a Memorandum

of Understanding with Metro-East Every Survivor Counts, however it was not executed. 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 PCM advised an IIC victim would be provided a victim advocate, qualified agency staff member or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews. She advised they used to have an MOU for services, but the place was closed and they were working on a new MOU. Interviews with IICs who reported sexual abuse indicated one of the six was afforded the opportunity to contact someone after a report of sexual abuse. A review of the ten sexual abuse allegations noted six were offered a victim advocate. All six were documented with declining the services.

115.21 (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 IIC. 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.

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

115.21 (h): The facility provided an MOU with Metro-East Every Survivor Counts, which is the local rape crisis center, however it was not executed. Because the MOU was not executed, services were not being provided. The facility did not provide documentation related to qualified staff and/or qualified community based staff

members to provide these services and their qualifications and training.

Based on a review of the PAQ, 04.01.301, 01.12.120, 01.12.112, the MOU Metro-East Every Survivor Counts, investigative reports, the MOU with the Illinois State Police, the correspondence with the Illinois State Police and information from interviews with the random staff, the PREA Compliance Manager, SAFE/SANE and IICs who reported sexual abuse, this standard appears to require corrective action. The facility provided a Memorandum of Understanding with Metro-East Every Survivor Counts, however it was not executed. Because the MOU was not executed, services were not being provided. The facility did not provide documentation related to qualified staff and/or qualified community based staff members to provide these services and their qualifications and training. The PCM advised they used to have an MOU for services, but the place was closed and they were working on a new MOU. Interviews with IICs who reported sexual abuse indicated one of the six was afforded the opportunity to contact someone after a report of sexual abuse. A review of the ten sexual abuse allegations noted six were offered a victim advocate. All six were documented with declining the services.

Corrective Action

The facility will need to work with Metro-East Every Survivor Counts to execute an MOU. A copy of the executed MOU will need to be provided. If an MOU is unable to be executed, the facility will need to determine qualified staff to provide victim advocacy services under this standard. Appropriate qualifications and training will need to be provided for the advocates. Additionally, the facility will need to train applicable staff on the process and provide confirmation of the training. The facility will need to provide the originally requested documents.

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. Memorandum of Understanding with Metro-East Every Survivor Counts
2. Staff Training

	<p>3. List of Sexual Abuse Allegations During Corrective Action Period</p> <p>4. Victim Advocacy Documentation</p> <p>The facility provided the executed MOU with Metro-East Every Survivor Counts. The MOU was executed on December 3, 2025.</p> <p>The facility conducted training with applicable staff on the process for affording access to victim advocates. The training included the requirement to offer services, how to document this on the PREA Checklist and how to coordinate and document the services. Confirmation of the training was provided through staff signatures.</p> <p>The facility provided a list of sexual abuse allegations during the corrective action period. The facility provided the PREA Checklists associated with the sexual abuse allegations illustrating the offer of victim advocacy and whether the IIC accepted or refused the services. Four IICs accepted the services and additional documentation was provided confirming the afforded services.</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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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 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 5. Investigative Reports

Interviews:

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

Findings (By Provision):

115.22 (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 45 allegations reported within the previous twelve months. All 45 resulted in an administrative investigation and zero resulted in a criminal investigation. 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. A review of fourteen allegations indicated all fourteen were forwarded for investigation. Twelve had a completed administrative investigation and two had an ongoing administrative investigation. One of the fourteen did not rise to the level of sexual abuse or sexual harassment, but was still investigated.

115.22 (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 IIC. 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 legal authority to conduct criminal investigations. A review of fourteen allegations indicated all fourteen were forwarded for investigation. Twelve had a completed administrative investigation and two had an ongoing administrative investigation. One of the fourteen did not rise to the level of sexual abuse or sexual harassment, but was still investigated. None involved an investigation by an outside agency.

115.22 (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 IIC.

115.22 (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 investigations related to sexual assault involving staff on staff or staff on IIC.

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, 04.01.301, 01.12.120, the MOU with the Illinois State Police, investigative reports, the agency's website and information obtained via interviews with the Agency Head and the investigators, this standard appears to be compliant.

115.31	Employee training
	<p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 340 432 376">Documents:</p> <ol data-bbox="256 412 1426 1218" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 03.03.102 Employee Training 4. Administrative Directives 01.01.101 Administrative Directives 5. Administrative Directive 01.02.101 Staff Meeting 6. PREA Pre-Service Orientation Training Curriculum 7. PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum 8. Transgender and Non-Binary Individuals in Custody Setting - A Guide to Rehabilitation, Safety Management and Care 9. Supervising Individuals in Custody in the IDOC Women's Division 10. Staff Training Records <p data-bbox="256 1330 416 1366">Interviews:</p> <ol data-bbox="256 1402 746 1438" style="list-style-type: none"> 1. Interviews with Random Staff <p data-bbox="256 1550 587 1585">Findings (By Provision):</p> <p data-bbox="256 1688 1481 2056">115.31 (a): The PAQ indicated that the agency trains all employees who may have contact with IICs 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</p>

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 confirms 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 IICs' right to be free from sexual abuse and sexual harassment, the right of the IIC 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 IICs 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 IICs, 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 seventeen random staff confirmed all seventeen had received PREA training and the training included the elements under this provision. Staff noted that training is completed annually during cycle training. A review of 27 staff training records indicated all 27 had completed PREA training.

115.31 (b): The PAQ indicated that training is tailored to the gender of IIC 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. Menard Correctional Center houses adult male IICs and as such additional training was not required or conducted.

115.31 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with IICs 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 27 staff training records indicated all 27 had completed PREA training. 21 of the 27 had completed training at least every two years. Six staff were new hires and as such only had one training.

115.31 (d): The PAQ indicated that the agency documents that employees who may have contact with IICs 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 27 staff training records indicated all 27 had a signed verification of the completed training via the DOC 0200.

Based on a review of the 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 as well as interviews with random staff, this standard appears to be compliant.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: <ol style="list-style-type: none"> 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. Contractor and Volunteer Training Records

Interviews:

1. Interviews with Volunteers and Contractors who have Contact with Individuals In Custody

Findings (By Provision):

115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with IICs 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 52 volunteers and contractors had received PREA training, which is equivalent to less than 100% of the total volunteers and contractors. Further communication with the PCM indicated all volunteers and contractors outlined in facility information completed 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 Handbook confirms that it includes information on the zero tolerance, how to report and red flags. Interviews with contractors and volunteers confirmed that they received information on the agency's sexual abuse and sexual harassment policies.

The contractors advised they complete training annually, while the volunteers noted they completed training over email or through orientation. A review of documentation for eight contractors and five volunteers indicated all thirteen had completed PREA training.

115.32 (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 IICs. The PAQ stated that all volunteers and contractors with IIC contact are required to complete orientation. Additionally, the PAQ indicates that all volunteers and contractors who have contact with IICs 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 it includes information on the zero tolerance, how to report and red flags. Interviews with contractors and volunteers confirmed that the training went over the zero tolerance policy and reporting information. A review of documentation for eight contractors and five volunteers indicated all thirteen had completed PREA training.

115.32 (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

	<p>including documented orientation and any additional training. Training documentation shall be signed and dated by the volunteer along with the Volunteer Coordinator. A review of documentation confirmed that contractors signed the DOC 0200 and volunteers signed a document confirming they received and understood PREA training.</p> <p>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, PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum, a review of contractor training records as well as the interviews with contractors and the volunteer, this standard appears to be complaint.</p>
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115.33	Inmate education
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 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 Administrative Directive 04.01.111 ADA Accommodations 5. Administrative Directive 05.07.101 Reception and Classification Process 6. Video Remote Interpreting Information 7. Language Interpretation Procedure - Propio Language Services, LLC 8. Individuals In Custody Orientation Manual (Handbook) 9. PREA Script 10. PREA Reporting Poster 11. PREA Poster 12. Individual In Custody Education Records (Offender Orientation Receipt)

Interviews:

1. Interview with Intake Staff
2. Interviews with Random Individuals In Custody

Site Review Observations:

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

Findings (By Provision):

115.33 (a): The PAQ indicated that IICs receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The PAQ indicated that 1426 IICs received information on the zero-tolerance policy and how to report at intake, which is equivalent to 100% of the IICs who arrived in the previous twelve months. 04.01.301, page 7 states that during the admission and orientation process, offenders shall be provided with a presentation regarding the Department's Sexual Abuse and Harassment Prevention and Intervention Program, including reporting procedures and available services and the zero tolerance policy. Offenders shall be informed that victims need not name their attacker to receive medical and mental health services. The policy further 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. A review of the Handbook confirmed that pages 69-72 include information on PREA. The information includes: zero tolerance, definitions of sexual abuse, how to prevent sexual abuse, ways to report (including the outside reporting entity) and victim advocacy information. The auditor observed the intake process through a demonstration. IICs are provided initial and comprehensive education the day they arrive at the facility. All IICs are given a Handbook (available in English and Spanish) and are provided orientation. IICs that have already been through intake have a tablet as these are provided at the permanent facility. All IICs arriving at the facility as a new intake are not provided a tablet and will not be provided a tablet until they arrive at their permanent facility. Orientation is conducted in a classroom. Staff show the PRC education video and read the PREA script that is associated with the video. Staff verbally advise what IICs should and should not do if they are sexually abused. At the end of the presentation staff ask IICs whether they have any questions. The auditor viewed the video is available in English and Spanish. The interview with the intake staff confirmed that IICs received information on the zero tolerance policy and reporting mechanisms at intake. Interviews with 40 IICs indicated 26 were provided information on the zero tolerance policy and reporting mechanisms. A review of documentation for 35 IICs that arrived in the previous

twelve months confirmed all 35 had received PREA information at intake.

115.33 (b): 04.01.301, page 7 states that during the admission and orientation process, offenders shall be provided with a presentation regarding the Department's Sexual Abuse and Harassment Prevention and Intervention Program, including reporting procedures and available services and the zero tolerance policy. Offenders shall be informed that victims need not name their attacker to receive medical and mental health services. The policy further 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. The PAQ indicated that 1017 IICs received comprehensive PREA education within 30 days of intake. This is equivalent 100% of those received in the previous twelve months whose length of stay was for 30 days or more. A review of the PREA Script notes that there are two, one with the video and one without. The PREA Script without the video includes information that is contained in the PREA video. The PREA Script outlines the history or PREA, rights under PREA, the zero tolerance policy, definitions/examples, actions to take if sexually abused or sexually harassed, the facility's response once reported, reporting methods (internal and external) and emotional support information, including contact information for the local rape crisis center. The auditor observed the intake process through a demonstration. IICs are provided initial and comprehensive education the day they arrive at the facility. All IICs are given a Handbook (available in English and Spanish) and are provided orientation. IICs that have already been through intake have a tablet as these are provided at the permanent facility. All IICs arriving at the facility as a new intake are not provided a tablet and will not be provided a tablet until they arrive at their permanent facility. Orientation is conducted in a classroom. Staff show the PRC education video and read the PREA script that is associated with the video. Staff verbally advise what IICs should and should not do if they are sexually abused. At the end of the presentation staff ask IICs whether they have any questions. The auditor viewed the video is available in English and Spanish. The interview with intake staff confirmed that IICs are provided information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting and the facility's response to an allegation of sexual abuse. The staff stated education is typically completed the same day the IIC arrives. Interviews with 40 IICs indicated fourteen were provided information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such incidents and the agency's policies and procedures after an allegations of sexual abuse or sexual harassment. Most IICs advised they were only provided education via paperwork that was handed out (i.e. the Handbook). A review of documentation for 35 IICs that arrived in the previous twelve months indicated all 35 had received comprehensive PREA education.

115.33 (c): The PAQ indicated that all current IICs at the facility had been educated on PREA within 30 days or were educated by June 30, 2014. Additionally, the PAQ indicated that agency policy requires that IICs who are transferred from one facility to

another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. 04.01.301, page 7 states that during the admission and orientation process, offenders shall be provided with a presentation regarding the Department's Sexual Abuse and Harassment Prevention and Intervention Program, including reporting procedures and available services and the zero tolerance policy. Offenders shall be informed that victims need not name their attacker to receive medical and mental health services. The policy further 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. The interview with intake staff confirmed that IICs are provided information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting and the facility's response to an allegation of sexual abuse. The staff stated education is typically completed the same day the IIC arrives. A review of 49 total IIC files indicated all 49 had completed PREA education. One of the 49 had completed education prior to 2013. This IIC was provided updated education and documentation was provided confirming the updated education.

115.33 (d): The PAQ indicated that IIC PREA education is available in formats accessible to all IICs, 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 IIC. The company has interpretation services for over 600 languages. A review of PREA Poster, PREA Reporting Poster, the Handbook and distributed information confirmed

that information can be provided in large font, bright colors and can be read to IICs in terminology that they understand. It is also available in English and Spanish. Additionally, page 79 of the Handbook provides information on Americans with Disabilities (ADA) including requesting accommodations, telecommunication equipment and sign language information. A review of documentation for eight disabled IICs and three LEP IICs confirmed all eleven had completed PREA education. Two of the three LEP IICs signed an English acknowledgment form. One IIC was provided updated PREA education in Spanish during the interim report period.

115.33 (e): The PAQ indicated that the agency maintains documentation of IIC participation in PREA education sessions. 04.01.105, page 2 states that at the conclusion of the orientation program, each offender shall be requested to sign an Offender Orientation Receipt, DOC 0291, indicating he or she has participated in the orientation program and has obtained a copy of the manual. A review of documentation confirmed that all 49 IICs signed a document confirming they received PREA education.

115.33 (f): 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, IIC 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. A review of the Handbook, PREA Poster and PREA Reporting Poster confirmed information is accessible to IICs through these avenues. The auditor observed PREA information posted in housing units and common areas via the PREA Poster and PREA Reporting Poster. It should be noted that the auditor did not observe PREA Posters and PREA Reporting Posters in all housing units. Most were on the first tier of the housing areas. The PREA Posters were on legal size paper in English and Spanish. The PREA Reporting Posters were on letter size paper in English and Spanish. Additionally, the auditor observed the PREA hotline number stenciled all over the facility in oversized font. IICs were recently issued tablets and a review of the tablet noted there was no PREA information available. The facility took immediate corrective action and uploaded the Handbook, PREA Poster and PREA Reporting Poster to the tablet. The auditor viewed these documents were available under the Bulletins section for IICs to view.

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, the PREA Poster, the PREA Reporting Poster, IIC education documents, observations made during the tour as well as information obtained during interviews with intake staff and random IICs, this standard appears to require corrective action. Interviews with 40 IICs indicated fourteen were provided information on their right to be free from sexual abuse and sexual harassment, their right to be free from

retaliation from reporting such incidents and the agency's policies and procedures after an allegations of sexual abuse or sexual harassment. Most IICs advised they were only provided education via paperwork that was handed out (i.e. the Handbook). A review of documentation for eight disabled IICs and three LEP IICs confirmed all eleven had completed PREA education. Two of the three LEP IICs signed an English acknowledgment form. One IIC was provided updated PREA education in Spanish during the interim report period.

Corrective Action

The facility will need to monitor the PREA education process to ensure it is being completed as required and as outlined during the demonstration, to include accommodations for LEP and disabled IICs. The facility will need to conduct training with appropriate staff on the process and provide confirmation of the training. The auditor will need to conduct a phone interview with intake staff to confirm consistency and training. The facility will need to provide a list of LEP and disabled IICs received during the corrective action period and associated education documents illustrating any accommodations.

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. Process Memorandum
2. LEP and Disabled Individual In Custody Education
3. Assurance Email

Additional Interviews:

1. Interview with Intake Staff

The facility provided a process memo that outlined that IICs would be provided a

	<p>Handbook and a copy of the PREA Education Script. Staff will then verbally read the PREA Education Script (without video) for any IIC going to segregated housing. For any IIC going to general population, the staff will show the PREA video and read the accompanying PREA Education Script (with video). The memo stated that education will be completed in the IICs primary language and accommodations will be made for any LEP or disabled IIC. Staff signatures were provided confirming receipt and understanding. The auditor conducted phone interview with the intake staff and confirmed the education process.</p> <p>A list of LEP and disabled IICs was provided. Documentation was provided for three LEP IICs at the facility. All three were provided education in Spanish and signed Spanish orientation receipts. Documentation was also provided for hearing and vision impaired IICs. All had signed orientation receipts with accommodations noted on the receipt (i.e. front row, individual setting, etc.).</p> <p>An assurance email was provided from the PCM. She advised she viewed the education process and confirmed the staff completed the process as outlined in the process memo.</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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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 01.12.115 Institutional Investigative Assignments 4. Prison Rape Elimination Act (PREA) for Investigators Training Curriculum 5. Investigator Training Records

Interviews:

1. Interviews with Investigative Staff

Findings (By Provision):

115.34 (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. Interviews with the investigators confirmed they received specialized training regarding conducting sexual abuse and sexual harassment investigations in a confinement setting. A review of documentation indicated five facility staff were documented with the specialized investigator training.

115.34 (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. Interviews with 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 five facility staff were documented with the specialized investigator training.

	<p>115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that two investigators have completed the specialized training. A review of documentation indicated five facility staff were documented with the specialized investigator training.</p> <p>115.34 (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 investigators, this standard appears to be compliant.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 03.03.102 Employee Training 4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 5. Prison Rape Elimination Act: What Healthcare and Mental Health Providers Need to Know Training Curriculum 6. Wexford Health Prison Rape Elimination Act (PREA) and Implementation Training Curriculum 7. Medical and Mental Health Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Medical and Mental Health Staff

Findings (By Provision):

115.35 (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 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 it included 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 22 medical and mental health staff and that 100% of these staff received the specialized training. Interviews with medical and mental health care staff indicated they received specialized training and the training included the elements under this provision. A review of seven medical and mental health care staff training records indicated all seven had completed the specialized medical and mental health training.

115.35 (b): The PAQ indicated that this provision does not apply as agency medical and mental health care staff do not perform forensic medical examinations. Interviews with medical and mental health staff confirmed that they do not perform forensic medical examinations.

115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. A review of seven medical and mental health care staff training records indicated all seven had completed the specialized medical and mental health training. This is documented via signature on the DOC 0200 or a training acknowledgment document.

115.35 (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. A review of seven medical and mental health care staff training records confirmed all seven had completed training as required under 115.32 and/or 115.31.

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, the Wexford Health Overview of the 2003 Prison Rape Elimination Act (PREA) and Implementation training curriculum, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff, this standard appears to be compliant.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.302 Screening for Risk of Victimization and Abusiveness 3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 4. Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494) 5. Individual In Custody Assessment and Reassessment Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Staff Responsible for Risk Screening 2. Interviews with Random Individuals In Custody

3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observation of Risk Screening Area
2. Observation of Individual In Custody Files Location

Findings (By Provision):

115.41 (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 IICs. 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 will 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 screening process. The initial risk screening is completed in a confidential office setting, one-on-one. Mental health staff ask the IIC the questions from the DOC 0494. Staff ask about height, weight, whether they have any prior sex offenses, if they have any disabilities, if they have ever been a victim of sexual abuse, if they were ever in a gang if they have ever had a ticket (discipline) for violence, etc. The paper form is provided to clinical services staff to review the IICs file to verify the verbal responses and to enter into the electronic system. The interviews with the staff responsible for the risk screening confirmed that IICs are screened for their risk of victimization and abusiveness upon admission to the facility.

115.41 (b): The PAQ indicated that the policy requires that IICs be screened for risk of sexual victimization or risk of sexually abusing other IICs 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 will be documented on the DOC 0494 completed in accordance with II.G.1.a. A separate DOC 0494 shall not be required. The PAQ noted that 1396 IICs 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 interviews with the staff responsible for the risk screening confirmed that IICs are screened for their risk of victimization and abusiveness within 72 hours. Interviews with 27 IICs that arrived within the previous twelve months indicated sixteen were asked the questions related to risk of victimization and abusiveness when they first arrived at the facility. A review of 35 IIC files of those that arrived within the previous twelve months indicated all 35 had an initial risk screening completed within 72 hours.

115.41 (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 IICs 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 IIC falls on the continuum. The continuum ranges from not likely, likely, moderately likely to highly likely for both vulnerable and predatory. The IICs 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.

115.41 (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), prior sexual offenses against a child or adult, education level, socioeconomic status and immigrant status/language. IICs are also asked about identified or perceived sexual orientation, gender identity and history or sexual victimization. The IIC 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 IIC falls on the continuum. The continuum ranges from not likely, likely, moderately likely to highly likely for vulnerability. The IICs 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 indicated risk assessments are completed through the completion of the DOC 0494. The staff confirmed the elements under this provision are included in the risk screening.

115.41 (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 IIC falls on the continuum. The continuum ranges from not likely, likely, moderately likely to highly likely for predatory. The IICs 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 indicated risk assessments are completed through the completion of the DOC 0494. The staff confirmed the elements under this provision are included in the risk screening.

115.41 (f): The PAQ indicated that the policy requires that the facility reassess each IIC's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the IIC's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 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 noted that 1017 IICs were reassessed within 30 days, which is equivalent to 100% of the IICs who arrived and stayed longer than 30 days. The risk reassessment is completed by clinical staff in a private setting. Staff ask the questions from the DOC 0494: including age, height, criminal history

(violent vs. non-violent offenses), discipline history, etc. Staff ask all the questions and inquire whether the IIC has received the Handbook. Staff also ask the IIC if they know how to report an incident of sexual abuse or sexual harassment. The staff review the IICs file information to determine accuracy of information verbally provided. The paper form information is entered into Offender 360 and the paper form is then placed in the master file. The interviews with the staff responsible for the risk screening indicated that IICs are reassessed within 30 days of arrival. Interviews with 27 IICs that arrived within the previous twelve months indicated six had been asked questions related to their risk of victimization and abusiveness more than once. A review of 35 IIC files of those that arrived in the previous twelve months indicated all 35 had a reassessment completed. Within 30 days.

115.41 (g): The PAQ indicated that the policy requires that an IIC'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 IIC'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 interviews with the risk screening staff confirmed that IICs are reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. Interviews with 27 IICs that arrived within the previous twelve months indicated six had been asked questions related to their risk of victimization and abusiveness more than once. A review of 35 IIC files of those that arrived in the previous twelve months indicated all 35 had a reassessment completed. Within 30 days. A review of investigations indicated ten were sexual abuse. Of the ten, six required an reassessment due to incident of sexual abuse. The facility did not provide documentation related to a reassessment.

115.41 (h): The PAQ indicated that policy prohibits disciplining IICs for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the IIC has a mental, physical, or developmental disability; (b) whether or not the IIC is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the IIC has previously experienced sexual victimization; and (d) the IIC's own perception of vulnerability. The 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 interviews with the staff responsible for risk screening confirmed that IICs are not disciplined for refusing to

answer or for not fully disclosing information any of the risk screening questions.

115.41 (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 safety and security of individuals in custody and staff. Risk screening information is maintained in the electronic Offender 360 program and via paper files. The auditor had a security staff member attempt to access the electronic information in Offender 360, however he did not have access to the information. The agency restricted access to the risk screening information and any access has to be approved by the agency PREA Coordinator. Paper risk screening files are maintained in the master IIC file in records. Records is staffed Monday through Friday 7am-4pm. The records door is locked after hours with limited access. 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 PCM confirmed 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. She advised not everyone has access to Offender 360. The staff responsible for risk screening confirmed that the agency has outlined who should have access to the risk screening information so that sensitive information is not exploited.

Based on a review of the PAQ, 04.01.302, the PREA Manual, DOC 0494, a review of IIC files, staff training and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random IICs, this standard appears to require corrective action. Interviews with 27 IICs that arrived within the previous twelve months indicated six had been asked questions related to their risk of victimization and abusiveness more than once. A review of investigations indicated ten were sexual abuse. Of the ten, six required an reassessment due to incident of sexual abuse. The facility did not provide documentation related to a reassessment.

Corrective Action

The facility will need to provide the originally requested documentation. If not

available, the facility will need to conduct training with staff on the requirements of reassessments due to incident of sexual abuse. Confirmation of the training will need to be provided. A list of sexual abuse allegations during the corrective action period and associated reassessments will need to be provided. Further, the facility will need to conduct a refresher training with reassessment staff on the process of reassessments (in person and asking questions). 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. Staff Training
2. Individual In Custody Risk Assessments

The facility provided training with applicable staff on the risk reassessment process as outlined under this standard as well as through agency policy/procedure. Confirmation of the training was provided.

The facility provided the originally requested risk reassessments due to incident of sexual abuse. All four victims had a reassessment completed after the report of sexual abuse, however two were well after the completion of the investigation. As such, the facility completed training with staff on policy, procedure and process for risk assessments due to incident of sexual abuse. Confirmation of the training was provided.

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

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.302 Screening for Risk of Victimization and Abusiveness
3. Administrative Directive 04.03.104 Evaluation, Treatment and Correctional Management of Transgender Offenders
4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)
5. Housing Assignments of Individuals In Custody at Risk of Sexual Victimization and/or Sexual Abusiveness
6. Transgender/Intersex Housing Determination Documents
7. Transgender/Intersex Biannual Reassessments
8. LGBTI Housing Assignments

Interviews:

1. Interviews with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interviews with Gay, Lesbian and Bisexual Individuals In Custody
5. Interviews with Transgender Individuals In Custody

Site Review Observations:

1. Location of Records
2. Shower Area in Housing Units

Findings (By Provision):

115.42 (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 IICs 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 Compliance Manager indicated that information from the risk screening is used for placement/housing and job assignments. She advised they use the information for checks and balances for proper placement. The interview with the staff responsible for the risk screening indicated that information from the risk screening is utilized to designate IICs as predator or vulnerable. This designation is then used for assignments. A review of housing assignments for IICs at high risk of victimization and high risk of abusiveness indicated high risk victims were housed in the same galleries as high risk abusers, however none were housed together in a cell. IICs are not out of cell without direct staff supervision and all movement is controlled. A review of job and program assignments confirmed they were appropriate and high risk victims did not work/program unsupervised with high risk abusers.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each IIC. 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 designate IICs as predator or vulnerable. This designation is then used for assignments.

115.42 (c): The PAQ indicated that the agency/facility makes housing and program assignments for transgender or intersex IICs 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. A review of meeting minutes for TAC meetings confirmed that housing is reviewed on a case-by-case basis for each IIC. The interview with the PCM indicated most transgender and intersex IICs check into protective custody and are typically approved. She noted they have been providing them a single cell for safety. The PCM advised male/female housing determinations are made at the agency level. She confirmed assignments consider the IICs health and safety and whether the placement will present any security or management concerns. Interviews with five transgender IICs indicated none were asked how they felt about their safety and four of the five thought they were all housed in protective custody. It should be noted that the transgender IICs advised they requested to be housed in protective custody.

115.42 (d): 04.03.104, page 7 states that a review of each transgender, intersex and gender incongruent offender's placement and programming assignments shall be conducted by the facility twice annually to review any threats to safety experienced or posed by the offender. The PCM advised that transgender and intersex IICs are reassessed monthly by mental health. The staff responsible for the risk screening confirmed transgender and intersex individuals are reassessed biannually. A review of documentation for four transgender IICs indicated one had the biannual assessments completed.

115.42 (e): 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. Interviews with the PCM and staff responsible for the risk screening confirmed that transgender and intersex IICs' views with respect to their safety are given serious consideration. Interviews with five transgender IICs indicated none were asked how they felt about their safety.

115.42 (f): 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 most showers provided privacy through curtains. A few showers were single person, while many were group showers. The interview with the staff responsible for risk screening confirmed transgender and intersex IICs are given the opportunity to shower separately. The PCM confirmed that transgender and intersex IICs are afforded the opportunity to shower separately. She advised transgender and intersex IICs are able to shower once all other IICs have showered. Interviews with five transgender IICs indicated none are afforded the opportunity to shower separately. They advised they are supposed to be provided a separate time but staff never allow them to shower separately.

115.42 (g): 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 IICs 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 IICs. 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 IICs. He further stated placement decisions are made to ensure the safety and security of all individuals in custody. Facility, housing unit and cell assignments are made on a case by case basis and housing individuals strictly by gender identity or sexual orientation is prohibited. The PCM confirmed that the agency does not have a consent decree and that LGBTI IICs are not placed in dedicated facilities, units or wings solely because of their identification or status. Interviews with seven LGBTI IICs noted five felt that LGBTI IICs are all placed in one housing unit, protective custody. It should be noted that most advised they requested to be placed in protective custody. A review of housing assignments for LGBTI IICs confirmed they were housed across numerous units at the facility.

Based on a review of the PAQ, 04.01.302, 04.03.104, the PREA Manual, IICs at risk of sexual abusiveness and sexual victimization housing determinations, transgender or intersex IIC house determinations, transgender or intersex biannual assessments, LGBTI IIC housing assignments, observations made during the tour and information from interviews with the PC, PCM, staff responsible for conducting the risk screening and LGBTI IICs, this standard appears to require corrective action. Interviews with five transgender IICs indicated none are afforded the opportunity to shower separately. They advised they are supposed to be provided a separate time but staff never allow them to shower separately. Interviews with five transgender IICs indicated none were asked how they felt about their safety. A review of documentation for four transgender IICs indicated one had the biannual assessments completed.

Corrective Action

The facility will need to provide the originally requested documentation. If not available, the facility will need to ensure all transgender and intersex IICs have an updated biannual assessment. A copy of the assessments will need to be provided. The facility will need to review their process for separate showers for transgender and intersex IICs. A process memo outlining the showers will need to be provided. Appropriate staff will need to be trained on the process. Confirmation of the training will need to be provided. The auditor will need to conduct follow-up phone interviews

	<p>with transgender IICs to confirm the implemented process.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>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.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Biannual Assessments <p>The facility provided the originally requested biannual assessments. The transgender IICs at the facility that were missing biannual assessments were those that recently identified as transgender and as such only one assessment was completed.</p> <p>It should be noted that corrective action was not required related to biannual assessments and separate showers as direction was sent out on December 2, 2025 by the United States Department of Justice outlining that these provision were no longer applicable and auditors were to pause making compliance determinations. It should be noted that all transgender IICs were transferred from the facility during the corrective action period as part of a requirements unrelated to the PREA standards.</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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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program

3. Administrative Directive 04.01.302 Screening for Risk of Victimization and Abusiveness

4. Administrative Directive 05.15.100 Restrictive Housing

5. Individuals In Custody at High Risk of Victimization Housing Assignments

Interviews:

1. Interview with the Warden

2. Interview with Staff who Supervise Individuals In Custody in Segregated Housing

Site Review Observations:

1. Observations in the Segregated Housing Unit

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of IICs at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ noted that there were zero IICs at high risk of victimization that were placed in involuntary segregated housing in the past twelve months. 04.01.301, page 7 states that an offender identified as vulnerable shall not be housed in a segregated status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided and such placement in segregation shall not ordinarily exceed a period of 30 days. 04.01.302, page 4 states an individual in custody identified as vulnerable shall not be housed in restrictive housing for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided. Such placement in restrictive housing shall not ordinarily exceed a period of 30 days. The basis of such placement shall be documented in writing. The interview with the Warden stated that agency policy does not prohibit placing IICs at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are no alternative means of separation from likely abusers, however they would probably not place the IIC in involuntary segregated housing. A review of housing assignments for IICs at high risk of sexual

victimization confirmed that IICs identified as vulnerable were not housed in the segregated housing unit due to risk of victimization.

115.43 (b): 04.01.302, page 4 states an individual in custody identified as vulnerable shall not be housed in restrictive housing for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided. Such placement in restrictive housing shall not ordinarily exceed a period of 30 days. The basis of such placement shall be documented in writing. During the tour the auditor observed the segregated housing unit. The housing unit comprised eleven galleries. The area included a hearing room, a classroom, property a group room and recreation enclosures. IICs in segregated housing are out of cell daily for recreation, three times a week for showers, and weekly for groups. Calls are offered once a month and IICs are able to retain their tables, but with limited access. Any mail is provided to staff and grievances are collected through a locked box that is taken around daily on the 3pm-11pm shift. The interview with the staff who supervise IICs in segregated housing indicated that IICs at high risk of sexual victimization who are involuntary segregated would have access to programs, privileges, education and work opportunities to the extent possible. He further confirmed they would document any restrictions. There were no IICs identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (c): The PAQ indicated there were zero IICs at risk of sexual victimization who were assigned to involuntary segregated housing due to their risk of sexual victimization. 04.01.301, page 7 states that an offender identified as vulnerable shall not be housed in a segregated status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided and such placement in segregation shall not ordinarily exceed a period of 30 days. 04.01.302, page 4 states an individual in custody identified as vulnerable shall not be housed in restrictive housing for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided. Such placement in restrictive housing shall not ordinarily exceed a period of 30 days. The basis of such placement shall be documented in writing. The interview with the Warden confirmed that IICs would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. He stated they would find alternative housing typically within 24 hours. The interview with the staff who supervise IICs in segregated housing indicated that IICs would only be placed in involuntary segregated housing until they could find an alternative means of separation. He advised they would typically find alternative

housing within 24 hours. There were no IICs identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (d): The PAQ indicated there were zero IICs at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months who had both a statement of the basis for the facility's concern for the IIC's safety and the reason why alternative means of separation could not be arranged. A review of housing assignments for IICs at high risk of sexual victimization confirmed IICs identified as vulnerable were not housed in the segregated housing unit due to risk of victimization.

115.43 (e): The PAQ indicate that if an IIC was placed in segregation due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the IIC to be separated from the general population. 04.01.301, page 7 states that an offender identified as vulnerable shall not be housed in a segregated status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided and such placement in segregation shall not ordinarily exceed a period of 30 days. Additionally, 05.15.100, page 6 states that a Restrictive Housing Review Committee (RHRC) shall be established at each facility with restrictive housing. The committee shall review the status of each individual in custody's placement into restrictive housing every seven days for the first 60 days and at least every 30 days thereafter, unless more frequently if clinically indicated. 04.01.302, page 4 states an individual in custody identified as vulnerable shall not be housed in restrictive housing for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided. Such placement in restrictive housing shall not ordinarily exceed a period of 30 days. The basis of such placement shall be documented in writing. The interview with the staff who supervise IICs in segregated housing confirmed that IICs would be reviewed at least every 30 days for their continued need for placement in involuntary segregated housing. There were no IICs identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

Based on a review of the PAQ, 04.01.301, 04.01.302, 05.15.100, high risk IIC housing assignments, observations from the facility tour as well as information from the interviews with the Warden and staff who supervise IICs in segregated housing, this standard appears to be compliant.

115.51 Inmate reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Interviews:

1. Interviews with Random Staff
2. Interviews with Random Individuals In Custody
3. Interview with the PREA Compliance Manager

Site Review Observations:

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

Findings (By Provision):

115.51 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for IICs to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other IICs 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, and the PREA Reporting Poster indicated that they outline methods for reporting. These methods include: telling any staff member; calling the hotline, writing to the PC, to the John Howard Association (outside reporting entity) and/or sending a note, grievance or request slip. The auditor observed PREA information posted in housing units and common areas via the PREA Poster and PREA Reporting Poster. It should be noted that the auditor did not observe PREA Posters and PREA Reporting Posters in all housing units. Most were on the first tier of the housing areas. The PREA Posters were on legal size paper in English and Spanish. The PREA Reporting Posters were on letter size paper in English and Spanish. Additionally, the auditor observed the PREA hotline number stenciled all over the facility in oversized font. IICs were recently issued tablets and a review of the tablet noted there was no PREA information available. The facility took immediate corrective action and uploaded the Handbook, PREA Poster and PREA Reporting Poster to the tablet. The auditor viewed these documents were available under the Bulletins section for IICs to view. The auditor tested the internal reporting mechanisms during the tour. The auditor called the internal PREA hotline on September 17, 2025 and left a message to test functionality. IICs are advised to select English or Spanish upon contact with the hotline. Initial phone instructions are provided in English and Spanish, however the hotline instructions/directions are only available in English. The auditor received confirmation from the PC on September 17, 2025 that the call was received and forwarded to him. The internal PREA hotline is accessible on all phones but does require an IIC pin number. IICs have access to phones in cell and can now also make calls via their tablet. The auditor also tested the internal written reporting process. The auditor submitted a kite on September 16, 2025 via the locked box in a housing unit. On September 17, 2025, the auditor received confirmation that the kite was received and forwarded to IA. Interviews with 40 IICs confirmed all 40 were aware of at least one method to report sexual abuse and sexual harassment. Most stated they would report through the hotline, to staff or via a grievance/kite. Interviews with seventeen random staff indicated that IICs can report through the hotline, in writing through a kite or letter, to staff and now on their tablets.

115.51 (b): The PAQ stated that the agency provides at least one way for IICs to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ indicated that the facility does not house IICs 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 IIC orientation materials and prison posting as one way for IICs 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 IIC reports of sexual abuse or harassment to Agency

official for investigation, allowing the IIC 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 the facility orientation manual. A review of the Handbook and PREA Reporting Poster confirmed that IICs can report externally to the John Howard Association. The Handbook (page 71) states that IICs can report through an independent outside entity, the John Howard Association of Illinois (JHA). The Handbook indicates that JHA has privileged mail status. It also states that IICs can remain anonymous and provides direction to state in the letter that the IIC does not want his/her name to be included. The PREA Reporting Poster states that IICs can report via privileged mail to the John Howard Association through the PO Box in Chicago, Illinois. The auditor observed PREA information posted in housing units and common areas via the PREA Poster and PREA Reporting Poster. It should be noted that the auditor did not observe PREA Posters and PREA Reporting Posters in all housing units. Most were on the first tier of the housing areas. The PREA Posters were on legal size paper in English and Spanish. The PREA Reporting Posters were on letter size paper in English and Spanish. Additionally, the auditor observed the PREA hotline number stenciled all over the facility in oversized font. IICs were recently issued tablets and a review of the tablet noted there was no PREA information available. The facility took immediate corrective action and uploaded the Handbook, PREA Poster and PREA Reporting Poster to the tablet. The auditor viewed these documents were available under the Bulletins section for IICs to view. During the tour the auditor observed that IICs are able to place outgoing mail in any of the locked boxes around the facility, including in housing unit sally ports or on the first tier of housing units. Additionally, mail can be provided to staff during rounds and can be placed in the locked grievance box during rounds. The interview with the mailroom staff indicated that outgoing regular mail is sorted. All regular mail comes to them unsealed and they spot check the mail prior to sending it out. Legal/privileged mail comes to them sealed and is not opened or reviewed. Incoming mail is sorted and logged (if legal). Regular mail is opened and reviewed by mailroom staff and then provided to the IIC. Legal/privileged mail remains sealed and is provided to the 3-11 security specialist to distribute. The security specialist opens the mail in the presence of the IIC to ensure it does not contain any contraband. The mail is not reviewed. The mailroom staff stated that mail to and from JHA is privileged mail. 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 is not just for reporting sexual abuse or sexual harassment. 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 interview with the PCM noted that IICs can report externally through the John Howard Association. She advised JHA sends the information back to the

facility to start an investigation. Interviews with 40 IICs indicated 23 were aware of an outside reporting entity and fifteen knew they could anonymously report. While only half of the IICs advised they were aware of the outside reporting entity and ability to remain anonymous, the information on JHA is clearly posted around the facility and is contained in the Handbook.

115.51 (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 on-site portion of the audit the auditor asked staff to demonstrate how to document a verbal report of sexual abuse. Staff indicated if they received a verbal report they would complete an incident report. Staff complete the form by hand or electronically on one of the computers. The form is printed signed and provided to a supervisor. Interviews with 40 IICs indicated all 40 knew they could report verbally and/or in writing to staff and 25 knew they could report through a third party. Interviews with random staff indicated that IICs can report verbally, in writing, anonymously and through a third party. The staff stated verbal reports would be documented in a written report immediately. A review of thirteen sexual abuse or sexual harassment allegations noted eight were reported verbally. All eight included an incident report from all staff involved, including the staff who received the verbal report.

115.51 (d): The PAQ indicates the agency has established procedures for staff to privately report sexual abuse and sexual harassment of IICs. 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 IICs. Interviews with seventeen staff indicated all seventeen were aware that they could privately report sexual abuse or sexual harassment. Fourteen of the seventeen advised they can report outside their chain of command.

Based on a review of the PAQ, PREA Manual, memo related to John Howard Association, TRUST Act memo, the Handbook, the PREA Poster, the PREA Reporting Poster, observations during the tour, information from interviews with the PCM, random IICs and random staff, and the documentation provided related to the auditors test of the outside entity reporting and the internal reporting line, this standard appears to be compliant.

115.52	Exhaustion of administrative remedies
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 427 378">Documents:</p> <ol data-bbox="256 412 1358 736" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.114 Local Offender Grievance Procedures 3. Individuals In Custody Orientation Manual (Handbook) 4. Grievance Log 5. Sexual Abuse Grievances <p data-bbox="256 848 416 882">Interviews:</p> <ol data-bbox="256 916 1270 949" style="list-style-type: none"> 1. Interviews with Individuals In Custody who Reported Sexual Abuse <p data-bbox="256 1061 587 1095">Findings (By Provision):</p> <p data-bbox="256 1207 1453 1285">115.52 (a): 04.01.114 is the policy related to grievance procedures for IICs. The PAQ indicated that the agency is not exempt from this standard.</p> <p data-bbox="256 1397 1477 1756">115.52 (b): The PAQ indicated that agency policy or procedure allows an IIC to 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 IICs are not required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. 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 pages 38-40 include information on grievances.</p> <p data-bbox="256 1868 1477 2069">115.52 (c): The PAQ stated that agency policy and procedure allow an IIC 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 an IIC 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</p>

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 pages 38-40 include information on grievances.

115.52 (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 that there were 232 sexual abuse grievance filed in the previous twelve months and 231 had a response within 90 days. The PAQ further indicates that the agency always notifies an IIC 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. Interviews with IICs who reported sexual abuse indicated two reported allegations through a grievance. Both advised they received a response within 90 days. The facility provided documentation that outlined the majority of the grievances were reviewed and did not rise to the level of sexual abuse. Over 30 grievances were provided, however grievance responses were not provided. As such, the auditor is unable to determine compliance.

115.52 (e): The PAQ indicated that agency policy and procedure permits third parties, including fellow IICs, staff members, family members, attorneys, and outside advocates, to assist IICs in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of IICs. The PAQ further indicated that agency policy and procedure requires that if an IIC declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the IIC's 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 stated that there were zero grievances alleging sexual abuse by IICs in the past twelve months in which the IIC declined third-party assistance and which contained

documentation of the IIC's decision to decline. The auditor reviewed the documentation provided related to grievances. None appeared to be reported by a third party.

115.52 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that an IIC 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 stated there were 189 emergency grievances alleging substantial risk of imminent sexual abuse in the previous twelve months and all 189 had an initial response within 48 hours. The facility provided documentation that outlined the majority of the grievances were reviewed and did not rise to the level of sexual abuse. Over 30 grievances were provided, however grievance responses were not provided. As such, the auditor is unable to determine compliance.

115.52 (g): The PAQ indicated that the agency has a written policy that limits its ability to discipline an IIC for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the IIC filed the grievance in bad faith. 04.01.114, page 2 states that staff shall be prohibited from imposing discipline due to use of the grievance process. The PAQ indicated that two IICs have been disciplined for filing a grievance in bad faith in the previous twelve months. A review of documentation noted two IICs were disciplined based on the outcome of the investigation. Both received discipline for giving false information and impeding an investigation.

Based on a review of the PAQ, 04.01.114, the Handbook, sexual abuse grievances, the grievance log, and information from the IICs who reported sexual abuse, this standard appears to require corrective action. The facility provided documentation that outlined the majority of the grievances were reviewed and did not rise to the level of sexual abuse. Over 30 grievances were provided, however grievance responses were not provided. As such, the auditor is unable to determine compliance.

	<p>Corrective Action</p> <p>The facility will need to provide the full list of 232 grievances, including the 189 emergency grievances. The facility will need to provide all grievances that were deemed sexual abuse or sexual harassment, to include the response provided to the IIC. Additionally, the facility will need to provide a systematic sample of grievances from the list of 232 (i.e. every 25th grievances), including the response to the IIC.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>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.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Grievance Log 2. Grievances <p>The facility provided the originally requested list of 30 grievances. The auditor selected a sample of ten grievances for review. None of the grievances that were marked “emergency” were imminent risk of sexual abuse. As such, all grievances were to be treated like a regular grievance. The auditor observed that nine of the ten grievances had a response to the IIC within 90 days.</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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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire

2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Memorandum of Understanding with Metro-East Every Survivor Counts
4. Mailroom Notification Memorandum
5. Individuals in Custody Orientation Manual (Handbook)
6. PREA Poster
7. PREA Reporting Poster

Interviews:

1. Interviews with Random Individuals in Custody
2. Interviews with Individuals In Custody who Reported Sexual Abuse

Site Review Observations:

1. Observation of Victim Advocacy Information

Findings (By Provision):

115.53 (a): The PAQ indicated that the facility provides IICs with access to outside victim advocates for emotional support services related to sexual abuse. It further stated that the facility provides IICs with access to such services by giving IICs mailing addresses and telephone numbers for local, state or national victim advocacy or rape crisis organizations and that the facility provides IICs with access to such services by enabling reasonable communication between IICs and these organizations in a confidential a manner as possible. The PAQ stated that IDOC does not hold individuals strictly for immigration purposes. 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. Contact information such as mailing addresses shall be provided via offender handbook, bulletins, etc. The MOU with Metro-East Every Survivor Counts indicates that the purpose and scope of the MOU is to establish a joint effort between IDOC and Metro-East Every Survivor Counts 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 Menard Correctional Center 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 Handbooks and PREA Reporting Poster confirmed that IICs are provided the mailing address and telephone number to a rape crisis center. The documents state that individuals in custody may contact victim advocates for emotional support services related to sexual abuse. The auditor observed that the Handbooks were not consistent, different information was provided for emotional support services. Additionally, the 999 was not accessible at the facility and as such the information provided was not appropriate. The auditor observed PREA information posted in housing units and common areas via the PREA Poster and PREA Reporting Poster. It should be noted that the auditor did not observe PREA Posters and PREA Reporting Posters in all housing units. Most were on the first tier of the housing areas. The PREA Reporting Posters were on letter size paper in English and Spanish. The auditor observed that the PREA Reporting Posters contained inaccurate information and included Call for Help (the old rape crisis center) information. IICs were recently issued tablets and a review of the tablet noted there was no PREA information available. The facility took immediate corrective action and uploaded the Handbook, PREA Poster and PREA Reporting Poster to the tablet. The auditor viewed these documents were available under the Bulletins section for IICs to view. The auditor was unable to test access to emotional support services. The facility does not currently have an agreement with the local rape crisis center and as such the hotline is not accessible. The facility provides the phone number, but all calls would need to be set up through staff. Staff would set the call up similar to a legal call. IICs are able to contact emotional support services through the mail. Interviews with 40 IICs, including those who reported sexual abuse, indicated eight were aware of outside victim advocacy services and eleven were provided a phone number and mailing address to a local rape crisis center.

115.53 (b): The PAQ indicated that the facility informs IICs, 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 IICs, 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 Metro-East Every Survivor Counts indicates that the purpose and scope of the MOU is to establish a joint effort between IDOC and Metro-East Every Survivor Counts 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 Menard Correctional Center 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 Handbooks and PREA Reporting Poster confirmed that IICs are provided the mailing address and telephone number to a rape crisis center. The documents state that individuals in custody may contact victim advocates for emotional support services related to sexual abuse. The auditor observed that the Handbooks were not consistent, different information was provided for emotional support services. Additionally, the 999 was not accessible at the facility and as such the information provided was not appropriate. Additionally, information was not provided on how to contact, level of confidentiality and mandatory reporting. The auditor observed PREA information posted in housing units and common areas via the PREA Poster and PREA Reporting Poster. It should be noted that the auditor did not observe PREA Posters and PREA Reporting Posters in all housing units. Most were on the first tier of the housing areas. The PREA Reporting Posters were on letter size paper in English and Spanish. The auditor observed that the PREA Reporting Posters contained inaccurate information and included Call for Help (the old rape crisis center) information. IICs were recently issued tablets and a review of the tablet noted there was no PREA information available. The facility took immediate corrective action and uploaded the Handbook, PREA Poster and PREA Reporting Poster to the tablet. The auditor viewed these documents were available under the Bulletins section for IICs to view. During the tour the auditor observed that IICs are able to place outgoing mail in any of the locked boxes around the facility, including in housing unit sally ports or on the first tier of housing units. Additionally, mail can be provided to staff during rounds and can be placed in the locked grievance box during rounds. The interview with the mailroom staff indicated that outgoing regular mail is sorted. All regular mail comes to them unsealed and they spot check the mail prior to sending it out. Legal/privileged mail comes to them sealed and is not opened or reviewed. Incoming mail is sorted and logged (if legal). Regular mail is opened and reviewed by mailroom staff and then provided to the IIC. Legal/privileged mail remains sealed and is provided to the 3-11 security specialist to distribute. The security specialist opens the mail in the presence of the IIC to ensure it does not contain any contraband. The mail is not reviewed. The mailroom staff stated mail to and from the local rape crisis center is treated as privileged mail. Interviews with 40 IICs, including those who reported sexual abuse, indicated eight were aware of outside victim advocacy services and eleven were provided a phone number and mailing address to a local rape crisis center.

115.53 (c): The PAQ indicated that the facility maintains a memorandum of understanding or other agreement with a community service provider that is able to provide IICs with emotional support services related to sexual abuse. The PAQ also indicated that the facility maintains copies of the agreement. A review of documentation confirms that the facility has an MOU with Metro-East Every Survivor Counts. The MOU was not executed.

Based on a review of the PAQ, 04.01.301, the MOU with Metro-East Every Survivor Counts, the Handbook, the PREA Reporting Poster, training with the mailroom staff,

and interviews with random IICs and IICs who reported sexual abuse, this standard appears to require corrective action. The auditor observed that the Handbooks were not consistent, different information was provided for emotional support services. Additionally, the 999 was not accessible at the facility and as such the information provided was not appropriate. The auditor observed that the PREA Reporting Posters contained inaccurate information and included Call for Help (the old rape crisis center) information. Interviews with 40 IICs, including those who reported sexual abuse, indicated eight were aware of outside victim advocacy services and eleven were provided a phone number and mailing address to a local rape crisis center. A review of documentation confirms that the facility has an MOU with Metro-East Every Survivor Counts. The MOU was not executed.

Corrective Action

The facility will need to provide the executed MOU or attempts to enter into an MOU with the local rape crisis center. The facility will need to update all distributed information, including all three Handbooks and the Posters. A copy of the updated documents will need to be provided. Confirmation that the updated documents were posted and added to the IIC tablet system 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. Updated PREA Reporting Poster
2. Updated Individuals in Custody Orientation Manual (Handbook)
3. Photos of Poster on Tablet System
4. Photos of Posters Around Facility
5. Mailroom Memorandum
6. Memorandum of Understanding with Metro-East Every Survivor Counts

	<p>The facility provided the updated PREA Reporting Poster and that updated Handbook that included the 999 hotline and Metro-East Every Survivor Counts contact information. The facility provided photos confirming the updated PREA Reporting Poster and updated Handbook were added to the IIC tablet in English and Spanish. Additional photos were provided confirming the updated PREA Reporting Poster was displayed around the facility.</p> <p>The facility provided the mailroom memo that was provided to the mailroom staff at the facility that outlined mail to/from Metro-East Every Survivor Counts is privileged mail.</p> <p>The facility provided the executed MOU with Metro-East Every Survivor Counts. The MOU was executed on December 3, 2025.</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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115.54 Third-party reporting	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 3. PREA Poster <p>Findings (By Provision):</p> <p>115.54 (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 an IIC. 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</p>

	<p>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 Poster was observed in English and Spanish on legal size paper. The auditor observed that the no-contact visitation area did not have PREA Posters, however immediately following the on-site portion of the audit the facility posted this information. 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>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 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) 5. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff 2. Interviews with Medical and Mental Health Staff 3. Interview with the Warden

4. Interview with the PREA Coordinator

Findings (By Provision):

115.61 (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 IICs 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 seventeen 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.

115.61 (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 seventeen 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 would report the information to their supervisor (i.e. Sergeant, Shift Commander, Warden).

115.61 (c): Interviews with medical and mental health care staff confirmed that at the initiation of services with an IIC they disclose limitations of confidentiality and their duty to report. Both staff stated they are required to report any knowledge, suspicion or information related an incident of sexual abuse or sexual harassment. The mental health staff member stated that he had become aware of such incidents and reported the information to security. A review of investigations indicated none were reported to medical or mental health care staff.

115.61 (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 Warden stated that any allegation reported by a vulnerable adult would be investigated. He advised it would be reported to IA and the investigative chief.

115.61 (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 Warden confirmed that all allegations are reported to designated facility investigators. A review of fourteen allegations indicated thirteen were sexual abuse or sexual harassment. Eight were reported verbally, four were reported in writing and one was unable to be determined how it was reported. All thirteen

	<p>allegations were forwarded to the facility investigators.</p> <p>Based on a review of the PAQ, 04.01.301, 01.12.105, the PREA Manual, investigative reports and information from interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden, this standard appears to be compliant.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 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. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the Warden 3. Interviews with Random Staff <p>Findings (By Provision):</p> <p>115.62 (a): The PAQ indicated that when the agency or facility learns that an IIC is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the IIC (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</p>

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 stated that there were zero determinations made in the past twelve months that an IIC was at substantial risk of imminent 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 Warden indicated if an IIC is deemed at imminent risk of sexual abuse they would remove them from harms way. He advised they would allow medical to evaluate the IIC and then initiate an investigation. Interviews with random staff indicated they would take action if an IIC was deemed at imminent risk of sexual abuse, including separating the individual, reporting the information and moving an individual (i.e. housing change). A review of documentation indicated there were no IICs deemed at imminent risk, however there were sexual harassment allegations reported. In all instances reviewed by the auditor, staff took immediate action related to the allegation, including reporting the information for investigation and changing housing, when necessary.

Based on a review of the PAQ, 04.01.301, PREA Manual, investigative reports and information from interviews with the Agency Head, Warden and random staff, this standard appears to be compliant.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="252 1624 544 1659">Auditor Discussion</p> <p data-bbox="252 1697 432 1733">Documents:</p> <ol data-bbox="252 1771 1430 2033" style="list-style-type: none"> <li data-bbox="252 1771 667 1807">1. Pre-Audit Questionnaire <li data-bbox="252 1845 1430 1921">2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <li data-bbox="252 1960 1377 2033">3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)

4. Warden to Warden Notifications

5. Investigative Reports

Interviews:

1. Interview with the Agency Head

2. Interview with the Warden

Findings (By Provision):

115.63 (a): The PAQ indicated that the agency has a policy requiring that, upon receiving an allegation that an IIC 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 stated there were two allegations received that an IIC was abused while confined at another facility. A review of documentation noted there were two allegations reported to have occurred at another facility. A Warden to Warden notification was provided in writing within 72 hours.

115.63 (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. A review of documentation noted there were two allegations reported to have occurred at another facility. A Warden to Warden notification was provided in writing within 72 hours.

115.63 (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. A review of documentation noted there were two allegations reported to have occurred at another facility. A Warden to Warden notification was provided in writing within 72 hours.

115.63 (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 four allegations reported to the facility 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 Warden indicated that if an allegation is received through a Warden to Warden notification it would be reported to the PCM and IA and it would be investigated. He confirmed they have received information through a Warden to Warden notification and all allegations were investigated. A review of investigation noted there were four allegations received via a Warden to Warden notification. Two of the four were on the investigative log and were investigated. Documentation had not been provided related to the other two allegations received via Warden to Warden notification.

Based on a review of the PAQ, 04.01.301, the PREA Manual, Warden to Warden Notifications, Investigative Reports and interviews with the Agency Head and Warden, this standard appears to require corrective action. A review of investigation noted there were four allegations received via a Warden to Warden notification. Two of the four were on the investigative log and were investigated. Documentation had not been provided related to the other two allegations received via Warden to Warden notification.

	<p>Corrective Action</p> <p>The facility will need to provide the investigations associated with the two Warden to Warden notifications received to confirm they were investigated.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>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.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. PREA Checklist 2. Investigative Reports <p>The facility provided the originally requested documentation. Both allegations received from another agency/facility had a PREA Checklist completed and were forwarded for investigation.</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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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program

3. PREA Checklist

4. Investigative Reports

Interviews:

1. Interviews with First Responders

2. Interviews with Random Staff

3. Interviews with Individuals In Custody who Reported Sexual Abuse

Findings (By Provision):

115.64 (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 an IIC 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 an IIC 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 stated there were 23 allegations of sexual abuse in the previous twelve months. It advised that all 23 incidents involved the immediate separation of the alleged victim and abuser. Five allegations involved the collection of physical evidence by securing of the crime scene. The security staff first responder stated that first responder duties include: separating and placing the IIC in a dry cell, not allowing them to brush, wash, change clothes, etc., securing the crime scene and taking the

IIC to medical. The non-security first responder advised she would separate the individuals, notify security and write an incident report. Interviews with IICs who reported sexual abuse indicated all included some action. Two advised they were taken to the hospital. All stated they had IA or a staff member talk to them about the incident. A review of thirteen allegations of sexual abuse or sexual harassment indicated ten were sexual abuse. Four of the allegations involved the victim being transported to the hospital for a forensic medical examination. Four involved the collection of physical evidence and requesting the IICs not take action to destroy evidence. Five involved the separation of victim and abuser and involved housing changes.

115.64 (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 stated there were 22 allegations of sexual abuse that involved a non-security staff first responder and all 22 involved non-security first responder duties. The security staff first responder stated that first responder duties include: separating and placing the IIC in a dry cell, not allowing them to brush, wash, change clothes, etc., securing the crime scene and taking the IIC to medical. The non-security first responder advised she would separate the individuals, notify security and write an incident report. Interviews with random staff confirmed staff were aware of first responder duties. A review of thirteen investigations indicated none involved a non-security first responder.

Based on a review of the PAQ, 04.01.301, investigative reports, the PREA Checklist and interviews with random staff, first responders, and IICs who reported sexual abuse, this standard appears to be compliant.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:
	1. Pre-Audit Questionnaire

2. Menard Correctional Center Institutional Directive (ID) 04.01.301 Sexual Abuse and Harassment Prevention and Intervention

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.65 (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 7-8 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. The decision to collect evidence shall be made on a case-by-case basis in accordance with standard investigative procedures. The victim will 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. Pages 8-9 describe medical and mental health treatment for victims of sexual abuse, pages 9-11 describes the investigative process for allegations of sexual abuse and pages 3-6 and 11-13 describe the facility leaderships responsibilities. The Warden confirmed that the facility has an institutional plan that coordinates actions among staff first responders, medical and mental health practitioners, investigators and facility leadership.

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

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Collective Bargaining Agreements <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head <p>Findings (By Provision):</p> <p>115.66 (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. A review of a sample of the agency'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>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, a sample of collective bargaining agreements and the interview with the Agency Head, this standard appears to be compliant.</p>
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115.67	Agency protection against retaliation
	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. PREA Retaliation Monitor - Staff (DOC 0499)
4. PREA Retaliation Monitor - Offender (DOC 0498)
5. Investigative Reports

Interviews:

1. Interview with the Agency Head
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interviews with Individuals In Custody who Reported Sexual Abuse

Findings (By Provision):

115.67 (a): The PAQ indicated that the agency has a policy to protect all IICs and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other IICs 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.

115.67 (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 status checks to ensure he or she displays 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, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an IIC or staff member 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 Warden stated the facility can take protective measures to prevent retaliation through offering protective custody. The Warden confirmed they can take measures such as housing changes, facility transfers, removal of staff from contact and emotional support services. The interview with the staff who monitors for retaliation indicated her role includes meeting with the individuals every 30, 60 and 90 days. If there was a concern she would check to see if anything is related to retaliation. The staff advised they can take protective measures to prevent retaliation through cell changes, keep separates, facility transfers, removal of staff and emotional support services. Interviews with IICs who reported sexual abuse indicated two felt protected against retaliation and none felt safe at the facility. A review of investigative reports indicated there was no reported retaliation nor any reported fear of retaliation. The auditor did not receive any monitoring documentation at the issuance of the interim report.

115.67 (c): The PAQ indicated that the agency/facility monitors the conduct or treatment of IICs or staff who reported sexual abuse and of IICs who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by IICs or staff. The PAQ stated that monitoring is completed for a minimum of 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 status checks to ensure he or she displays no changes that may suggest retaliation. Policy further states that the Department shall act promptly to remedy any such retaliation. The PAQ noted there were zero incidents of retaliation reported in the previous twelve months. The interview with the Warden indicated that if retaliation is suspected or reported it would be investigated. He stated they do everything to take the individual out of harms way and based on the findings they may have to transfer the staff or IIC from the facility. The interview with the staff responsible for monitoring for retaliation indicated that she monitors for 90

days. She noted if they suspect retaliation she would monitor another six months. The staff stated she reviews discipline, housing changes, program changes, staff performance reviews and post changes to determine if retaliation is occurring. A review of thirteen investigations indicated ten were sexual abuse. The auditor did not receive any monitoring documentation at the issuance of the interim report.

115.67 (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 status checks to ensure he or she displays no changes that may suggest retaliation. The staff responsible for monitoring stated that she conducts periodic in-person status checks every 30 days. A review of thirteen investigations indicated ten were sexual abuse. The auditor did not receive any monitoring documentation at the issuance of the interim report.

115.67 (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 Warden 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.

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

Based on a review of the PAQ, 04.01.301, investigative reports, DOC 0498 and interviews with the Agency Head, Warden, staff charged with monitoring for retaliation and IICs who reported sexual abuse, this standard appears to require corrective action. Interviews with IICs who reported sexual abuse indicated two felt protected against retaliation and none felt safe at the facility. A review of investigative reports indicated there was no reported retaliation nor any reported fear of retaliation. The auditor did not receive any monitoring documentation at the issuance of the interim report.

Corrective Action

The facility will need to provide the requested documentation. If not available, the facility will need to provide the list of sexual abuse allegations during the corrective action period and associated monitoring documents.

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. Monitoring for Retaliation Documents (DOC 0498)
2. Staff Training
3. List of Sexual Abuse Allegations During the Corrective Action Period

The facility provided the originally requested documentation. All included monitoring for retaliation, however the monitoring was only in-person status checks. Many of the provided documents just noted "refused". As such, the auditor advised additional corrective action was required.

The facility conducted training with applicable staff on the policy and procedure for monitoring for retaliation including completion of the DOC 0498. Confirmation of the training was provided.

The facility provided a list of sexual abuse allegations during the corrective action period and associated monitoring for retaliation document. All included monitoring for retaliation. The monitoring included period in-person status checks as well as a review of the elements required under provision (d).

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

115.68 Post-allegation protective custody

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 05.15.100 Restrictive Housing
4. Individual in Custody Victim Housing Assignments

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Individuals in Custody in Segregated Housing

Site Review Observations:

1. Observations of the Segregated Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of IICs who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ further indicated that if an involuntary segregated housing assignment is made, the facility affords each such IIC a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ noted there were zero IICs who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 day. 04.01.301, page 7 states that an offender identified as vulnerable shall not be housed in a segregated status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided and such placement in segregation shall not ordinarily exceed a period of 30 days. Page 9

further states that any offender who alleges sexual abuse shall have their housing needs reviewed to determine appropriate placement. If the offender is transferred to another facility, the PCM of the sending facility shall promptly notify the PCM of the receiving facility of the alleged sexual abuse or harassment to ensure the offender receives proper follow-up services. Additionally, 05.15.100, page 6 states that a Restrictive Housing Review Committee (RHRC) shall be established at each facility with restrictive housing. The committee shall review the status of each individual in custody's placement into restrictive housing every seven days for the first 60 days and at least every 30 days thereafter, unless more frequently if clinically indicated. During the tour the auditor observed the segregated housing unit. The housing unit comprised eleven galleries. The area included a hearing room, a classroom, property a group room and recreation enclosures. IICs in segregated housing are out of cell daily for recreation, three times a week for showers, and weekly for groups. Calls are offered once a month and IICs are able to retain their tables, but with limited access. Any mail is provided to staff and grievances are collected through a locked box that is taken around daily on the 3pm-11pm shift. The interview with the Warden stated that agency policy does not prohibit placing IICs who report sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are no alternative means of separation from likely abusers, however they would probably not place the IIC in involuntary segregated housing. The Warden confirmed that IICs would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. He stated they would typically find alternative housing within 24 hours. The Warden noted that they have not had to involuntarily segregate an IIC victim after an allegation of sexual abuse in the previous twelve months. The interview with the staff who supervise IICs in segregated housing indicated that IICs at high risk of sexual victimization who are involuntary segregated would have access to programs, privileges, education and work opportunities to the extent possible. He further confirmed they would document any restrictions. The interview with the staff who supervise IICs in segregated housing indicated that IICs would only be placed in involuntary segregated housing until they could find an alternative means of separation. He advised they would find alternative housing typically within 24 hours. He further confirmed that IICs in involuntary segregated housing would be reviewed at least every 30 days to review if there was a continued need for the IIC to remain in segregated housing. There were no IICs identified to be in segregated housing due to an allegation of sexual abuse and as such no interviews were conducted. A review of thirteen investigations indicated ten were sexual abuse. Three victims remained in the same housing as when the allegation was reported, one was moved to another unit within the same status, five were moved to segregation and two victim housing documents were not provided. Of the five that moved to segregation, four were moved due to discipline. Documentation was not provided related to the fifth IIC that was moved.

Based on a review of the PAQ, 04.01.301, 05.15.100, housing documentation for IICs who reported sexual abuse and the interview with the Warden and staff who

supervise IICs in segregated housing, this standard appears to require corrective action. A review of thirteen investigations indicated ten were sexual abuse. Three victims remained in the same housing as when the allegation was reported, one was moved to another unit within the same status, five that were moved to segregation and two victim housing documents were not provided. Of the five moved to segregation, four were moved due to discipline. Documentation was not provided related to the fifth IIC that was moved.

Corrective Action

The facility will need to provide the originally requested documentation. Further corrective action may be required.

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. Victim Housing Documentation

The facility provided the originally requested documentation. The one victim was placed in segregated housing due to discipline (fighting) and as such was not involuntarily segregated due to a report of sexual abuse. The other two documents provided illustrated the victims remained in the same housing status as when they reported.

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

115.71	Criminal and administrative agency investigations
	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. Administrative Directive 01.12.101 Employee Criminal Misconduct
5. Administrative Directive 01.12.112 Preservation of Physical Evidence
6. Administrative Directive 01.12.125 Uniform Investigative Reporting System
7. Administrative Directive 01.12.115 Institutional Investigative Assignment
8. Memorandum of Understanding with the Illinois State Police/Office of Executive Inspector General
9. Investigative Reports
10. Investigator Training Records

Interviews:

1. Interviews with Investigative Staff
2. Interview with the Warden
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager
5. Interviews with Individuals In Custody who Reported Sexual Abuse

Findings (By Provision):

115.71 (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 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 interview with the facility investigator indicated that an investigation is initiated within minutes of being notified of the allegation. The criminal investigator stated that investigations are initiated immediately after the allegation is received. The investigators confirmed that third party and anonymous reports are investigated the same as first person reports. A review of eleven completed investigations indicated all eleven were initiated promptly (not completed promptly) and were objective. Nine of the eleven were thorough. Two of the eleven were missing key investigative steps, including interviews of all involved.

115.71 (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 eleven completed investigations revealed they were completed by four investigators. All four were documented with the specialized investigator training.

115.71 (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. The facility investigator indicated that the first step of the investigation includes doing a rundown of the person reporting the allegation. He advised he would then interview the individual to gather more information. He noted after initial steps he conducts interviews of staff and witnesses, reviews the evidence, interviews the perpetrator and retraces all steps to get a bigger picture. The facility investigator stated he is responsible for collecting evidence such as, physical, statements/interviews, video, rosters and other documents. He noted he does not review prior complaints of the alleged perpetrator. The criminal investigator stated the initial investigative step would be to gather and preserve any evidence. He further stated he would remain objective during the investigation and base credibility on a case-by-case basis. He stated he would conduct a complete and thorough investigation. This is done through gathering and preserving direct and circumstantial evidence, including physical, DNA and any available video monitoring data. He confirmed he would interview the alleged victims, suspected perpetrators and any witnesses and he would review prior complaints and reports of sexual abuse involving the perpetrator. A review of the eleven completed investigations indicated nine included interviews of all involved and four involved physical and/or video evidence collection. Ten of the eleven had a review of prior complaints.

115.71 (d): The criminal investigator confirmed that before they conduct any compelled interviews they would consult with prosecutors. The facility investigator indicated he does not consult with prosecutor. If there is anything prosecutable he would contact the supervisor and the investigation would go externally. A review of investigative reports confirmed none of the investigations involved compelled interviews.

115.71 (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. Interviews with the facility and criminal investigators confirmed that the agency does not require IIC victims of sexual abuse to submit to a polygraph tests or any other truth-telling devices. Further the facility investigator stated that credibility is based on interviews, evidence and many other things gathered. The criminal investigator stated that credibility is assessed on an individual basis and is not determined by a person's status. Interviews with IICs who reported sexual abuse confirmed none were required to take a polygraph test or truth telling device test.

115.71 (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 day from the conclusion of the investigation. The facility investigator confirmed that all administrative investigations are documented in a written report and include interviews and a description of evidence. The facility investigation advised he talks to staff and IICs and tries to get a bigger picture and determine if staff did something that was inappropriate. A review of eleven completed investigations confirmed all were documented in a written report and included information related to the initial allegation, a description of statements/interviews with the alleged victim, perpetrator(s) and/or witnesses, if applicable, a description of evidence, and investigatory facts and findings.

115.71 (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 interview with the criminal investigator confirmed that the criminal investigation would be documented on the DOC 0262 (Report of Investigation). The report would contain a thorough description of physical, interview and documentary evidence. He stated it would also include all attachments such as: statements, video, audio, physical, etc. There were zero criminal investigations completed during the previous twelve months.

115.71 (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 noted there were zero allegations referred for prosecution since the last PREA audit. The interview with the criminal investigator confirmed that criminal investigations are typically referred for prosecution, especially those that are substantiated. The facility investigator stated he has never had to refer an investigation and that he would refer if there was undeniable facts that something truly credible occurred. A review of documentation confirmed there were zero investigations referred for prosecution.

115.71 (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.

115.71 (j): The interview with the criminal investigator confirmed that an individual in custody being released or an employee separating from the agency has no bearing on the investigation and it would proceed accordingly. The facility investigator stated the departures of the staff or IIC would include contacting the supervisor and he/she would advise what to do moving forward. He advised he the investigation would get referred externally and they would continue the investigation.

115.71 (k): The auditor is not required to audit this standard.

115.71 (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 or staff on IIC. 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 & Intelligence. The IDOC external investigator would ensure updates are provided to the facility and PREA Coordinator, as appropriate. The Warden stated that they would remained informed of the progress of an outside investigation through IA. The PCM stated she was unsure how they would remain informed. The facility investigator indicated if an outside agency conducts an investigation he would facilitate interviews and set up any appointments. The criminal investigator stated that he fully cooperates with the outside investigator and stays informed of the progress of their investigation.

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 reports, investigative training records and information from interviews with the Warden, PREA Coordinator, PREA Compliance Manager, investigator and IIC who reported sexual abuse, this standard appears to be compliant.

Recommendation

The auditor highly recommends the facility review topics under this standard with the facility investigators as a refresher.

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. Prison Rape Elimination Act (PREA) for Investigators Training Curriculum
4. Investigative Reports

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.72 (a): The PAQ stated 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 interview with the criminal investigator indicated that the standard of evidence used to substantiate an administrative investigation is a preponderance of evidence. The facility investigator did not provide a standard of evidence and the description provided did not illustrate the use of a standard not higher than a preponderance of the evidence. A review of eleven completed investigative reports appeared to utilize a standard of evidence not higher than a preponderance of the evidence.

Based on a review of the PAQ, 04.01.301, PREA Investigators Training Curriculum, investigative reports and information from the interview with the investigator, this standard appears to require corrective action. The facility investigator did not provide a standard of evidence and the description provided did not illustrate the use of a standard not higher than a preponderance of the evidence.

	<p>Corrective Action</p> <p>The facility will need to conduct training with the investigators on the standard of evidence to utilize, including examples of use of the level of evidence. Confirmation of the training will need to be provided.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>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.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Investigator Training <p>The agency investigator completed training with the facility investigator on standard of evidence. Confirmation of the training was provided.</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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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 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. Investigative Reports
5. Victim Notification Memorandums

Interviews:

1. Interview with the Warden
2. Interviews with Investigative Staff
3. Interviews with Individuals In Custody who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any IIC 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 stated there were eighteen completed sexual abuse investigations in the previous twelve months and fifteen (three IICs left prior to the conclusion of the investigation) had a verbal or written victim notification. Interviews with the Warden and the investigators confirm that IICs are informed of the outcome of the investigation into their allegation. Interviews with IICs who reported sexual abuse indicated four of the six were aware they were to be notified of the outcome of the investigation. Four stated they were advised of the outcome verbally and/or in writing. A review of completed investigation indicated nine (one sexual abuse investigation was still on-going) were sexual abuse. Three victims were provided notification of the outcome of the investigation.

115.73 (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 IIC of the outcome of the investigation. The PAQ stated there were zero investigations completed by an outside agency in the previous twelve months. 04.01.301, page 10 states that the alleged victim will be notified, in writing, of the outcome of the investigation. A review of investigations confirmed that none were completed by an outside agency and as such no notifications under this provision were required.

115.73 (c): The PAQ indicated following an IIC's allegation that a staff member has committed sexual abuse against the IIC, the agency/facility subsequently informs the

IIC (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the IIC'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 been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an IIC in an agency facility in the past 12 months. The PAQ stated that in each case the agency subsequently informed the IIC whenever: the staff member was no longer posted within the IIC's unit; the staff member was no longer employed at the facility; the agency learned that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learned that the staff member has been convicted on a charge related to sexual abuse within the facility. The PREA Manual, page 40 states that following an IIC's allegation that a staff member has committed sexual abuse against the IIC, the agency shall subsequently inform the IIC (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the IIC'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. Interviews with IICs who reported sexual abuse indicated five were against a staff member, but did none included any notifications under this provision. A review of investigations indicated six were staff-on-IIC sexual abuse, however none required notification under this provision.

115.73 (d): The PAQ indicated following an IIC's allegation that he or she has been sexually abused by another IIC 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 an IIC's allegation that he or she has been sexually abused by another IIC, 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. Interviews with IICs who reported sexual abuse indicated one was IIC-on-IIC allegations, but did not included notifications under this provision. A review investigations indicated four were IIC-on-IIC, however none were substantiated. As such, none required notification under this provision.

115.73 (e): The PAQ indicated the agency has a policy that all notifications to IICs 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 stated there were fifteen notifications made pursuant to this standard. A review of completed investigation indicated nine were sexual abuse. Three victims were provided notification of the outcome of the investigation. All three notifications were documented in a memo.

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

Based on a review of the PAQ, 04.01.301, the PREA Manual, investigative reports, victim notification memos and information from interviews with the Warden, investigators and IICs who reported sexual abuse, this standard appears to require corrective action. A review of completed investigation indicated nine were sexual abuse. Three victims were provided notification of the outcome of the investigation.

Corrective Action

The facility will need to provide the originally requested documentation. If not available, the facility will need to provide a list of sexual abuse allegations reported during the corrective action period and associated notifications.

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. Victim Notification

	<p>The facility provided the originally requested documentation. All victims were provided a notification of the outcome of the investigation. It should be noted that two were not provided timely after the conclusion of the investigation and as such the auditor recommended that the facility emphasize timelines for notification with applicable staff.</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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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 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) 5. Investigative Reports <p>Findings (By Provision):</p> <p>115.76 (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. A review of investigative reports indicated there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member.</p>

115.76 (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. A review of investigative reports indicated there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member.

115.76 (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. A review of investigative reports indicated there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member.

115.76 (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 zero 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. A review of investigative reports indicated there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member.

Based on a review of the PAQ, 04.01.301, 03.01.120, the PREA Manual and

	investigative reports, this standard appears to be compliant.
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.77 (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 IICs. 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 investigative reports confirmed there were zero contractors or volunteers who violated the agency’s sexual abuse or sexual harassment policies.</p> <p>115.77 (b): The PAQ indicated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with IICs 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</p>

	<p>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 Warden indicated if a volunteer or contractor violates the sexual abuse and/or the sexual harassment policies there would be an investigation. He stated if found to have occurred, they may be disciplined or terminated. He confirmed they would restrict the contractor or volunteers access into the facility.</p> <p>Based on a review of the PAQ, 04.01.301, investigative reports and information from the interview with the Warden, this standard appears to be compliant.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Illinois Administrative Code 20.504 4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 5. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interviews with Medical and Mental Health Staff <p>Findings (By Provision):</p> <p>115.78 (a): The PAQ indicated that IICs are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that an IIC engaged in IIC-on-IIC sexual abuse. 04.01.301, page 10</p>

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 stated there were zero administrative findings of IIC-on-IIC sexual abuse and zero criminal findings of IIC-on-IIC sexual abuse. A review of investigative reports noted there were zero substantiated IIC-on-IIC sexual abuse or sexual harassment investigations.

115.78 (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 Warden advised that if an IIC is found to have violated the sexual abuse or sexual harassment policies he/she could be charged with sexual assault and could potentially be prosecuted through the State Attorney. He noted that they would also go through the administrative discipline process and sanction can include segregated housing time. The Warden confirmed that sanctions are consistent in the disciplinary process and that sanctions would be commensurate with the nature and circumstances of the abuse committed, the IIC's disciplinary history, and the sanctions imposed for comparable offenses by other IICs with similar histories.

115.78 (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 Warden confirmed that the disciplinary process considers whether the IIC's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.78 (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 and they offer services to the perpetrating IIC. The PAQ advised they do not require participation in the services. Interviews with medical and mental health staff indicated they offer mental health services to perpetrators, however they do not require IICs to participate in services in order to gain access to any other programs or benefits.

115.78 (e): The PAQ indicated that the agency disciplines IICs for sexual conduct with staff only upon finding that the staff member did not consent to such contact. A review of investigative reports indicated there were zero substantiated staff-on-IIC sexual abuse allegations. Additionally, there was no documentation of discipline of any IIC related to staff-on-IIC allegations.

115.78 (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. 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 found within Illinois Administrative Code 507, Administration of Discipline.

115.78 (g): The PAQ indicated that the agency prohibits all sexual activity between IICs. It further indicated that if the agency prohibits all sexual activity between IICs and disciplines IICs 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, investigative reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.302 Screening for Risk of Victimization and Abusiveness 3. Standard Operating Procedural (SOP) Manual for Mental Health 4. Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494) 5. Medical/Mental Health Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interviews with Medical and Mental Health Staff
3. Interviews with Individuals In Custody who Disclosed Sexual Victimization During the Risk Screening

Site Review Observations:

1. Observations of Risk Screening Area
2. Observation of Medical and Classification Files

Findings (By Provision):

115.81 (a): The PAQ indicated that all IICs at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. 04.01.302, page 3 states if the screening indicates the individual in custody has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff conducting the screening shall ensure the individual is offered a follow-up meeting with a mental health practitioner. The offer shall be documented on the DOC 0494 or the O360 equivalent. If the offer of a follow-up meeting with a mental health practitioner is accepted, a Mental Health Services Referral, DOC 0387, shall be completed, and the follow-up meeting shall occur within 14 days of the screening in accordance with 04.04.101. Individuals in custody who had been offered mental health follow-up and accepted the follow-up on the initial screening outlined in II.G.1.b., do not need to be offered mental health follow-up on subsequent screenings. The PAQ noted that 100% of those IICs who reported prior victimization were seen within fourteen days by medical or mental health. The interview with the staff responsible for the risk screening indicated that IICs are offered a follow-up with medical or mental health care staff within fourteen days. Interviews with IICs who disclosed sexual victimization during the risk screening indicated none of the four were offered a follow-up with medical or mental health care staff. A review of documentation for eleven IICs who disclosed prior sexual victimization noted ten accepted the mental health follow-up. None of the ten were provided the mental

health follow-up.

115.81 (b): The PAQ indicated that all prison IICs who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. 04.01.302, page 3 states if the screening indicates the individual in custody has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff conducting the screening shall ensure the individual is offered a follow-up meeting with a mental health practitioner. The offer shall be documented on the DOC 0494 or the O360 equivalent. If the offer of a follow-up meeting with a mental health practitioner is accepted, a Mental Health Services Referral, DOC 0387, shall be completed, and the follow-up meeting shall occur within 14 days of the screening in accordance with 04.04.101. Individuals in custody who had been offered mental health follow-up and accepted the follow-up on the initial screening outlined in II.G.1.b., do not need to be offered mental health follow-up on subsequent screenings. The PAQ noted that 100% of those IICs who reported prior perpetration were seen within fourteen days by medical or mental health. The interview with the staff responsible for the risk screening indicated that IICs identified during the risk screening with prior sexual abusiveness would be offered a follow-up with mental health within fourteen days. A review of documentation for five IICs who were identified with prior sexual abusiveness noted three accepted the mental health follow-up. None of the three were provided the mental health follow-up.

115.81 (c): The facility is not a jail and as such this provision is not applicable.

115.81 (d): The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners, however it stated that the information is only shared with staff to assist with security and management decisions. 04.01.302, page 2 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 safety and security of individuals in custody and staff. Medical and mental health records are paper. The records area is staffed 7am-4pm Monday through Friday. The records staffed advised the records area is locked when not staffed and that access is limited. Risk screening information is maintained in the electronic Offender 360 program and via paper files. The auditor had a security staff member attempt to access the electronic information in Offender 360, however he did not have access to the information. The agency restricted access to the risk screening information and any access has to be approved by the agency PREA

Coordinator. Paper risk screening files are maintained in the master IIC file in records. Records is staffed Monday through Friday 7am-4pm. The records door is locked after hours with limited access. Investigative files are paper and electronic. Only Internal Affairs staff have access to the investigations in the electronic database. Paper files are also maintained in IA's locked office.

15.81 (e): The PAQ indicated that medical and mental health practitioners obtain informed consent from IICs before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the IIC is under the age of eighteen. 04.01.302, page 3 states staff shall obtain informed consent from individuals in custody before reporting information about prior victimization which did not occur in an institutional setting. Consent shall be documented on the Confidentiality Disclosure and Consent for Mental Health Treatment, DOC 0537. The SOP Manual for Mental Health, page 46 clinicians should clearly specify any limits of confidentiality. Offender disclosures are considered to be confidential and privileged with the following exceptions: threats to physically harm self-and/or others, threats to escape or otherwise disrupt or breach the security of the institution and information about an identifiable minor child or elderly/disabled person who has been the victim of physical or sexual abuse. Interviews with medical and mental health staff indicated that they obtain consent prior to reporting any sexual abuse that did not occur in an institutional setting. Both staff stated the facility does not house anyone under eighteen so they don't deal with reporting of that population.

Based on a review of the PAQ, 04.01.302, SOP Manual for Mental Health, DOC 0494, medical and mental health documents, information from interviews with staff who perform the risk screening, medical and mental health care staff and IICs who disclosed victimization during the risk screening, this standard appears to require corrective action. A review of documentation for eleven IICs who disclosed prior sexual victimization noted ten accepted the mental health follow-up. None of the ten were provided the mental health follow-up. Interviews with IICs who disclosed sexual victimization during the risk screening indicated none of the four were offered a follow-up with medical or mental health care staff. A review of documentation for five IICs who were identified with prior sexual abusiveness noted three accepted the mental health follow-up. None of the three were provided the mental health follow-up.

Corrective Action

The facility will need to conduct training with applicable staff on the policy and procedure related to mental health follow-ups. The facility will need to provide the list of arrival during the corrective action period, a systematic sample of risk assessments and all necessary mental health follow-up documents.

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 Arrivals During the Corrective Action Period
2. Risk Assessments
3. Mental Health Follow-Up Documentation

The facility provided a list of IICs that arrived from September through December. A systematic sample of risk assessments from the list were provided. One IIC was identified with prior sexual abusiveness and was offered a mental health follow-up within fourteen days. One IIC was identified with prior sexual abusiveness and disclosed prior sexual victimization and was offered a follow-up with mental health but declined the services.

Due to the low sample size from the systematic sample, the facility provided documentation for five IICs that were identified with prior sexual abusiveness and disclosed prior sexual victimization. All five were offered follow-up services with mental health. Four accepted the services and three were seen within fourteen days. The facility also provided documentation for fourteen IICs that disclosed prior sexual victimization only. Eleven accepted the mental health follow-up services. Ten of the eleven were seen within fourteen days.

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

115.82	Access to emergency medical and mental health services
	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. Medical and Mental Health Documents

Interviews:

1. Interviews with Medical and Mental Health Staff
2. Interviews with First Responders
3. Interviews with Individuals In Custody who Reported Sexual Abuse

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that IIC 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 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 observed the health services area. It included a reception area, exam rooms, treatment rooms, an ancillary area and an infirmary. Exam rooms, treatment rooms and the ancillary area had doors with windows and curtains for adequate confidentiality/privacy. Interviews with medical and mental health care staff confirmed that IICs receive timely and unimpeded access to emergency medical treatment and crisis intervention service. The staff stated they

provide services immediately. Both staff confirmed that services would be based on their professional judgment. Interviews with IICs who reported sexual abuse indicated four of the six were offered/provided medical and/or mental health services. A review of documentation for ten IIC victims of sexual abuse noted seven were provided medical and/or mental health services. Four of the victims were transported to the local hospital for a forensic medical examination.

115.82 (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 staff first responder stated that first responder duties include: separating and placing the IIC in a dry cell, not allowing them to brush, wash, change clothes, etc., securing the crime scene and taking the IIC to medical. The non-security first responder advised she would separate the individuals, notify security and write an incident report. Interviews with IICs who reported sexual abuse indicated all included some action. Two advised they were taken to the hospital. All stated they had IA or a staff member talk to them about the incident. A review of documentation for ten IIC victims of sexual abuse noted seven were provided medical and/or mental health services. Four of the victims were transported to the local hospital for a forensic medical examination.

115.82 (c): The PAQ indicated that IIC 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. Interviews with medical and mental health care staff confirmed that IICs receive timely information and access to emergency contraception and sexually transmitted infection prophylaxis. Interviews with IICs who reported sexual abuse indicated three involved penetration or touching that would require information and access to sexually transmitted infection prophylaxis. Two of the three noted they were provided these services. A review of documentation for ten IIC victims of sexual abuse noted seven were provided medical and/or mental health services. Four of the victims were transported to the local hospital for a forensic medical examination. IICs received testing and prophylaxis at the local hospital.

	<p>115.82 (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, medical and mental health documents and information from interviews with medical and mental health care staff, first responders and IICs who reported sexual abuse, this standard appears to be compliant.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 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. Medical and Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Medical and Mental Health Staff 2. Interviews with Individuals In Custody who Reported Sexual Abuse <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Medical Treatment Areas <p>Findings (By Provision):</p>

115.83 (a): The PAQ indicated the facility offers medical and mental health evaluation and, as appropriate, treatment to all IICs 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 the tour, the auditor observed the health services area. It included a reception area, exam rooms, treatment rooms, an ancillary area and an infirmary. Exam rooms, treatment rooms and the ancillary area had doors with windows and curtains for adequate confidentiality/privacy. A review of documentation for ten IIC victims of sexual abuse noted seven were provided medical and/or mental health services. Four of the victims were transported to the local hospital for a forensic medical examination. Two of the four IICs who reported sexual abuse that required a Warden to Warden notification were afforded access to medical and/or mental health care. A review of documentation for eleven IICs who disclosed prior sexual victimization noted ten accepted the mental health follow-up. None of the ten were provided the mental health follow-up.

115.83 (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. Interviews with medical and mental health care staff confirmed that they provide on-going, follow-up services and referrals to IIC victims of sexual abuse. Interviews with IICs who reported sexual abuse indicated two of the six were provided follow-up services with medical and/or mental health. A review of documentation for ten IIC victims of sexual abuse noted seven were provided medical and/or mental health services. Four of the victims were transported to the local hospital for a forensic medical examination.

115.83 (c): The facility provides access to medical and mental health staff on-site and also transports IICs to the local hospital for treatment that is not available at the facility. All medical and mental health care staff are required to have the appropriate licensure and credentials. Interviews with medical and mental health care staff confirmed that the services they provide are consistent with the community level of care.

115.83 (d): The PAQ indicated that this provision does not apply as the facility does not house female IICs. 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 house female IICs and as such this provision does not apply.

115.83 (e): The PAQ indicated that this provision does not apply as the facility does not house female IICs. 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.

115.83 (f): The PAQ indicated that IIC 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. Interviews with IICs who reported sexual abuse indicated three involved penetration or touching that would require STI testing. Two of the three advised they was provided these services. A review of documentation for ten IIC victims of sexual abuse noted seven were provided medical and/or mental health services. Four of the victims were transported to the local hospital for a forensic medical examination. IICs received testing and prophylaxis at the local hospital.

115.83 (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. Interviews with IICs who reported sexual abuse indicated none were not required to pay for their medical and mental health services.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known IIC-on-IIC abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. The PREA Manual, page 46 states that all prisons shall attempt to conduct a mental health evaluation of all known IIC-on-IIC abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Interviews with medical and mental health staff indicated that known abusers would have an attempted evaluation within two weeks. There were zero IIC-on-IIC sexual abuse allegations that were deemed substantiated and as such there were no confirmed IIC-on-IIC abusers who required an evaluation under this provision.

Based on a review of the PAQ, 04.01.301, the PREA Manual, medical and mental health documents, observations made during the tour and information from interviews with medical and mental health care staff and IIC who reported sexual abuse, this standard appears to require corrective action. A review of documentation for ten IIC victims of sexual abuse noted seven were provided medical and/or mental health services. Four of the victims were transported to the local hospital for a forensic medical examination. Two of the four IICs who reported sexual abuse that required a Warden to Warden notification were afforded access to medical and/or mental health care. A review of documentation for eleven IICs who disclosed prior sexual victimization noted ten accepted the mental health follow-up. None of the ten were provided the mental health follow-up.

Corrective Action

The facility will need to provide all originally requested documentation. Further corrective action may be required. The facility will need to conduct training with applicable staff on the policy and procedure related to mental health follow-ups. The facility will need to provide the list of arrival during the corrective action period, a systematic sample of risk assessments and all necessary mental health follow-up documents.

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.

	<p>Additional Documents:</p> <ol style="list-style-type: none"> 1. List of Arrivals During the Corrective Action Period 2. Risk Assessments 3. Mental Health Follow-Up Documentation 4. PREA Checklists 5. Medical and Mental Health Documentation <p>The facility provided a list of IICs that arrived from September through December. A systematic sample of risk assessments from the list were provided. One IIC was identified with prior sexual abusiveness and disclosed prior sexual victimization and was offered a follow-up with mental health but declined the services.</p> <p>Due to the low sample size from the systematic sample, the facility provided documentation for five IICs that were identified with prior sexual abusiveness and disclosed prior sexual victimization. All five were offered follow-up services with mental health. Four accepted the services and three were seen within fourteen days. The facility also provided documentation for fourteen IICs that disclosed prior sexual victimization only. Eleven accepted the mental health follow-up services. Ten of the eleven were seen within fourteen days.</p> <p>The facility provided the originally requested medical and mental health documentation for the IICs who reported sexual abuse. All victims were provided medical and/or mental health services after the report of sexual abuse.</p> <p>The facility provided the originally requested documentation for the two IICs that disclosed prior sexual victimization that occurred at another facility. Both victims were provided medical and/or mental health services.</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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115.86	Sexual abuse incident reviews
	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. Investigative Reports
4. Sexual Abuse Incident Reviews (DOC 0593)

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

Findings (By Provision):

115.86 (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 stated there were fourteen criminal and/or administrative investigations of alleged sexual abuse completed at the facility excluding only unfounded incidents. A review of completed investigations indicated nine were sexual abuse (one was still on-going). Seven required a sexual abuse incident review. None of the reviews were provided at the issuance of the interim report.

115.86 (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 sexual abuse investigation. The PAQ further stated that in the past twelve months, there were fourteen sexual abuse incident review completed within 30 days. 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. A review of completed investigations indicated nine were sexual abuse. Seven required a sexual abuse incident review. None of the reviews were provided at the issuance of the interim report.

115.86 (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 Warden confirmed that the facility has a sexual abuse incident review team and the team includes upper level management offices, line supervisor, investigators and medical and mental health practitioners.

115.86 (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. The Warden stated that information from the sexual abuse incident reviews is utilized to review the area, staffing, cameras, etc. to determine any modifications or changes. The PCM confirmed she reviews the sexual abuse incident reviews. She noted she has not noticed any trends. The PCM advised once the report is submitted, if there are any recommendations, they would meet to implement recommendations. A review of completed investigations indicated nine were sexual abuse. Seven required a sexual abuse incident review. None of the reviews were provided at the issuance of the interim report.

115.86 (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.

Based on a review of the PAQ, 04.01.301, investigative report, sexual abuse incident reviews (DOC 0593), staff training and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard appears to require corrective action. A review of completed investigations indicated

nine were sexual abuse. Seven required a sexual abuse incident review. None of the reviews were provided at the issuance of the interim report.

Corrective Action

The facility will need to provide the originally requested documentation. If not available, the facility will need to ensure sexual abuse incident reviews are completed as required under this standard. A list of sexual abuse allegations completed during the corrective action period and associated sexual abuse incident reviews 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. Staff Training
2. List of Sexual Abuse Allegations During the Corrective Action Period
3. Sexual Abuse Incident Reviews

The facility was unable to provide the originally requested sexual abuse incident reviews. As such, the auditor advised that additional corrective action was required. The facility conducted training with sexual abuse incident review team members on policy, procedure and process for sexual abuse incident reviews. Confirmation of the training was provided.

The facility provided a list of sexual abuse allegations reported during the corrective action period. The facility provided three sexual abuse incident reviews associated with the completed investigation. All three were finalized within 30 days of the conclusion of the investigation and included incident specific narrative on the elements under provision (d).

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. PREA Checklist 4. Investigative Reports 5. Annual PREA Report 6. Survey of Sexual Victimization <p>Findings (By Provision):</p> <p>115.87 (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; 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</p>

assessment of the Department's progress in addressing sexual abuse or harassment overall. A review of investigative reports 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.

115.87 (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 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.

115.87 (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.

115.87 (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.

115.87 (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 IICs 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 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 the contracted private facilities.

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

Based on a review of the PAQ, 04.01.301, investigative reports, the PREA Checklist, the Survey of Sexual Victimization and the Annual PREA Report, this standard appears to be compliant.

115.88	Data review for corrective action
	Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Documents:

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

Interviews:

1. Interview with the Agency Head
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (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 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. The interview with the PCM indicated that she provides the data to the PC, but she is unsure how it is utilized. 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.

115.88 (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 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.

115.88 (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.

115.88 (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 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 Annual PREA Report, the website and information obtained from interviews with the Agency Head, PC and PCM, the facility appears to exceed this standard.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 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. Annual PREA Report

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (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.

115.89 (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.

115.89 (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 Annual PREA Report confirmed there was no personal identifying information included nor any security related information. The report did not contain any redacted information.

115.89 (d): The PAQ indicated that the agency maintains sexual abuse data collected pursuant to Standard 115.87 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 Annual PREA Reports confirmed that data is available from 2014 to current.

Based on a review of the PAQ, 04.01.301, the Annual PREA Report, the agency website and information obtained from the interview with the PREA Coordinator, this

	standard appears to be compliant.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 paper in English and Spanish. The audit announcements were in common areas and on the first tier of the housing 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>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Findings (By Provision):

115.403 (f): The agency has audit reports published to their website for all audits completed during the previous three year audit cycles.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes

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

	formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42	yes

	U.S.C. 1997)?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b) Hiring and promotion decisions		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c) Hiring and promotion decisions		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d) Hiring and promotion decisions		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e) Hiring and promotion decisions		
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit,	na

	whichever is later.)	
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	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
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	

	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with	yes

	inmates on how to avoid inappropriate relationships with inmates?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how	yes

	to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or	yes

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes

	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	

	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g) Screening for risk of victimization and abusiveness		
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h) Screening for risk of victimization and abusiveness		
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i) Screening for risk of victimization and abusiveness		
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a) Use of screening information		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Work Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	Protective Custody	

	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b) Protective Custody		
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c) Protective Custody		
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes

	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials	na

	and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency	yes

	is exempt from this standard.)	
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between	yes

	inmates and these organizations and agencies, in as confidential a manner as possible?	
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a	yes

	sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	

	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities	yes

	responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations,	yes

	including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in	yes

	order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.73 (c) Reporting to inmates		
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d) Reporting to inmates		
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	

	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does	yes

	the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	

	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation	yes

	has been determined to be unfounded?	
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	

	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	

	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse	yes

	noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	
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