

PREA Facility Audit Report: Final

Name of Facility: Fox Valley Adult Transition Center

Facility Type: Community Confinement

Date Interim Report Submitted: 05/14/2023

Date Final Report Submitted: 10/02/2023

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: 10/02/ 2023

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	04/10/2023
End Date of On-Site Audit:	04/11/2023

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

Primary Contact	
Name:	Ryan Nottingham
Email Address:	ryan.nottingham@illinois.gov
Telephone Number:	217- 558-2200

Facility Director	
Name:	Margarita Mendoza
Email Address:	margarita.mendoza@illinois.gov
Telephone Number:	630-897-5610

Facility PREA Compliance Manager	
Name:	Eva Rivera
Email Address:	eva.rivera@illinois.gov
Telephone Number:	
Name:	Danielle Mitchell
Email Address:	danielle.mitchell@illinois.gov
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	128
Current population of facility:	78
Average daily population for the past 12 months:	61
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females

Age range of population:	25-72
Facility security levels/resident custody levels:	Transitional
Number of staff currently employed at the facility who may have contact with residents:	25
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

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

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:

2

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

Number of standards met:

39

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-04-10
2. End date of the onsite portion of the audit:	2023-04-11

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	128
15. Average daily population for the past 12 months:	61
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	94
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	2
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	17

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>29</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The facility does not have a segregated housing unit. The community confinement standards do not require information for residents who disclose prior sexual victimization as this standard does not exist (115.281).</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>24</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>1</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>8</p>
<p>54. 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>55. 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. Eleven residents were selected from the third floor and five were selected for the fourth floor.</p>

<p>56. 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>
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<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Fourteen of the residents were female, one was transgender female and one was transgender male. Two were black, nine were white, four were Hispanic and one was another race. All sixteen were at the facility less than a year. Seven of the residents were 26-35 years of age; four were 36-45 years of age; four were 46-55 years of age and one was over 56 years of age.</p>
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Targeted Inmate/Resident/Detainee Interviews

<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>8</p>
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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>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
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<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 risk screening information and spoke to staff and residents to confirm.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</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 risk screening information and spoke to staff and residents to confirm.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>2</p>

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</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>This standard does not apply for the community confinement standards and as such no interviews were required.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</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>This standard does not apply to community confinement facilities. The facility does not have a segregated housing unit.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p>
<p>If "Other," describe:</p>	<p>Gender, Race and Ethnicity</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Three staff were interviewed from the first shift, three were interviewed from the second shift and two were interviewed from the third shift. Four additional staff were interviewed from the administrative shift. With regard to the demographics of the random staff interviewed; six were male and six were female. Six staff were black, three were white, one was Hispanic and two were another race/ethnicity. Five of the staff interviewed were CRC I; three were CRC II; three were counselors and one was an administrative staff member.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>12</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

79. Were you able to interview the PREA Compliance Manager?

Yes

No

NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. 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:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

The on-site portion of the audit was conducted on April 10, 2023. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected residents and staff for interview as well as documentation to review. The auditor conducted a tour of the facility on April 10, 2023. The tour included all areas associated with the facility to include; housing units, laundry, intake, visitation, chapel, food service, recreation, and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for residents in housing units and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted throughout the facility. The building had numerous PREA posters including the End the Silence Poster, the No Means No Poster and the Reporting Poster. Posters were observed in English and Spanish. The Posters were printed on typical letters size paper and were located in common areas and on the third and fourth floor hallways where resident rooms are located. The Posters included information on reporting mechanisms and the zero tolerance policy. Reporting mechanisms on the Posters included: to any staff person, via the PREA Hotline, through a note, request slip or grievance, by writing to the PREA Coordinator or by sending privileged mail to the John Howard Association. The auditor did not observe any posted information for the victim advocacy service, Mutual Ground, Inc.

Third party reporting information was observed in the visitation area and the front entrance. Posters were observed in English and Spanish.

During the tour the auditor confirmed the facility follows the staffing plan. There were at least five staff for the building and staff were required to conduct formal and informal

counts every few hours. The auditor confirmed that the staffing was adequate to protect residents from sexual abuse. The auditor did not observe overcrowding and confirmed that rooms ranged from two to six residents. The line of sight for staff was adequate on the living unit hallways. The auditor did observe that the building was older and had a lot of blind spots. Based on the population and the staffing it is adequate to protect residents, however the auditor highly recommends that the facility install the mirrors and cameras that are available as soon as possible.

During the tour the auditor observed that there were zero cameras currently installed at the facility. The facility did have a plethora of cameras available, however they were waiting for installation.

With regard to cross gender viewing, the auditor did not identify any issues. All showers were single person with a curtain and all toilets were public style with a door. The auditor observed that all strip searches are done in a bathroom at the front of the facility that is equipped with a solid door. The facility does not have any video monitoring technology and as such no issues were observed with the location of cameras. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement over the loudspeaker numerous times throughout the day. The announcement was repeated at least twice each time to ensure the residents hear it. Additionally, during the tour the announcement was verbally made prior to entering the housing hallways.

Resident risk assessments are electronic and paper. Investigative files are electronic and paper and are maintained by Internal Affairs. The facility does not maintain medical and mental health files. Paper risk assessments are maintained in the residents record in a

locked office. Electronic risk assessments are completed and located in the 360 program. During the tour the auditor had a security staff member illustrate how to access 360 and the resident's risk assessment. The security staff member was able to pull up the risk assessment and see the responses.

During the tour the auditor observed the resident mail process. Residents bring outgoing mail to staff unsealed. They read and search the mail and then seal it and send it out. Legal mail is given to the counselor who ensures there is not any contraband in it prior to sealing it. The counselor does not read or scan the legal mail. Incoming mail is received by facility staff who open it, scan it and search it. The original is then provided to the resident. Legal mail is provided to the counselor. Residents open legal mail in front of the counselor to ensure there is not any contraband. The mail room staff member stated that mail to the John Howard Association is treated like regular mail. She further stated she was unsure how mail to Mutual Ground, Inc. was treated.

The auditor observed the intake process through a demonstration. Residents are provided a Handbook in English or Spanish. The Handbook contained information on the zero tolerance policy, definitions and examples of sexual abuse and sexual harassment, way to prevent sexual abuse, what to do if sexually abused and reporting mechanisms. The counselor then meets with the resident the day after arrival and asks if they have any PREA issues and tells them how to report. The staff tells the residents there is no consensual sex and then goes over examples of sexual abuse and sexual harassment. On the seventh day, the counselor goes over PREA more in-depth. The counselor discusses zero tolerance, that all allegations are investigated, that they can report through the hotline and any other method that is identified on the posters

around the facility and that there is no consensual sex. All information is provided in a private office setting.

The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed in a private office setting. Staff complete the initial risk screening on paper and then enter the responses into Offender 360 in the electronic risk screening. Staff ask all questions on the paper form and they also review Offender 360 related to demographics and information such as criminal history. The paper files are then placed in the residents folder in the counselor's office. The electronic database computes the applicable score based on the entered responses. The staff indicated that the reassessment is completed in the same manner. All questions are asked and the initial risk screening responses are compared to the reassessment responses. Information is then again entered into Offender 360.

The auditor tested the internal reporting mechanism during the tour. Residents have payphones in which they can pay to call the PREA hotline. Residents all have access to cell phones when outside the facility. The auditor called the PREA hotline from a personal cell phone and left a message on April 10, 2023. The auditor was provided confirmation on the same date via email that the call was received. The auditor also tested the written intern reporting mechanism during the tour. The auditor submitted a grievance form on April 10, 2023 via the grievance box in the dining hall. Confirmation and a copy of the received grievances was provided on April 11, 2023.

The auditor also tested the outside reporting mechanism via a letter to the John Howard Association at a prior IDOC audit. Because the mail process is the same the auditor did not complete another test. The auditor obtained an envelope and sent a letter to the John

Howard Association on January 10, 2023. The auditor obtained assistance from a resident to utilize his name and number on the return address. The letter was placed in the outgoing US mail box by the resident. While a return name and number is required, mail to JHA is to be treated as privileged and as such mailroom staff should not open the letter.

Residents are able to remain anonymous within the letter. The John Howard Association is utilized for numerous services and they are not just an organization to report sexual abuse. The auditor received confirmation on January 20, 2023 that the letter was received by the John Howard Association. A copy of the letter that was mailed was forwarded back to the auditor as well as the confirmation from John Howard Association staff that the resident can remain anonymous.

Additionally during the tour, the auditor asked staff to demonstrate how they submit a written report. Staff indicated all verbal reports would be documented in an incident report. The incident report would be sent via email to the Supervisor. Staff indicated if the Supervisor is involved they would send it to the Administrative Duty Officer. The staff illustrated that all staff have access to the incident report form on any computer and they also have paper incident report forms available to complete by hand.

The auditor was unable to test the process for emotional support services. Residents are able to contact Mutual Ground, Inc. through the payphones for a cost and via their cell phones when they are off-site. Residents can also send correspondence through the mail process. The facility did not provide information on the contact number for Mutual Ground, Inc or the mailing address. The auditor did not observe the information posted around the facility and the information contained in the Handbook was under substance abuse services. The auditor also was unable to reach Mutual Ground, Inc.

during the interim report period.

The auditor tested the third party reporting mechanism on January 22, 2023. The auditor called the PREA hotline as outlined on the agency website. The hotline is the same hotline utilized for the resident population. The auditor received confirmation from the PREA Coordinator on January 23, 2023 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.

During resident interviews the auditor utilized a staff member to translate for the LEP resident. The staff was identified as the bilingual Spanish speaking staff member for the facility. Additionally, during prior IDOC audits the auditor utilized Propio for LEP interviews. The auditor was provided the call in number and the PREA Coordinator entered the client information for access. The services require a pin number and is only accessible through staff. Propio provides over the phone interpretation for LEP residents. Additionally during a prior IDOC audit, the auditor utilized the American Sign Language video translation service. This service is set up through the Americans with Disabilities Act Coordinator via a computer.

Documentation Sampling

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

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

Yes

No

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

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

Personnel and Training Files. The facility has 24 staff assigned. The auditor reviewed a random sample of sixteen personnel and/or training files that included one individual hired within the past twelve months and one individual promoted during the previous twelve months. Additionally, the auditor reviewed the training file of the one active volunteer.

Resident Files. A total of seventeen resident files were reviewed. All seventeen resident files were of those that arrived within the previous twelve months, one was an LEP resident, two were disabled residents and two were transgender or intersex residents.

Medical and Mental Health Records. The auditor attempted to review medical and mental health documentation for two victims of sexual abuse.

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

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

Incident Reports. The auditor reviewed the two sexual abuse incident reviews and a sample of incident reports.

Investigation Files. There were two allegations reported during the previous twelve months. Both were staff-on-resident sexual abuse allegations and were referred for criminal investigation to the State Police. Both criminal investigations were still ongoing and both

administrative investigations were still ongoing.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	2	2	2	0
Total	2	2	2	2

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

94. 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	2	0	0	0	0
Total	2	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	2	0	0	0
Total	2	0	0	0

Sexual Harassment Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

2

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were zero sexual harassment allegations reported.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were two allegations reported. The auditor reviewed available documentation, however none of the investigations (administrative or criminal) were completed.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
- No

Non-certified Support Staff

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

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

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>	

115.211	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. Fox Valley Adult Transition Center Institutional Directive (ID) 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 4. Administrative Directive 01.02.103 Duty Administrative Officer, Back-up Duty Administrative Officer and Required Inspection Tours 5. Administrative Directive 04.03.104 Evaluation, Treatment and Correctional Management of Transgender Offenders 6. Administrative Directive 05.01.113 Searches of Offenders

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

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.211 (a): The PAQ indicated that the agency has a written policy mandating zero

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

115.211 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator (PC) with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. 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. To date, two Administrative Assistants IIs have been hired and one Internal Security Investigator II. The PC stated he coordinates the agency's efforts to comply with the PREA standards through the use of SharePoint and an email distribution list. He stated that he also makes site visits to each facility, holds regional and statewide meetings and trainings and he is always available via email or 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 while not required, the facility also has a PREA Compliance Manager that assists the facility with PREA Compliance.

Based on a review of the PAQ, AD 04.01.301, ID 04.01.301, 01.02.103, 04.03.104, 05.01.113, 04.01.105, 04.01.111, 05.07.101, 01.12.120, 01.12.112, 01.12.101, 01.12.115, 01.01.101, 01.02.101, 04.01.122, 03.03.102, 05.15.100, 04.01.114, 03.01.120, SOP Manual for Mental Health, Illinois Administrative Code 20.504, the PREA Manual, the agency organizational chart and information from interview with the PC, this standard appears to exceed this standard. The agency has both agency and facility level policies as well as numerous supporting policies that outline prevention, detection and response strategies. The agency level PC is extremely involved in PREA compliance at the agency level and at the facility level. He is very knowledgeable of the PREA standards and strategies in ensuring the agency prevents, detects and responds to sexual abuse. His only duty is to ensure the agency's PREA compliance and the level of reach with regard to ability to make changes in policy and practice shows the confidence of the agency in his abilities. The agency's approach to sexual safety is fluid and changes based on the needs of the residents.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Contract for Confinement of Inmates/Residents <p>Interviews:</p>

1. Interview with the Agency's Contract Administrator

Findings (By Provision):

115.212 (a): The PAQ indicated that the agency has entered into or renewed two contracts for the confinement of residents 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".

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

115.212 (c): The PAQ indicated that since August 20, 2012, the agency has not entered into one or more contracts with a private agency or other entity that failed to comply with the PREA standards. The Agency Contract Administrator confirmed that the agency has not entered into any contracts with private agencies or other entities that failed to comply with PREA standards since August 20, 2012.

Based on the review of the PAQ, the language within the contracts and information from the interview with the Agency Contract Administrator, the agency appears to exceed this standard. The agency has two contracts, both which have language that require the contractor (Safer Foundations) to comply with PREA standards. In

	<p>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.</p>
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115.213 Supervision and monitoring	
	<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. Staffing Plan 4. Deviations from the Staffing Plan (Daily Rosters) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director 2. Interview with the PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Staffing Levels 2. Video Monitoring Technology or Other Monitoring Devices <p>Findings (By Provision):</p> <p>115.213 (a): The PAQ indicated that for each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. 04.01.301 pages 4-5 addresses the agency’s staffing plan development. Specifically, it states that the Chief Administrative Officer of each correctional facility shall ensure the</p>

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 inmates against sexual abuse and sexual harassment. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: generally accepted correctional practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant including blind-spots or areas where staff or offenders may be isolated, the composition of the offender population, the number and placement of supervisory staff, institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated that the current staffing is based on of 128 residents and the average daily population over the previous twelve months was 61. The facility employs 25 staff. Staff mainly make up three shifts; 7:00am-3:00pm, 3:00pm-11:00pm and 11:00pm-7:00am. A review of the facility staffing plan indicates that each shift has at least three staff members. Additionally, the facility has staff that work during administrative hours Monday through Friday to supplement staffing levels. During the tour the auditor confirmed the facility follows the staffing plan. There were at least five staff for the building and staff were required to conduct formal and informal counts every few hours. The auditor confirmed that the staffing was adequate to protect residents from sexual abuse. The auditor did not observe overcrowding and confirmed that rooms ranged from two to six residents. The line of sight for staff was adequate on the living unit hallways. The auditor did observe that the building was older and had a lot of blind spots. Based on the population and the staffing it is adequate to protect residents, however the auditor highly recommends that the facility install the mirrors and cameras that are available as soon as possible. The interview with the Director confirmed the facility has a staffing plan and the plan is adequate to protect residents from sexual abuse. She stated they have three mandatory posts and one is required to be a female at all times. She stated they also have all equipment on hand and they are in the process of getting video monitoring installed. The Director further confirmed that the staffing plan is documented. She indicated that the required components under this provision are considered. She stated the staffing plan is developed based on the layout and the resident composition. The Director indicated that they look at the resident population that they are serving, areas that may be potential blind spots and common areas that are identified with a lot of movement/activity. The Director further confirmed that she reviews compliance with the staffing plan daily through a report as well as monthly. She stated she reviews for checks and balances to ensure it is being followed. The PC stated that community confinement facilities go through the annual staffing plan review just like the prisons. He indicated that blind spots or problematic areas are always considered and, if appropriate, or feasible, mirrors and cameras are provided. He also stated that staff make frequent rounds to ensure safety. The PC stated that the facility is the lowest security level and does not house individuals designated as predators. He confirmed that the required components under this provision are included in the development and review of the staffing plan.

115.213 (b): The PAQ indicated that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PAQ further indicated that there have been no deviation because mandatory posts are always filled through overtime. 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. A review of the daily staffing roster confirmed that it documents when and why staff are not assigned to certain areas. The auditor did not observe any deviations where staff were absent, just where staff called in sick or were off and other staff filled those position through overtime. The interview with the Director confirmed that any deviations from the staffing plan would be documented on an incident report and submitted via the chain of command.

115.213 (c): The PAQ indicated that at least once every year the facility reviews the staffing plan to see whether adjustments are needed in: the staffing plan, prevailing staffing patterns, the deployment of video monitoring systems and other monitoring technologies, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. 04.01.301, page 5 states that whenever necessary, but no less frequent than once per year, the facility, in consultation with the Agency PREA Coordinator, shall assess, determine and document whether adjustments are needed to the staffing plan established herein, the facility's deployment of video monitoring systems and other monitoring technologies, and the resources the facility has available to ensure adherence to staffing plan. The auditor requested documentation for the last two staffing plan reviews, however at the issuance of the interim report the auditor had not yet received the documentation. The PC confirmed that he is consulted regarding each facility's staffing plan.

Based on a review of the PAQ, 04.01.301, the staffing plan, annual staffing plan reviews, deviations from the staffing plan, observations from the tour and information from the interviews with the PC and the Director indicate that this standard appears to require corrective action. The auditor requested documentation for the last two staffing plan reviews, however at the issuance of the interim report the auditor had not yet received the documentation.

Corrective Action

The facility will need to provide the last two annual staffing plan reviews.

	<p>Recommendation</p> <p>The auditor highly recommends that the facility install currently available video monitoring technology and mirrors as soon as possible to supplement staffing and assist with covering blind spots.</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> <p>1. Annual Staffing Plan Reviews</p> <p>On May 15, 2023 the facility provided the two prior annual staffing plan reviews. The most recent was completed on February 3, 2023 and the prior was completed on August 20, 2021. The annual staffing plan reviews were completed by the Facility Director and the PREA Coordinator. The most recent review included information on the facility staff allocations and included check boxes to confirm that the facility has adequate resources to commit to ensure adherence to the staffing plan; that the staffing plan narrative has been reviewed and approved pursuant to 115.213(a); and that video monitoring deployment is currently being installed/upgraded.</p> <p>Based on the documentation provided this standard is compliant.</p>
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>1. Pre-Audit Questionnaire</p> <p>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention</p>

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. Personal Search Card

8. Staff Training Records

Interviews:

1. Interview with Random Staff

2. Interview with Random Residents

Site Review Observations:

1. Observations of Privacy in Housing Units and Restrooms

2. Observation of Opposite Gender Announcement

Findings (By Provision):

115.215 (a): The PAQ indicated that the facility does not conduct cross gender strip and cross gender visual body cavity searches of residents and that there have been zero searches of this kind in the previous twelve months. The PAQ stated zero searches of this kind were conducted at the facility over the past twelve months. 05.01.113, page 2 states that cross-gender strip searches shall be prohibited. A review of the Personal Searches Curriculum confirmed that page 4 discusses the prohibition under 05.01.113.

115.215 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances and the facility does not restrict female residents' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The PAQ stated there have been zero pat-down searches of female residents by male staff. The

Personal Searches Curriculum, page 4 indicates that staff are trained that only female correctional employees, who are properly trained, are authorized to conduct pat down or clothed body searches of female offenders. Interviews with sixteen residents confirmed that they have never been restricted from going somewhere or restricted from participating in anything because there was not a female to perform a search. Interviews with random staff confirmed that female inmates are not restricted access to programs and privileges in order to comply with this standard.

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

115.215 (d): The PAQ indicated that the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The PAQ further indicated that policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit. 04.01.301, page 7 indicates that offenders shall be able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except when such viewing is incidental to routine cell checks. Page 7 further notates that staff of the opposite gender, whether assigned to the unit or not, shall make the following verbal announcement upon their arrival in a housing unit "Male/Female in the housing unit". With regard to cross gender viewing, the auditor did not identify any issues. All showers were single person with a curtain and all toilets were public style with a door. The auditor observed that all strip searches are done in a bathroom at the front of the facility that is equipped with a solid door. The facility does not have any video monitoring technology and as such no issues were observed with the location of cameras. With regard to the opposite gender

announcement, the auditor heard the opposite gender announcement over the loudspeaker numerous times throughout the day. The announcement was repeated at least twice each time to ensure the residents hear it. Additionally, during the tour the announcement was verbally made prior to entering the housing hallways. All twelve random staff interviewed stated that residents have privacy when showering, using the restroom and changing clothes and all twelve indicated that staff of the opposite gender announce prior to entering resident living areas. Interviews with sixteen residents indicated they have privacy when showering, using the restroom and changing their clothes. Further all sixteen of the residents stated that staff of the opposite gender announce when they enter resident living areas.

115.215 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status and that no searches of this nature have occurred within the previous twelve months. 05.01.113, page 2 states that staff shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversation with the offender, reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with twelve random staff indicated that seven were aware of an agency policy that prohibits strip searching a transgender or intersex resident for the sole purpose of determining the residents' genital status. Interviews with two transgender residents confirmed that neither were ever strip searched for the sole purpose of determining their genital status.

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

	<p>Directives based on the gender of the facility, unless otherwise directed by the CAO. The training further states that if an offender has been confirmed and identified in Offender 360 or on their identification badge to be transgender or gender non-conforming, the offender may express preferences to be searched by a male or female staff of their gender identify rather than the gender staff above, that request will be considered and if possible, honored, if staff are available to do so. Staff are also provided training titled Rehabilitation, Safety Management and Care for Transgender People in Correctional Settings. A review of the training confirmed that staff are provided information on definitions and terminology, appropriate language, bias, gender informed professional skills including appropriate language and misgendering, statistics and policy and procedure related to transgender care. Staff are also provided a Personal Search Card that outlines the steps for offender pat-searches and offender strip searches. The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex residents. Interviews with twelve staff indicated that eleven had received training on how to conduct cross-gender pat down searches and searches of transgender and intersex residents. A review of thirteen staff training records confirmed that all thirteen had received the Personal Search training during their annual training.</p> <p>Based on a review of the PAQ, 04.01.301, 04.03.104, 05.01.113, a random sample of staff training records, observations made during the tour, as well as information from interviews with random staff and random residents indicates this standard appears to be compliant.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	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 04.01.105 Facility Orientation 4. Administrative Directive 04.01.111 ADA Accommodations 5. Administrative Directive 05.07.101 Reception and Classification Process 6. PREA Sexual Abuse and Harassment Prevention and Intervention Program

Manual (PREA Manual)

7. Video Remote Interpreting Information
8. Language Interpretation Procedure – Propio Language Services, LLC.
9. Individuals In Custody Handbook (Handbook)
10. PREA Posters

Interviews:

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

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.216 (a): The PAQ stated that the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 04.01.301, pages 7-8 state that the Department shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to offender who have limited reading skills. 04.01.111, pages 3-4 indicate that the CAO shall ensure offenders are provide with information regarding ADA disability accommodations and shall establish procedures for offender access to teletypewriter (TTY) and Video Remote Interpreting (VRS) equipment. The policy also indicates that the CAO shall find alternative notification methods for auditory announcements (tactile paging system). 05.07.101, page 2 states that all videos used during orientation shall include closed captioning subtitles and closed captioning utilizing American Sign Language which has been reviewed for accuracy of the interpretation by the Illinois Deaf and Hard of Hearing Commissioner or a qualified interpreter. The policy further states that the department shall reserve the first row of seats during orientation for offenders who are disabled. A review of PREA Posters, Handbook and distributed information confirmed that information can be provided in large font and bright colors and can be read to residents in terminology

that they understand. Additionally, pages 67-68 of the Handbook provide information on Americans with Disabilities (ADA) including requesting accommodations, telecommunication equipment and sign language information. The interview with the Agency Head confirmed that the agency has an Administrative Directive, 04.01.111 ADA Accommodations and Propio Language Service Contact that establishes procedures to provide inmates with disabilities and inmates who are limited English Proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The Agency Head stated that orientation/ educational materials are available in Spanish and that orientation is also available via video with the use of American Sign Language and Spanish translation. The interview further indicated that offenders have the ability to participate in interactive dialogue with staff if further clarification is warranted. Interviews with two disabled residents indicated both were provided information in a format that they could understand. During the tour the auditor observed PREA information posted throughout the facility. The building had numerous PREA posters including the End the Silence Poster, the No Means No Poster and the Reporting Poster. Posters were observed in English and Spanish. The Posters were printed on typical letters size paper and were located in common areas and on the third and fourth floor hallways where resident rooms are located. It should be noted during a prior IDOC audit, the auditor utilized the American Sign Language video translation service. This service is set up through the Americans with Disabilities Act Coordinator via a computer and is accessible to all IDOC facilities.

115.216 (b): The PAQ indicates that the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 04.01.301, pages 7-8 state that the Department shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to offender who have limited reading skills. 04.01.105, page 2 states that for a non-English speaking offender, reasonable efforts shall be made for the orientation to be explained to him or her in a language her or she understands. It further states that offenders shall receive written orientation material and/or translation in their own language and when a literacy problem exists, a staff member shall assist the offender in understanding the materials. The facility also has a contract with Propio Language Services, LLC. This company provides the facility a phone number that they can call that connects the staff member with a translator who can will translate information between the staff member and LEP resident. The company has interpretation services for over 600 languages. A review of PREA Posters, Handbook and distributed information confirmed that information is available in both English and Spanish and can be translated into other languages, as needed. During resident interviews the auditor utilized a staff member to translate for the LEP resident. The staff was identified as the bilingual Spanish speaking staff member for the facility. Additionally, during

prior IDOC audits the auditor utilized Propio for LEP interviews. The auditor was provided the call in number and the PREA Coordinator entered the client information for access. The services require a pin number and it is only accessible through staff. Propio provides over the phone interpretation for LEP residents across all IDOC facilities. The interview with the one LEP resident confirmed that she was provided information in a format she could understand. During the tour the auditor observed PREA information posted throughout the facility. The building had numerous PREA posters including the End the Silence Poster, the No Means No Poster and the Reporting Poster. Posters were observed in English and Spanish. The Posters were printed on typical letters size paper and were located in common areas and on the third and fourth floor hallways where resident rooms are located.

115.216 (c): The PAQ indicated that agency policy prohibits use of resident interpreters, resident readers, or other type of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first responder duties, or the investigation of the resident's allegation. The PAQ further stated the agency/facility documents the limited circumstances and that there were zero instances where a resident was utilized to interpret, read or provide other types of assistance. 04.01.301, page 9 states staff shall not rely on individuals in custody to act as interpreters when reporting or investigating allegations of sexual abuse or sexual harassment for other individuals in custody who do not speak English, or who may speak very limited English; except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the safety of the individual. Use of such interpreters shall be documented. Interviews with twelve random staff indicated that five were aware of a policy that prohibits utilizing resident interpreters, readers or other types of resident assistants for sexual abuse allegations. None of the twelve were aware of a time that another resident was utilized to assist related to a sexual abuse allegation. Interviews with two disabled residents and one LEP resident indicated that they were provided information in a format that they could understand. The one LEP resident stated the facility had utilized a staff member to translate the information for her.

Based on a review of the PAQ, PAQ, 04.01.301, 04.01.105, 04.01.111, 05.07.101, the PREA Manual, VRS/TTY information, Propio Language Services LLC information, the Handbook, PREA Posters, observations made during the tour as well as interviews with the Agency Head, random staff and residents with a disability indicates that this standard appears to require corrective action. Interviews with twelve random staff indicated that five were aware of a policy that prohibits utilizing resident interpreters, readers or other types of resident assistants for sexual abuse allegations.

Corrective Action

The facility will need to train staff on the policy on prohibiting the use of resident interpreters, readers and assistants. Additionally, the facility will need to go over the available resources for staff to utilize for LEP and disabled residents.

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 Memorandum With Signatures
2. Staff Training PowerPoint
3. Staff Training Sign-In Sheet

On September 16, 2023 the facility provided a training PowerPoint that is utilized during annual cycle training. The PowerPoint included information on the process for communication with LEP residents. The PowerPoint also included information on language identification. Further the facility provided a training memo that outlined the prohibition under provision (c) and advised that if a translator is needed that Propio Language Translation Service or the Video Remote Interpretation should be utilized. The facility provided confirmation via staff signature that they reviewed both the PowerPoint and the training memo.

Based on the documentation provided this standard is compliant.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: <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. Personnel Files of Staff

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.217 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may come in contact with residents, and shall not enlist the services of any contractor who may have contact with residents if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. 03.02.100, page 3 states that the Department shall not hire, promote or enlist the services of any employee, contractual or otherwise, who may have contact with offenders and: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution as defined in 42 U.S.C. 1997; has been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats or force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. A review of one staff member hired in the previous twelve months confirmed that the staff member had a criminal background records check completed prior to hire and also answered the questions on the DOC 0450 related to sexual abuse and sexual harassment prior to hire.

115.217 (b): The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an resident. 03.02.100, page

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

115.217 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. 01.02.107, pages 2-3 state that background investigations shall be completed on person prior to employment or prior to placement in safety sensitive position and on person who provide services for the Department. There shall be two levels of background investigations: a computer criminal history check which include a check of an individual's criminal history through the Law Enforcement Agencies Data System (LEADS) and a complete background investigation which includes a check of LEADS and nine other database queries. Policy indicates a complete background investigation is required for all applicants prior to employment, employees, contractual employees and interns. The policy also indicates that the DOC 0450 is also required for the background investigation. A review of the DOC 0589 confirms that the PREA Questionnaire for Institutional Employers is sent to all prior institutional employers and contains four questions including if the individual was involved in a substantiated sexual abuse allegation and/or a sexual harassment allegation and/or if the individual resigned during a pending investigation of sexual abuse and/or a pending investigation of sexual harassment. The PAQ indicated that one individual was hired in the past twelve months that may have contact with residents. A review of one staff member hired in the previous twelve months confirmed that the staff member had a criminal background records check completed prior to hire. The staff member did not have prior institutional employment and as such prior institutional checks were not required. 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). All contractors who have routine access to individuals in custody go through the background process.

115.217 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. The PAQ indicated that there have been zero contracts at the facility within the past twelve months. 01.02.107, pages 2-3 state that background investigations shall be completed on person prior to employment or prior to placement in safety sensitive position and on person who provide services for the Department. There shall be two levels of background investigations: a computer criminal history check which include a check of an individual's criminal history through the Law Enforcement Agencies Data System (LEADS) and a complete background investigation which includes a check of LEADS and nine other database queries. Policy indicates a complete background investigation is required for all applicants prior to employment, employees, contractual employees and interns. The policy also indicates that the DOC 0450 is also required for the background investigation. The facility does not have any contracts and as such there were zero contractors with a criminal background records check. It should be noted that the auditor conducted prior IDOC audits and reviewed over 60 staff and contractor personnel files to confirm that the agency conducts a criminal background records check. The Human Resource staff confirmed that all contractors who have routine access to individuals in custody go through the background process.

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

Department of Corrections Background Investigations Unit which is immediately notified of the arrest. The notification includes the individual's name, date of birth, and other pertinent identifying information, as well as the Agency which effected the arrest and the charge(s).

115.217 (f): A review of the DOC 0450 Prison Rape Elimination Act Pre-Employment Self-Report confirms that all staff (new applicant and promotion) are required to fill out the form which contains the following questions: have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other correctional facility, a pretrial detention facility, a juvenile facility, a facility for persons who are mentally ill or disabled or have intellectual disabilities or are chronically ill or handicapped, a facility providing skilled nursing intermediate or long-term care custodial or residential care or other institution as defined in the Civil Rights Institutionalized Persons Act (42 U.S.C. 1997)?; have you been convicted of engaging or attempting to engage in sexual activity in the community that was facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?; and have you been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and has there ever been any allegation, complaint or finding made against you regarding any incidents of sexual harassment? A review of one staff member hired in the previous twelve months confirmed that the staff answered the questions on the DOC 0450 related to sexual abuse and sexual harassment prior to hire. Additionally, there was one staff member promoted in the previous twelve months and documentation confirmed that the staff member completed the DOC 0450 prior to promotion. 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.

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

	<p>115.217 (h): The interview with the Human Resource staff indicated that IDOC routinely provides this information upon request with a signed release of information.</p> <p>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 indicates that this standard appears to be compliant.</p>
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115.218	Upgrades to facilities and technology
	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 Director <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Absence of Modification to the Physical Plant 2. Observations of Absence of Video Monitoring Technology <p>Findings (By Provision):</p> <p>115.218 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA audit. The interview with the Agency Head indicated that the agency has a zero tolerance and that PREA is taken seriously. He stated that they take safety into consideration when planning or making any substantial modifications. The Agency</p>

	<p>Head indicated they utilize a multi-facet approach to ensure that everyone at the table is able to discuss any issues or items related to building and modification. He further stated they the agency looks at housing for vulnerable populations to ensure safety. The interview with the Director confirmed there were no substantial expansions or modifications to the existing facility since the last PREA audit. During the tour the auditor confirmed there were no expansions or modifications.</p> <p>115.218 (b): The PAQ indicated that the agency/facility has not installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. 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 residents from sexual abuse. He stated that the agency has increased their video monitoring technology and has updated older technology. He indicated that video monitoring is utilized to review and investigate and also to assist with monitoring. He further stated that they review video after an allegation but they also use video monitoring in a proactive approach. The Director confirmed that when installing or updating video monitoring technology they consider how that technology will protect residents from sexual abuse. She stated they have a plan for camera installation at the facility and that they have the cameras they are just waiting for the installation. She indicated the camera installation plan was developed based on the population, areas that may be blind spots and areas that are common space and have a lot of activity. During the tour the auditor observed that there were zero cameras currently installed at the facility. The facility did have a plethora of cameras available, however they were waiting for installation</p> <p>Based on a review of the PAQ, observations made during the tour and information from interviews with the Agency Head and Warden indicates that this standard appears to be compliant.</p>
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115.221	Evidence protocol and forensic medical examinations
	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 01.12.120 Investigations of Unusual Incidents
4. Administrative Directive 01.12.112 Preservation of Physical Evidence
5. Memorandum of Understanding with Mutual Ground, Inc.
6. Memorandum of Understanding with the Illinois State Police
7. Correspondence with the Illinois State Police

Interviews:

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

Findings (By Provision):

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

115.221 (b): The PAQ indicated that the evidence protocol is not developmentally appropriate for youth as the agency does not house youthful residents. It further stated that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents". Further clarification with the PCM indicated that it was not developed for youth as they do not house youth, however it was developed based on the most recent edition of the DOJ's publication. 01.12.112 indicates that prior to evidence collection the scene shall be secured; evidence shall be collected subsequent of searches, sketches and photographs; evidence shall be handled as little as possible and evidence shall be marked and tagged. The memo from the Chief of Investigations and Intelligence also indicated that all Sexual Assault Evidence Kits will be completed by an outside hospital or outside hospital emergency room with trained medical staff and the hospital completing the kit will be responsible for submitting the kit to the Illinois State Police Division of Forensic Services.

115.221 (c): The PAQ indicated that the facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside medical facility. The PAQ stated that forensic medical examinations are offered without financial cost to the victim. It further indicated forensic medical examinations are conducted by SAFE or SANE, and when SAFE or SANE are not available examinations are conducted by a qualified medical practitioner. The PAQ confirmed that state statute (Illinois Compiled Statutes ILCS) requires forensic medical examination to be performed by SANE/SAFE. 04.01.301, page 9 states 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 were zero forensic medical examination conducted by a SANE/SAFE. The auditor contacted Amita Health Mercy Medical Center related to forensic medical examinations. Hospital staff indicated that the hospital does conduct forensic medical examinations via SAFE/SANE. The staff stated that anyone brought into the hospital would be provided the same services as it relates to forensic medical examinations. The auditor also contacted Northwestern Medicine Delnor Hospital related to forensic medical examinations. The staff confirmed that the hospital provides forensic medical examinations though a 24 hour SAFE/SANE on-call program. A review of investigations over the previous twelve months indicated there were zero residents transported to the local hospital for a forensic medical examination and zero allegations that required a forensic medical examination.

115.221 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center and the efforts are documented. The PAQ further indicated that if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member, however a rape crisis center advocate is always provided. 04.01.301, page 5 states that the PCM shall identify community agencies, including advocacy and crisis organizations, where reports can be made or that provide assistance or support services to staff or offenders in the prevention or intervention of sexual abuse and harassment. Page 8 further states that all response efforts, including efforts to secure advocacy services from a rape crisis center, shall be documented. The facility has a Memorandum of Understanding with Mutual Ground, Inc., which was signed on August 24, 2021. The MOU states the purpose and scope of the MOU is to establish a joint effort between IDOC and Mutual Ground Inc. to make available to inmates access to an outside entity to provide emotional support services related to sexual abuse, including crisis intervention and sexual assault counseling. The MOU further states that it is understood that face-to-face emotional support will be provided in as confidential a manner as possible or emotional support would be provided through confidential, unmonitored, unrecorded phone calls and shall comply with 735 ILCS 5/8-802.1 "Confidentiality of Statements Made to Rape Crisis Personnel". The interview with the PC indicated that if requested by the victim, a victim advocate, qualified agency staff member or qualified community based organization staff member accompanies and provides emotional support, crisis intervention, information and referrals during forensic medical examinations and investigatory interviews. He further stated that all forensic medical examinations are conducted at hospitals with SAFE/SANE and that the hospitals have MOUs in place to ensure a victim advocate is available. Additionally, he indicated that IDOC facilities have MOUs with rape crisis centers to ensure advocates are available and that contact information to these organizations is provided in facility handbooks as well as multiple posting throughout facilities. There were two residents who alleged sexual abuse during the previous twelve months, neither of which had documentation related to victim advocates.

115.221 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. 04.01.301, page 5 states that the PCM shall identify community agencies, including advocacy and crisis organizations, where reports can be made or that provide assistance or support services to staff or offenders in the prevention or intervention of sexual abuse and harassment. Page 8 further states that all response efforts, including efforts to secure advocacy services from a rape crisis center, shall be documented. The facility has a Memorandum of Understanding with Mutual Ground, Inc., which was signed on August 24, 2021. The MOU states IDOC will follow the Sexual Assault Survivors Emergency Treatment Act (SASETA) when a forensic medical examination is determined by IDOC to be medically and evidentiarily appropriate in accordance with 115.21, and the

examination will be provided at no cost to the inmate. 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 inmate 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 inmate 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 inmate how to contact the rape crisis center so that the inmate can independently decide whether to avail himself or herself of additional rape crisis services. The interview with the PC indicated that if requested by the victim, a victim advocate, qualified agency staff member or qualified community based organization staff member accompanies and provides emotional support, crisis intervention, information and referrals during forensic medical examinations and investigatory interviews. He further stated that all forensic medical examinations are conducted at hospitals with SAFE/SANE and that the hospitals have MOUs in place to ensure a victim advocate is available. Additionally, he indicated that IDOC facilities have MOUs with rape crisis centers to ensure advocates are available and that contact information to these organizations is provided in facility handbooks as well as multiple posting throughout facilities. He confirmed that all rape crisis centers comply with requirements set forth by the Illinois Coalition Against Sexual Assault. There were two residents who alleged sexual abuse during the previous twelve months, neither of which had documentation related to victim advocates.

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

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

115.221 (h): The facility has an MOU with Mutual Ground, Inc. which is the local rape crisis center with trained/certified victim advocates. All service are provided through the local hospitals and/or through Mutual Ground, Inc.

Based on a review of the PAQ, 04.01.301, 01.12.120, 01.12.112, the MOU Mutual Ground, Inc., the MOU with the Illinois State Police, the correspondence with the Illinois State Police and information from interviews with random staff and the PREA Coordinator indicates that this standard appears to require corrective action. There were two residents who alleged sexual abuse during the previous twelve months, neither of which had documentation related to victim advocates.

Corrective Action

The facility will need to ensure that all residents who report sexual abuse are provided access to a victim advocate. This access should be documented. The facility will need to determine the process to document the access and provide it to the auditor. All applicable staff should be trained on this process and training records will need to be provided to the auditor. Additionally, if any sexual abuse allegations are reported during the corrective action period, examples 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 Memorandum with Signatures
2. Updated Individual In Custody Orientation Manual
3. Memorandum Related to Zero Sexual Abuse Allegations During Corrective Action Period

On September 13, 2023 the facility provided a training memorandum that outlined the evidence protocol and forensic medical examinations. The memo advised that the facility has an MOU with Mutual Ground to provide victim advocacy services. The memo states that per state law the treatment hospital will provide a victim advocate for emotional support during any forensic medical examinations. The memo further states that IDOC will inform the resident how to contact the rape crisis center and that if they wish to pursue the services, access may be provided

	<p>through in-person meetings in as confidential manner as possible or by unmonitored and unrecorded telephone calls. The facility provided confirmation via staff signature that they were provided training on the process via the memorandum.</p> <p>The facility provided a memo that advised there were zero sexual abuse or sexual harassment allegations reported during the corrective action period and as such no examples were able to be provided.</p> <p>Based on the documentation provided this standard has been corrected through training.</p>
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115.222	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. Incident Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.222 (a): The PAQ indicated that the agency ensures an administrative or</p>

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 two allegations reported within the previous twelve month. One allegation was referred for an administrative investigation and one was referred for a criminal investigation. One of the investigations was still on-going at the time of the PAQ submission. A review of documentation indicated there two allegations reported during the previous twelve months, both of which were referred to ISP and currently had an open criminal and administrative 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. He stated the agency has a policy/manual and that all allegation are investigated. He indicated that when an allegation is reported though any of the available channels it is reported to the PCM who then reports it to intel staff. Intel staff complete an investigation and if deemed substantiated it is forwarded for criminal charges. The Agency Head stated that the agency takes all allegations seriously and they prosecute to the fullest extent.

115.222 (b): The PAQ indicated that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The PAQ further stated that the policy is published on the agency's website and all referrals for criminal investigations are documented. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. The initial investigative report shall be provided to the Chief Administrative Officer within 24 hours of the onset of the investigation. Policy further states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. Additionally, the MOU with the Illinois State Police (signed in 2019) indicates that they conduct investigations related to sexual assault involving staff on staff or staff on resident. A review of the agency website indicates that it states that IDOC investigates all allegations of offender on offender sexual abuse and staff sexual misconduct. It further states that investigations are initiated by the Investigations Unit at IDOC Headquarters. The interview with the investigator confirmed that all allegations are

referred to an investigative agency with the authority to conduct criminal investigations. A review of documentation indicated there were two allegations reported during the previous twelve months, both of which were referred to ISP and currently had an open ISP investigation.

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

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

115.222 (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 indicate that this standard appears to be compliant.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire

2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 03.03.102 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. Sample of Staff Training Records

Interviews:

1. Interview with Random Staff

Findings (By Provision):

115.231 (a): The PAQ indicated that the agency trains all employees who may have contact with residents on the requirements under this provision. 04.01.301, pages 3-4 state that the PC shall develop or approve standardized modules for training staff. Training shall include, but may not be limited to: the Department's zero tolerance policy; the Department's Sexual Abuse and Harassment Prevention and Intervention Policy; an offender's right to be free from sexual abuse and harassment and to be free from retaliation for reporting sexual abuse and harassment; common signs of sexually abusive or harassing behavior; common signs of being a victim of sexual abuse or harassment; protocol for initial response, including identification and separation of offenders; reporting procedures and preservation of physical evidence of sexual abuse. 03.03.102, page 1 states that the Department shall ensure all new employees receive orientation and pre-service training and all employees receive in-service training on a fiscal year basis. A review of the PREA Pre-Service Orientation Training Curriculum and the PREA -Individual in Custody Sexual Assault Prevention and Intervention Curriculum confirm that both trainings includes information on: the agency's zero-tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the residents' right to be free from sexual abuse and sexual

harassment, the right of the resident to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse how to avoid inappropriate relationship with residents and how to comply with relevant laws related to mandatory reporting. With regard to how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex residents, staff are required to complete the Transgender and Non-Binary Individuals in Custody Setting – A Guide to Rehabilitation, Safety Management and Care video. A review of thirteen staff training records indicated that 100% had received PREA training. Interviews with twelve random staff confirmed that all twelve had received PREA training and the training included the required elements under this provision.

115.231 (b): The PAQ indicated that training is tailored to the gender of resident at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. 03.03.102, page 4 states that all employees employed at a women's facility shall receive an additional 40 hours of gender responsive and trauma informed training onsite upon hire. Each employee shall then be provided a gender responsive and trauma informed refresher each subsequent year of employment. A review of the Supervising Individuals in Custody in the IDOC Women's Division training curriculum confirms the training includes 83 slides related to trauma informed practices, gender specific programs and services, different level of value of communication for women and health boundaries and professional distance. Additionally, the agency has the Gender Responsibility and Supervising the Female Offender training. A review of training records confirmed that all thirteen staff received the training related to female offenders during the annual training.

115.231 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment and that staff are provided training annually. 03.03.102, page 4 states that employees shall receive an additional 40 hours of training each subsequent year of employment. 01.01.101, page 7 states that the Policy and Directives Unit shall provide monthly notice of, and make available via the Department Intranet any new or revised directives, rescission notices, or provide a notice of no change. Additionally, 01.02.101 states that administrative and supervisory staff meeting shall be held at least once a month to ensure that lines of two-way communication are established between all levels of supervision and that the meeting will be used for discussing policy and program changes and topics which are of general interest to the group. A review of thirteen staff training records indicated that eleven had PREA training the previous two years. Two records were not provided at the issuance of the interim report.

115.231 (d): The PAQ indicated that the agency documents that employees who may have contact with residents understand the training they have received through employee signatures or electronic verification. 03.03.102, page 6 states that certificates or other verification of training received shall be provided to the Training Coordinator. The certificates or verification of training shall include all information required on the DOC 0200. Additionally, all newly hired staff are required to complete the Acknowledgement of Participation which indicates that the staff has read and understood 04.01.301. A review of a sample of thirteen staff training records indicated that all thirteen had completed training and signed the cycle training schedule which states "I have complete the above training, including reading and understanding the above AD's and Departmental Rules".

Based on a review of the PAQ, PAQ, 04.01.301, 03.03.102, 01.01.101, 01.02.101, PREA Pre-Service Orientation Training Curriculum, PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum, Transgender and Non-Binary Individuals in Custody Setting - A Guide to Rehabilitation, Safety Management and Care training, Supervising Individuals in Custody in the IDOC Women's Division, a review of a sample of staff training records and information from interviews with random staff indicate that this standard appears to require corrective action. A review of thirteen staff training records indicated that eleven had PREA training the previous two years. Two records were not provided at the issuance of the interim report.

Corrective Action

The facility will need to provide the two requested staff training records.

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 Records

	<p>On May 15, 2023 the facility provided the two requested staff training documents. Both staff were documented with PREA training on June 26, 2021, confirming both were provided PREA training at least every two years.</p> <p>Based on the documentation provided, this standard is compliant.</p>
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115.232	Volunteer and contractor training
	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 04.01.122 Volunteer Services 4. Administrative Directive 03.03.102 Employee Training 5. Volunteer Services Handbook 6. PREA Pre-Service Orientation Training Curriculum 7. PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum 8. Volunteer Training Records <p>Findings (By Provision):</p> <p>115.232 (a): The PAQ indicated that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. 04.01.301, pages 3-4 state that the PC shall develop or approve standardized modules for training staff. Training shall include, but may not be limited to: the Department's zero tolerance policy; the Department's Sexual Abuse and Harassment Prevention and Intervention Policy; an offender's right to be free from sexual abuse and harassment and to be free from retaliation for reporting</p>

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 one volunteer and contractor had received PREA training. A review of the PREA Pre-Service Orientation Training Curriculum and the PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum confirms that the trainings discuss responsibilities under the agency's sexual abuse and sexual harassment policy. A review of the Volunteer Handbook confirms that page 19 includes information on the zero tolerance, how to report and red flags. A review of the one volunteer training record confirmed that she had completed PREA training. The auditor attempted to coordinate a phone interview with the volunteer, however at the issuance of the interim report it had not yet been completed.

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

sexual abuse and sexual harassment policy. A review of the Volunteer Services Handbook confirms that page 19 includes information on the zero tolerance, how to report and red flags. A review of the one volunteer training record confirmed that she had completed PREA training. The auditor attempted to coordinate a phone interview with the volunteer, however at the issuance of the interim report it had not yet been completed.

115.232 (c): The PAQ indicated that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. 03.03.102, page 6 states that certificates or other verification of training received shall be provided to the Training Coordinator. The certificates or verification of training shall include all information required on the DOC 0200. Additionally, all newly hired staff are required to complete the Acknowledgement of Participation which indicates that the staff has read and understood 04.01.301. Additionally, 04.01.122, page 3 states that individual volunteer files shall include training documentation including documented orientation and any additional training. Training documentation shall be signed and dated by the volunteer along with the Volunteer Coordinator. A review of the one volunteer training record confirmed that she had completed PREA training and signed the Volunteer Services Orientation form.

Based on a review of the PAQ, 04.01.301, 04.01.122, 03.03.102, the Volunteer Services Handbook, PREA Pre-Service Orientation Training Curriculum, the PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum and the volunteer training record indicates that this standard appears to be compliant.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 1563 564 1597">Auditor Discussion</p> <p data-bbox="280 1637 451 1671">Documents:</p> <ol data-bbox="280 1711 1449 2040" style="list-style-type: none"> <li data-bbox="280 1711 687 1744">1. Pre-Audit Questionnaire <li data-bbox="280 1785 1449 1861">2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <li data-bbox="280 1901 1118 1935">3. Administrative Directive 04.01.105 Facility Orientation <li data-bbox="280 1975 1262 2040">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 Handbook (Handbook)
9. PREA Posters
10. Resident Education Records

Interviews:

1. Interview with Intake Staff
2. Interview with Random Residents

Site Review Observations:

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

Findings (By Provision):

115.233 (a): The PAQ stated that during the intake process, residents shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. 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 136 residents received PREA information at intake during the previous twelve months. A review of the Handbook confirms that residents are provided information about the zero-tolerance policy, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such incidents, examples of sexual abuse and sexual

harassment, how to prevent sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment. A review of seventeen resident files indicated all seventeen received PREA education. The auditor observed the intake process through a demonstration. Residents are provided a Handbook in English or Spanish. The Handbook contained information on the zero tolerance policy, definitions and examples of sexual abuse and sexual harassment, way to prevent sexual abuse, what to do if sexually abused and reporting mechanisms. The counselor then meets with the resident the day after arrival and asks if they have any PREA issues and tells them how to report. The staff tells the residents there is no consensual sex and then goes over examples of sexual abuse and sexual harassment. On the seventh day, the counselor goes over PREA more in-depth. The counselor discusses zero tolerance, that all allegations are investigated, that they can report through the hotline and any other method that is identified on the posters around the facility and that there is no consensual sex. All information is provided in a private office setting. The interview with the intake staff confirmed that residents receive information on the agency's sexual abuse and sexual harassment policies during intake, including zero tolerance, their rights under PREA and how to report. The staff stated that information is provided through the Handbook and it is discussed during orientation. The staff stated residents are provided a Handbook and residents are instructed to read over all the information in the Handbook. The staff further stated that they go over the information in the Handbook as well as all the information that is posted. The Handbook is provided to residents on the first day of arrival and orientation is completed within seven days. Interviews with sixteen residents that arrived over the previous twelve months indicated thirteen were provided information about the agency's zero tolerance policy, their rights under PREA, how to report and the facility's response to an allegation of sexual abuse or sexual harassment, via video either upon arrival or within the first week at orientation. It should be noted that all residents entering the facility are being transferred from another IDOC facility where they were provided PREA education upon intake and comprehensive PREA education within 30 days. This education includes the PREA What You Need to Know Video and information in the Handbook.

115.233 (b): The PAQ indicated that the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in provision (a). The PAQ further stated that there were zero residents transferred from another community confinement facility who was provided the refresher information over 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 confirms

that residents are provided information about the zero-tolerance policy, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such incidents, examples of sexual abuse and sexual harassment, how to prevent sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment. The interview with the intake staff confirmed that residents receive information on the agency's sexual abuse and sexual harassment policies during intake, including zero tolerance, their rights under PREA and how to report. The staff stated that information is provided through the Handbook and it is discussed during orientation. The staff stated residents are provided a Handbook and residents are instructed to read over all the information in the Handbook. The staff further stated that they go over the information in the Handbook as well as all the information that is posted. The Handbook is provided to residents on the first day of arrival and orientation is completed within seven days. The intake staff member stated that all residents are provided this information. Interviews with sixteen residents that arrived over the previous twelve months indicated thirteen were provided information about the agency's zero tolerance policy, their rights under PREA, how to report and the facility's response to an allegation of sexual abuse or sexual harassment, via video either upon arrival or within the first week at orientation.

115.233 (c): The PAQ indicated that resident PREA education is available in formats accessible to all s, including those who are disabled or limited English proficient. 04.01.301, pages 7-8 state that the Department shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to offender who have limited reading skills. 04.01.111, pages 3-4 indicate that the CAO shall ensure offenders are provide with information regarding ADA disability accommodations and shall establish procedures for offender access to teletypewriter (TTY) and Video Remote Interpreting (VRS) equipment. The policy also indicates that the CAO shall find alternative notification methods for auditory announcements (tactile paging system). 05.07.101, page 2 states that all videos used during orientation shall include closed captioning subtitles and closed captioning utilizing American Sign Language which has been reviewed for accuracy of the interpretation by the Illinois Deaf and Hard of Hearing Commissioner or a qualified interpreter. The policy further states that he department shall reserve the first row of seats during orientation for offenders who are disabled. 04.01.105, page 2 states that for a non-English speaking offender, reasonable efforts shall be made for the orientation to be explained to him or her in a language her or she understands. It further states that offenders shall receive written orientation material and/or translation in their own language and when a literacy problem exists, a staff member shall assist the offender in understanding the materials. The facility also has a contract with Propio Language Services, LLC. This company provides the facility a phone number that they can call that connects the staff member with a translator who can will translate information between the staff member and LEP resident. The company has interpretation services for over 600 languages. A review of PREA Posters, the

Handbook and distributed information confirmed that information can be provided in large font, bright colors, can be read to residents in terminology that they understand and is available in Spanish. Additionally, pages 67-68 of the Handbook provide information on Americans with Disabilities (ADA) including requesting accommodations, telecommunication equipment and sign language information. A review of two disabled resident files and one LEP resident file indicated that all three had signed that they received and understood the PREA education. It should be noted the one LEP resident had signed an English acknowledgment form, however she did advise during interview that the staff member had translated information for her during orientation.

115.233 (d): The PAQ indicated that the agency maintains documentation of resident 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 seventeen resident files indicated that all seventeen were documented with PREA education.

115.233 (e): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks or other written formats. 04.01.301, page 7 states that the offender handbook shall include an explanation of reporting procedures and programs and services available to victims or predators of sexual abuse and harassment. A review of the Handbook and PREA Posters confirmed information is accessible to residents through these avenues. During the tour the auditor observed PREA information posted throughout the facility. The building had numerous PREA posters including the End the Silence Poster, the No Means No Poster and the Reporting Poster. Posters were observed in English and Spanish. The Posters were printed on typical letters size paper and were located in common areas and on the third and fourth floor hallways where resident rooms are located. The Posters included information on reporting mechanisms and the zero tolerance policy. Reporting mechanisms on the Posters included: to any staff person, via the PREA Hotline, through a note, request slip or grievance, by writing to the PREA Coordinator or by sending privileged mail to the John Howard Association.

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

115.234	Specialized training: Investigations
	<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 01.12.115 Institutional Investigative Assignments 4. Prison Rape Elimination Act (PREA) for Investigators Training Curriculum 5. Investigator Training Records 6. Incident Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.234 (a): The PAQ indicates that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. 01.12.115, page 2 states that the CAO shall ensure that each individual appointed as an investigator be registered for the next available investigator training program within ten days of temporary or permanent assignment as an investigator. Training topics include but are not limited to: investigative techniques, including interviewing sexual abuse victims; crime scene preservation; collection and preservation of evidence, including sexual abuse evidence collection in a confinement setting; proper use of Miranda and Garrity warnings; criteria and evidence required to substantiate a case for administrative action or prosecution referral; and investigative reporting. The agency utilizes their own training for this standard; PREA for Investigators. A review of documentation indicated that the facility utilizes external agency investigators, as there are no facility investigators. The interview with the investigator confirmed he received specialized training regarding conducting sexual abuse and sexual harassment investigations in a confinement setting. He stated the training was the 40 hour institutional investigator training.</p>

115.234 (b): 01.12.115, page 2 states that the CAO shall ensure that each individual appointed as an investigator be registered for the next available investigator training program within ten days of temporary or permanent assignment as an investigator. Training topics include but are not limited to: investigative techniques, including interviewing sexual abuse victims; crime scene preservation; collection and preservation of evidence, including sexual abuse evidence collection in a confinement setting; proper use of Miranda and Garrity warnings; criteria and evidence required to substantiate a case for administrative action or prosecution referral; and investigative reporting. The agency utilizes their own training for this standard; PREA for Investigators. A review of the training curriculum confirmed slides 67-118 include the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. A review of documentation indicated that the facility utilizes external agency investigators, as there are no facility investigators. The interview with the investigator 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.

115.234 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that 23 investigators have completed the specialized training. A review of documentation indicated that the facility utilizes agency investigators and all 23 had the specialized investigator training. The two sexual abuse allegations reported during the previous twelve months were currently being investigated by ISP, rather than agency investigators.

115.234 (d): The auditor is not required to audit this provision.

Based on a review of the PAQ, 04.01.301, 01.12.115, PREA for Investigators Training Curriculum, a review of investigator training records, incident reports, as well as the interviews with the investigators, indicate that this standard appears to be compliant.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 03.03.102 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

Findings (By Provision):

115.235 (a): The PAQ indicated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. 04.01.301, page 4 states that PC shall develop or approve specialized training modules for all full and part-time medical and mental health care practitioners who 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 and the Wexford Health Overview of the 2003 Prison Rape Elimination Act (PREA) and Implementation. A review of the training curriculums confirmed that they include the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has zero medical and mental health staff and that residents are transported to the local hospital for all services. The facility does not employ medical or mental health care staff. All services are provided in the community and as such no training is required. No files were reviewed and no interviews were conducted.

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

	<p>facility does not employ medical or mental health staff and as such no interviews were conducted.</p> <p>115.235 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. The facility does not employ medical or mental health care staff. All services are provided in the community and as such no training is required.</p> <p>115.235 (d): 04.01.301, pages 3-4 state that the PC shall develop or approve standardized modules for training staff. Training shall include, but may not be limited to: the Department’s zero tolerance policy; the Department’s Sexual Abuse and Harassment Prevention and Intervention Policy; an offender’s right to be free from sexual abuse and harassment and to be free from retaliation for reporting sexual abuse and harassment; common signs of sexually abusive or harassing behavior; common signs of being a victim of sexual abuse or harassment; protocol for initial response, including identification and separation of offenders; reporting procedures and preservation of physical evidence of sexual abuse. 03.03.102, page 1 states that the Department shall ensure all new employees receive orientation and pre-service training and all employees receive in-service training on a fiscal year basis. A review of the PREA Pre-Service Orientation Training Curriculum and the PREA –Individual in Custody Sexual Assault Prevention and Intervention Curriculum confirm that both trainings includes information on responsibilities in prevention, detection and response as well as the zero tolerance policy and how to report allegations of sexual abuse. The facility does not employ medical or mental health care staff. All services are provided in the community and as such no training is required.</p> <p>Based on a review of the PAQ, 04.01.301, 03.03.102, Prison Rape Elimination Act: What Healthcare and Mental Health Providers Need to Know training curriculum and the Wexford Health Overview of the 2003 Prison Rape Elimination Act (PREA) and Implementation training curriculum indicate that this standard appears to be compliant.</p>
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115.241	Screening for risk of victimization and abusiveness
	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 Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)
4. Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494)
5. Assessment and Reassessment Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Residents
3. Interview with the PREA Coordinator

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Resident Files are Located

Findings (By Provision):

115.241 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. 04.01.301, page 6 states that staff shall make a reasonable effort to ensure the screening and assessment is conducted in consideration of sound confidentiality and sensitivity to the offender. Screening and assessment shall be documented on the Screening for Potential Sexual Victimization or Sexual Abuse, DOC 0494, or an electronic equivalent and shall occur ordinarily within 24 hours of admission or transfer to any facility by staff designated by the Chief Administrative Officer who shall screen each offender for sexually abusive behavior or victimization. Policy further states that the ordinarily within 72 hours of admission or transfer to any facility clinical services staff review the pre-sentence report, statement of facts and other materials in the master file for sexually abusive behavior and victimization. Policy indicates that concerns shall be forwarded to the PCM and mental health professionals will also inquire whether the offender has been a victim of sexual abuse in the past. The auditor was provided a demonstration of the initial risk assessment. The initial risk

assessment is completed in a private office setting. Staff complete the initial risk screening on paper and then enter the responses into Offender 360 in the electronic risk screening. Staff ask all questions on the paper form and they also review Offender 360 related to demographics and information such as criminal history. The paper files are then placed in the residents folder in the counselor's office. The electronic database computes the applicable score based on the entered responses. The interview with the staff responsible for the risk screening confirmed that residents are screened for their risk of victimization and abusiveness upon intake. Interviews with fifteen residents that arrived within the previous twelve months indicated ten were asked questions related to risk of victimization and abusiveness.

115.241 (b): The PAQ indicated that the policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. 04.01.301, page 6 states that staff shall make a reasonable effort to ensure the screening and assessment is conducted in consideration of sound confidentiality and sensitivity to the offender. Screening and assessment shall be documented on the Screening for Potential Sexual Victimization or Sexual Abuse, DOC 0494, or an electronic equivalent and shall occur ordinarily within 24 hours of admission or transfer to any facility by staff designated by the Chief Administrative Officer who shall screen each offender for sexually abusive behavior or victimization. Policy further states that the ordinarily within 72 hours of admission or transfer to any facility clinical services staff review the pre-sentence report, statement of facts and other materials in the master file for sexually abusive behavior and victimization. Policy indicates that concerns shall be forwarded to the PCM and mental health professionals will also inquire whether the offender has been a victim of sexual abuse in the past. The PAQ indicated that 136 residents were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received a risk screening within 72 hours. A review of seventeen resident files of those that arrived within the previous twelve months indicated that all seventeen had an initial risk screening within the 72 hour timeframe. The interview with the staff responsible for the risk screening confirmed that residents are screened for their risk of victimization and abusiveness within 72 hours. Interviews with fifteen residents that arrived within the previous twelve months indicate that ten were asked the questions related to risk of victimization and abusiveness upon arrival at the facility.

115.241 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of the Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494) indicates that residents are asked about identified or perceived sexual orientation, gender identity and history or sexual victimization. Additionally, the Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494) indicates that general information such as age, height, weight, number of incarcerations, non-violent or violent criminal history, disabilities, education level, socioeconomic status, immigrant status/language, history or sexual

abusive behavior, criminal history of sexual abuse in the community, history of domestic violence, security threat group affiliation and history or institutional assaultive/violent behavior are factored into the risk screening assessment tool. Each question has appropriate responses that correspond to a number. The numbers are added up at the end of the victimization section and predatory section and the total number determines where the resident falls on the continuum. The continuum ranges from not likely, likely, moderately likely to highly likely for both vulnerable and predatory. The residents who fall in the highly likely or moderately likely range are then reviewed for the official vulnerable or predatory designation. The DOC 0949 also states that the evaluator may refer an individual in custody on the continuum, but if the individual falls into the likely or not likely range, a rationale for the referral should be documented.

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

115.241 (e): A review of the Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494) indicates information including, history or sexual abusive behavior, criminal history of sexual abuse in the community, history of domestic violence, security threat group affiliation and history or institutional assaultive/violent behavior are factored into the risk screening assessment tool. Each question has appropriate responses that correspond to a number. The numbers are added up at the end of the predatory section and the total number determines where the resident falls on the continuum. The continuum ranges from not likely, likely,

moderately likely to highly likely for predatory. The residents who fall in the highly likely or moderately likely range are then reviewed for the official predatory designation. The staff responsible for the risk screening stated that the initial risk screening is completed via a file review and asking residents questions. The staff indicated the risk screening considers history of victimization and all the elements on the form. The staff stated residents are informed the information is confidential and each question on the DOC 0494 is asked. The staff indicated the information is then confirmed through a file review and any discrepancies are followed up with the resident. The auditor reviewed the DOC 0494 and confirmed all elements under this standards are on the form and are asked by the staff.

115.241 (f): The PAQ did not indicate that the policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. However, communication with the Director indicated this should have been marked yes and that they do reassess each resident's risk level. 04.01.301, page 6 states that within 30 days of admission or transfer to the facility, each offender, including any offender returned to Reception and Classification as a parole or mandatory supervised release violator, shall be screened again for sexually abusive behavior or victimization and potentially predator or vulnerable offender identification based upon any additional, relevant information received by the facility since the intake screening. The PAQ indicated that 125 residents were reassessed within 30 days, which is equivalent to 100% of the residents who arrived and stayed longer than 30 days. During the tour the staff illustrated that resident reassessments are completed in the same manner as initial risk assessments. All questions are asked and the initial risk screening response are compared to the reassessment responses. Information is then again entered into Offender 360. The interview with the staff responsible for the risk screening indicated that residents are reassessed within 30 days of arrival. Interviews with fifteen residents that arrived within the previous twelve months indicated that three have been asked questions related to their risk of victimization and abusiveness more than once. They stated they were asked a couple weeks to a month after arrival. A review of seventeen resident files of those that arrived in the previous twelve months indicated that they had a reassessment completed within 30 days. The remaining seven had arrived within the previous 30 days and the reassessment was not yet due.

115.241 (g): The PAQ indicated that the policy requires that an resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. 04.01.301, page 6 states screening and assessment shall occur when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual

victimization or abusiveness. The interview with staff responsible for the risk screening confirmed that residents are reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. Interviews with fifteen residents that arrived within the previous twelve months indicated that three have been asked questions related to their risk of victimization and abusiveness more than once. They stated they were asked a couple weeks to a month after arrival. A review of seventeen resident files of those that arrived in the previous twelve months indicated that they had a reassessment completed within 30 days. The remaining seven had arrived within the previous 30 days and the reassessment was not yet due. There were zero sexual abuse investigations completed during the previous twelve months and as such no reassessments due to incident of sexual abuse were completed.

115.241 (h): The PAQ indicated that policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the resident has previously experienced sexual victimization; and (d) the residents' own perception of vulnerability. 04.01.301, page 7 states individuals in custody shall not be disciplined for refusing to answer, or not disclosing complete information in response to questions asked during the screening for potential sexual victimization or sexual abuse. The interview with the staff responsible for risk screening confirmed that residents are not disciplined for refusing to respond or not disclose information related to the risk screening.

115.241 (i): 04.01.301, page 6 states that staff shall make a reasonable effort to ensure the screening and assessment is conducted with consideration of sound confidentiality and sensitivity to the offender. The interview with the PREA Coordinator indicated that the agency has outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. The staff responsible for risk screening confirmed that the agency has outlined who should have access to the risk screening information so that it is not exploited. The staff indicated the counselors have access and that it is documented in 360, but only the score is documented and whether the individual was offered a mental health follow-up. Resident risk assessments are electronic and paper. Investigative files are electronic and paper and are maintained by Internal Affairs. The facility does not maintain medical and mental health files. Paper risk assessments are maintained in the residents record in a locked office. Electronic risk assessments are completed and located in the 360 program. During the tour the auditor had a security staff member illustrate how to access 360 and the resident's risk assessment. The security staff member was able to pull up the risk assessment and see the responses.

Based on a review of the PAQ, 04.01.301, the PREA Manual, DOC 0494, resident risk assessments and the information from interviews with the PREA Coordinator, staff responsible for conducting the risk screenings and random residents indicate that this standard is compliant. Electronic risk assessments are completed and located in the 360 program. During the tour the auditor had a security staff member illustrate how to access 360 and the resident's risk assessment. The security staff member was able to pull up the risk assessment and see the responses.

Corrective Action

The agency will need to modify access to the risk screening information so that responses are only available to staff with a need to know. Confirmation of the update will need to be provided to the auditor.

Recommendation

The auditor highly recommends that the facility verify that reassessments are being completed as demonstrated on-site and as outlined in policy. Only three residents interviewed advised they were asked the risk screening question on more than one occasion and while all of those that were at the facility for longer than 30 days had a reassessment documented, it is best practice to just confirm current procedure.

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. Offender 360 Restriction Documents

On August 15, 2023 the facility provided documentation indicating that the agency implemented security roles for the Offender 360 risk screening information. The agency restricted access to only a few security roles and all other staff are required to request access to the risk screening information through the agency PC. The PC

	<p>also provided screenshots of different staff's views in Offender 360. The auditor confirmed the staff did not have access to the risk screening.</p> <p>Based on the documentation provided this standard is compliant.</p>
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115.242	Use of screening information
	<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 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. Transgender/Intersex Housing Determination Documents 6. LGBTI Resident Housing Assignments <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Shower Area in Housing Units <p>Findings (By Provision):</p> <p>115.242 (a): The PAQ indicated that the agency/facility uses information from the</p>

risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. 04.01.301, page 6 states that any indication of sexually abusive behavior, victimization or potential victimization in a correctional setting identified at a Reception and Classification Center or any assigned facility shall be referred to the facility PREA Compliance Manager. The PCM shall promptly review any referrals to assess whether an offender should be identified as a predator or vulnerable offender using the DOC 0494 and make recommendations regarding safety consideration and treatment or counseling needs. Page 7 further states that an offender identified as vulnerable shall not be housed with an offender identified as a predator. Prior to housing an offender identified as vulnerable or an offender identified as a predator, the proposed housing assignment shall be reviewed and approved by the Chief Administrative Officer in consultation with the facility PCM. The interview with the PREA Coordinator indicated that the information from the risk screening to determine risk of victimization and perpetration and whether the individual in custody is provided a designation of predator and/or vulnerable. He stated those designated as predator cannot be housed in minimum security or community confinement level facilities. The interview with the staff responsible for the risk screening indicated that information from the risk screening is utilized to for engaging and interacting with others. The staff stated that if there is prior victimization they make sure they follow-up with the individual. A review of housing documentation confirmed there were zero residents at high risk of abusiveness and zero residents at high risk of victimization. It should be noted that residents at high risk of abusiveness are not housed at community confinement facilities and as such the staff do not have to consider that element when determining housing. Additionally, residents work outside the facility in the community.

115.242 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each resident. 04.01.301, page 6 states that any indication of sexually abusive behavior, victimization or potential victimization in a correctional setting identified at a Reception and Classification Center or any assigned facility shall be referred to the facility PREA Compliance Manager. The PCM shall promptly review any referrals to assess whether an offender should be identified as a predator or vulnerable offender using the DOC 0494 and make recommendations regarding safety consideration and treatment or counseling needs. Page 7 further states that an offender identified as vulnerable shall not be housed with an offender identified as a predator. Prior to housing an offender identified as vulnerable or an offender identified as a predator, the proposed housing assignment shall be reviewed and approved by the Chief Administrative Officer in consultation with the facility PCM. The interview with the staff responsible for the risk screening indicated that information from the risk screening is utilized to for engaging and interacting with others. The staff stated that if there is prior victimization they make sure they follow-up with the individual.

115.242 (c): The PAQ indicated that the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. 04.03.104, page 7 indicates that transgender, intersex and gender incongruent offenders shall not be assigned to gender-specific facilities based solely on their external genital anatomy. The Transgender Administrative Committee (TAC) shall make individualized determinations about how to ensure the safety of each offender including considering transfer from one gender-specific facility to an opposite gender facility and specifically the gender of staff which will perform searches of the offender. The determination shall consider, on a case-by-case basis, whether specific placement ensure the offender's health and safety, and whether the placement would present management or security concerns. The agency as a whole houses approximately 150 transgender inmates. Currently the agency houses nine transgender female inmates at female facilities and zero transgender male inmates at male facilities. The review of meeting minutes for four TAC meetings confirms that housing is reviewed on a case-by-case basis for each inmate. The PC stated that transgender and intersex resident's housing and programming assignments are determined by the multidisciplinary Transgender Administrative Committee (TAC) and guided by Administrative Directive 04.03.104. He confirmed the TAC considers whether the placement will ensure the resident's safety and whether the placement would present any management or security problems.

115.242 (d): 04.03.104, page 7 states that decisions shall be made by the TAC on a case-by-case basis with serious consideration given to circumstances including, but not limited to, the following: the offender's perception of whether a male or female facility is safest for him or her, as well as the preferred gender of staff to perform searches. The interviews with the PC and the staff responsible for risk screening confirmed that the residents' views with respect to his/her safety would be given serious consideration. Interviews with two transgender residents indicated that one was asked how she felt about her safety and both stated they did not think LGBTI residents were placed in one housing unit, facility or wing.

115.242 (e): 04.03.104, page 9 states that transgender, intersex and gender incongruent offenders shall be allowed the same frequency of showers in accordance with his or her classification. Showers shall be separated and private from other offenders. The interview with the PC and the staff responsible for risk screening confirmed that transgender and intersex residents are afforded the opportunity to shower separately. The PC stated that transgender and intersex residents are able to shower alone with adequate shower coverings when dayrooms/showers are closed to other individuals in custody. During the tour the auditor observed that resident restrooms have a solid entrance door. The showers inside the restroom also have curtains at the entrance. Interviews with two transgender residents confirmed that both are afforded the opportunity to shower separately from the rest of the residents.

115.242 (f): 04.03.104, page 7 states that transgender, intersex and gender incongruent offenders shall not be assigned to gender specific facilities based solely on their external genital anatomy. Additionally, the PREA Manual, pages 27-28 indicate that the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates 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 inmates. The interview with the PC confirmed that the agency is not subject to a consent decree and that there is not a dedicated facility for LGBTI residents. He further stated facility placement officers ensure this practice does not take place. Interviews with one LGB resident and two transgender residents confirmed that they did not feel LGBTI residents were placed in one wing, housing unit or facility based on gender identity and/or sexual preference. A review of housing assignments confirmed that LGBTI residents were placed across over ten different rooms of the facility.

Based on a review of the PAQ, 04.01.301, 04.03.104, the PREA Manual, transgender housing determinations (agency wide - not facility specific), observations made during the tour and information from interviews with the PC and staff responsible for conducting the risk screening, indicates that this standard appears to be compliant.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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. Memorandum of Understanding with the John Howard Association 4. TRUST Act Memorandum 5. Individuals In Custody Orientation Manual (Handbook) 6. PREA Posters 7. Incident Reports

Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.251 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other resident or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. The PREA Manual, page 29 states that offenders shall be encouraged to report allegations to staff at all levels. Offenders shall be provided with avenues of internal reporting, including, but not limited to, a telephone hotline maintained by the Investigations and Intelligence Unit, or by mail to an outside entity (e.g. John Howard Association). Offenders shall be provided information on reporting mechanisms as noted in section 115.33. A review of additional documentation to include the Handbook and PREA Posters 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. During the tour the auditor observed PREA information posted throughout the facility. The building had numerous PREA posters including the End the Silence Poster, the No Means No Poster and the Reporting Poster. Posters were observed in English and Spanish. The Posters were printed on typical letters size paper and were located in common areas and on the third and fourth floor hallways where resident rooms are located. The Posters included information on reporting mechanisms and the zero tolerance policy. Reporting mechanisms on the Posters included: to any staff person, via the PREA Hotline, through a note, request slip or grievance, by writing to the PREA Coordinator or by sending privileged mail to the John Howard Association. The auditor tested the internal reporting mechanism during the tour. Residents have payphones in which they can pay to call the PREA hotline. Residents

all have access to cell phones when outside the facility. The auditor called the PREA hotline from a personal cell phone and left a message on April 10, 2023. The auditor was provided confirmation on the same date via email that the call was received. The auditor also tested the written intern reporting mechanism during the tour. The auditor submitted a grievance form on April 10, 2023 via the grievance box in the dining hall. Confirmation and a copy of the received grievances was provided on April 11, 2023. Interviews with sixteen residents confirm that all sixteen were aware of at least one method to report sexual abuse and sexual harassment. Most residents indicated that they would report through the PREA hotline, counselor or the mail. Interviews with twelve random staff indicated residents can report to staff, through a grievance, by calling the hotline or through JHA.

115.251 (b): The PAQ stated that the agency provides at least one way for residents to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ states that the facility does not house residents solely for civil immigration purposes. The agency has an MOU with the John Howard Association. The MOU states John Howard Association will allow IDOC to identify JHA within inmate orientation materials and prison posting as one way for inmates 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 inmate reports of sexual abuse or harassment to Agency official for investigation, allowing the inmate to remain anonymous, upon request. The MOU further provides additional responsibilities for JHA and IDOC. The PREA Manual, page 29 indicates that offenders shall be provided contact information to the John Howard Association to make such reports. This information shall be available in Handbook. A review of the Handbook and PREA Posters confirmed that inmates can report externally to the John Howard Association. The Handbook (page 65) provides the address to JHA. The Handbook does not indicate that this is the outside reporting entity and that residents can remain anonymous when reporting. Additionally, pages 5-6 of the Handbook do not indicate that mail to JHA is treated as privileged/confidential mail. The PREA Poster states that inmates can report via privileged mail to the John Howard Association through the PO Box in Chicago, Illinois. During the tour the auditor observed PREA information posted throughout the facility. The building had numerous PREA posters including the End the Silence Poster, the No Means No Poster and the Reporting Poster. Posters were observed in English and Spanish. The Posters were printed on typical letters size paper and were located in common areas and on the third and fourth floor hallways where resident rooms are located. The Posters included information on reporting mechanisms and the zero tolerance policy. Reporting mechanisms on the Posters included: to any staff person, via the PREA Hotline, through a note, request slip or grievance, by writing to the PREA Coordinator or by sending privileged mail to the John Howard Association. The auditor also tested the outside reporting mechanism via a letter to the John Howard Association at a prior IDOC audit. Because the mail process is the same the auditor did not complete another test. The auditor obtained an envelope and sent a letter to the John Howard Association on January 10, 2023. The auditor obtained assistance from a resident to

utilize his name and number on the return address. The letter was placed in the outgoing US mail box by the resident. While a return name and number is required, mail to JHA is to be treated as privileged and as such mailroom staff should not open the letter. Residents are able to remain anonymous within the letter. The John Howard Association is utilized for numerous services and they are not just an organization to report sexual abuse. The auditor received confirmation on January 20, 2023 that the letter was received by the John Howard Association. A copy of the letter that was mailed was forwarded back to the auditor as well as the confirmation from John Howard Association staff that the resident can remain anonymous. During the tour the auditor observed the resident mail process. Residents bring outgoing mail to staff unsealed. They read and search the mail and then seal it and send it out. Legal mail is given to the counselor who ensures there is not any contraband in it prior to sealing it. The counselor does not read or scan the legal mail. Incoming mail is received by facility staff who open it, scan it and search it. The original is then provided to the resident. Legal mail is provided to the counselor. Residents open legal mail in front of the counselor to ensure there is not any contraband. The mail room staff member stated that mail to the John Howard Association is treated like regular mail. The interview with the PC indicated residents are provided information for the John Howard Association, which is the outside reporting entity and that all correspondence is considered privileged. He stated that upon receipt, the John Howard Association immediately contacts the agency PREA Coordinator. Interviews with sixteen residents indicated that fifteen were aware of the John Howard Association, and twelve knew they could report sexual abuse to the organization. Twelve were also aware they could anonymously report.

115.251 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. It further indicated that staff are required to document verbal reports immediately. 04.01.301, page 10 states that any alleged sexual abuse or harassment shall be reported through chain of command as an unusual incident in accordance with 01.12.105. The PREA Manual, page 29 further states that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Interviews with sixteen residents indicate that all sixteen knew they could report verbally and/or in writing to staff and ten knew they could report through a third party. Interviews with twelve random staff indicated that all twelve were aware that residents could report verbally, in writing, anonymously and through a third party. The staff stated that verbal reports are typically documented as soon as possible. A review of the two reported sexual abuse allegations indicated they were both verbally reported to staff. Both staff members completed an incident report of the verbal allegations. During the tour the auditor asked staff to demonstrate how they submit a written report. Staff indicated all verbal reports would be documented in an incident report. The incident report would be sent via email to the Supervisor. Staff indicated if the Supervisor is involved they would send it to the Administrative Duty Officer. The staff illustrated that all staff have access to the incident report form on any computer

and they also have paper incident report forms available to complete by hand.

115.251 (d): The PAQ indicates the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. It further states that staff can report through any of the reporting mechanisms offered to individuals in custody. The PAQ indicated that staff are informed of this method through PREA refresher trainings and postings around the facility. The PREA Manual, page 29 states that the agency shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates. Interviews with twelve random staff indicate that eleven were aware that they could privately report sexual abuse of a resident. Most stated they could report through an email or directly to a supervisor.

Based on a review of the PAQ, PREA Manual, memo related to John Howard Association, the TRUST Act memo, the Handbook, PREA Posters, incident reports, observations during the tour and information from interviews with the PC, random residents and random staff indicates this standard appears to require corrective action. During the tour the auditor observed the resident mail process. Residents bring outgoing mail to staff unsealed. They read and search the mail and then seal it and send it out. Legal mail is given to the counselor who ensures there is not any contraband in it prior to sealing it. The counselor does not read or scan the legal mail. Incoming mail is received by facility staff who open it, scan it and search it. The original is then provided to the resident. Legal mail is provided to the counselor. Residents open legal mail in front of the counselor to ensure there is not any contraband. The mail room staff member stated that mail to the John Howard Association is treated like regular mail. The Handbook (page 65) provides the address to JHA. The Handbook does not indicate that this is the outside reporting entity and that residents can remain anonymous when reporting. Additionally, pages 5-6 of the Handbook do not indicate that mail to JHA is treated as privileged/confidential mail.

Corrective Action

The facility will need to train staff on the procedure for mail to and from JHA and Mutual Ground, Inc. A copy of the training will need to be provided to the auditor. Additionally, the facility will need to update their Handbook to include information related to JHA as the outside reporting entity, the residents ability to remain anonymous and how mail sent to JHA is treated. A copy of the updated Handbook will need to be provided to the auditor. Additionally, all current residents will need to be provided education on the updated information. Confirmation on this will need to be provided to the auditor.

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 Individual In Custody Orientation Manual (Handbook)
2. Confirmation (Signatures) of Residents Receiving Updated Handbook
3. Training Memorandum with Signatures on John Howard Association Correspondence
4. Photos of PREA Reporting Poster

On August 1, 2023 the facility provided confirmation that facility staff, including the mailroom staff were provided training via a process memorandum on how mail to and from the John Howard Association is to be treated. The memo advised that mail to and from JHA is to be treated like Privileged Mail and should be unopened and unread.

On September 21, 2023 the facility provided the updated Handbook which included contact information on John Howard Association. The updated Handbook included a copy of the PREA Reporting Poster, which has information on JHA as well as a full page that goes over who JHA, what they do and how to contact them. The updated Handbook included that JHA is the outside reporting entity and that mail to and from JHA is considered Privileged (unopened and unread). Additionally, the facility provided confirmation, through resident signatures, that they were provided the updated Handbook information.

The facility further provided numerous photos confirming that the PREA Reporting Poster, which includes information on John Howard Association, was posted around the facility.

Based on the documentation provided this standard is compliant.

115.252	Exhaustion of administrative remedies
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 1378 734" style="list-style-type: none"> <li data-bbox="280 412 689 448">1. Pre-Audit Questionnaire <li data-bbox="280 483 1378 519">2. Administrative Directive 04.01.114 Local Offender Grievance Procedures <li data-bbox="280 555 1117 591">3. Individuals In Custody Orientation Manual (Handbook) <li data-bbox="280 627 555 663">4. Grievance Log <li data-bbox="280 698 625 734">5. Sample Grievances <p data-bbox="280 842 612 878">Findings (By Provision):</p> <p data-bbox="280 985 1442 1066">115.252 (a): 04.01.114 is the policy related to grievance procedures for residents. The PAQ indicated that the agency is not exempt from this standard.</p> <p data-bbox="280 1173 1487 1666">115.252 (b): The PAQ indicated that agency policy or procedure allows a residents 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 residents are required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Further communication with the PC indicated that this was an error and that residents are not required to use the informal grievance process. 04.01.114, page 2 states that offender grievances related to allegations of sexual abuse shall not be subject to any filing time frame. Policy further states that offender grievances involving alleged incidents of sexual abuse shall be exempt from any informal grievance process. A review of the Handbook confirmed that information on grievances is provided to residents on pages 38-39.</p> <p data-bbox="280 1774 1468 2069">115.252 (c): The PAQ stated that agency policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. It further stated that agency policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. 04.01.114, page 6 indicates an offender may submit the grievance without submitting it to any staff member who is the subject of the complaint. Policy further states that no grievance</p>

shall be referred to any staff member who is the subject of the complaint. A review of the Handbook confirmed that information on grievances is provided to residents on pages 38-39.

115.252 (d): The PAQ stated that agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PAQ indicated there were zero sexual abuse grievances filed in the previous twelve months. The PAQ further indicates that the agency always notifies a resident in writing when the agency files for an extension, including notice of the date by which a decision will be made. 04.01.114, page 6 states that the Department shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90 day time period shall not include time consumed by the offender in preparing any administrative appeal. Policy further states that the Department may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The offender shall be notified, in writing, of such extension and provided with a date by which a decision will be made. Page 6 also states that at any level of the grievance process, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level. A review of the grievance log and sample grievances confirmed there were zero sexual abuse allegations reported. The interviews with the residents who reported sexual abuse indicated neither were aware that they were to be informed of the outcome of the investigation. Both stated they had not yet been provided any information on the investigation. They both also stated that they had not filed information related to the sexual abuse via a grievance. It should be noted both investigations were still ongoing through ISP.

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

contained the residents decision to decline. A review of the grievance log and sample grievances confirmed there were zero sexual abuse allegations reported. The interviews with the residents who reported sexual abuse indicated neither were aware that they were to be informed of the outcome of the investigation. Both stated they had not yet been provided any information on the investigation. They both also stated that they had not filed information related to the sexual abuse via a grievance. It should be noted both investigations were still ongoing through ISP.

115.252 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. It further indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The PAQ also indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days. 04.01.114, page 7 states that for emergency grievances alleging an offender is subject to a substantial risk of imminent sexual abuse, the Department shall provide an initial response within 48 hours, and shall have a final decision provided within five calendar days. The initial response and the final decision shall document the Department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PAQ indicated there were zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the grievance log and sample grievances confirmed there were zero sexual abuse allegations reported. The interviews with the residents who reported sexual abuse indicated neither were aware that they were to be informed of the outcome of the investigation. Both stated they had not yet been provided any information on the investigation. They both also stated that they had not filed information related to the sexual abuse via a grievance. It should be noted both investigations were still ongoing through ISP.

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

Based on a review of the PAQ, 04.01.114, the Handbook, the grievance log and sample grievances, this standard appears to be compliant.

115.253	Resident access to outside confidential support services
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 1449 770" 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 Mutual Ground Inc. 4. Individuals in Custody Orientation Manual (Handbook) 5. PREA Posters <p data-bbox="280 887 437 922">Interviews:</p> <ol data-bbox="280 958 1107 1061" style="list-style-type: none"> 1. Interview with Random Residents 2. Interview with Residents Who Reported Sexual Abuse <p data-bbox="280 1245 651 1281">Site Review Observations:</p> <ol data-bbox="280 1317 976 1352" style="list-style-type: none"> 1. Observation of Victim Advocacy Information <p data-bbox="280 1460 612 1496">Findings (By Provision):</p> <p data-bbox="280 1603 1474 2051">115.253 (a): The PAQ indicated that the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The PAQ also stated that the facility provides residents with mailing addresses and phone numbers to local, state or national victim advocacy or rape crisis centers and provides residents with access to such services by enabling reasonable communication. The MOU with Mutual Ground Inc. states that the purpose and scope of the MOU is to establish a joint effort between IDOC and Mutual Ground Inc. to make available to inmates 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 inmates are incarcerated at the Fox Valley ATC and within the IDOC prison. The MOU states</p>

that IDOC agrees to provide inmates with the rape crisis center's mailing address in the offender orientation manual or in other printed materials such as postings, bulletins or handouts. Additionally, it states that IDOC agrees to provide inmates access to the rape crisis center's hotline to enable reasonable communication between the inmate and advocates and counselors in as confidential manner as possible. A review of the PREA Poster confirmed that residents are provided the telephone number and mailing address to Mutual Ground Inc. The PREA Poster states "if you are a victim of sexual abuse, individuals in custody may contact victim advocates for emotional support services related to sexual abuse". The Handbook provides a reference guide on page 69 where Mutual Ground Inc. is listed under substance abuse services. The reference guide also lists RAINN under mental health services and JHA under advocacy services. During the tour the auditor did not observe any posted information for the victim advocacy service, Mutual Ground Inc. The auditor was unable to test the process for emotional support services. Residents are able to contact Mutual Ground Inc. through the payphones for a cost and via their cell phones when they are off-site. Residents can also send correspondence through the mail process. The facility did not provide information on the contact number for Mutual Ground Inc. or the mailing address. The auditor did not observe the information posted around the facility and the information contained in the Handbook was under substance abuse services. The auditor also was unable to reach Mutual Ground Inc. during the interim report period. Interviews with sixteen residents, including those who reported sexual abuse, indicated that eight were aware of outside victim advocacy services and five were provided a telephone number and mailing address to a local, state and/or national rape crisis center. Most of the residents stated they received the information but they did not know anything about the organization.

115.253 (b): The PAQ indicated that the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. It further stated that the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The MOU with Mutual Ground Inc. states that the purpose and scope of the MOU is to establish a joint effort between IDOC and Mutual Ground Inc. to make available to inmates 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 inmates are incarcerated at the Fox Valley ATC and within the IDOC prison. The MOU states that IDOC agrees to provide inmates with the rape crisis center's mailing address in the offender orientation manual or in other printed materials such as postings, bulletins or handouts. Additionally, it states that IDOC agrees to provide inmates access to the rape crisis center's hotline to enable reasonable communication between the inmate and advocates and counselors in as confidential manner as possible. A review of the PREA Poster

confirmed that residents are provided the telephone number and mailing address to Mutual Ground Inc. The PREA Poster states “if you are a victim of sexual abuse, individuals in custody may contact victim advocates for emotional support services related to sexual abuse”. The Handbook provides a reference guide on page 69 where Mutual Ground Inc. is listed under substance abuse services. Pages 4-6 outline the mail and telephone procedures, however they do not indicate whether calls to Mutual Ground Inc. are monitored and recorded or how mail is treated to this organization. During the tour the auditor did not observe any posted information for the victim advocacy service, Mutual Ground, Inc. Interviews with sixteen residents, including those who reported sexual abuse, indicated that eight were aware of outside victim advocacy services and five were provided a telephone number and mailing address to a local, state and/or national rape crisis center. Most of the residents stated they received the information but they did not know anything about the organization.

115.253 (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 residents with emotional support services related to sexual abuse. The PAQ indicated the facility maintains copies of the agreement. A review of documentation confirmed that the facility has an MOU Mutual Ground Inc. The MOU was signed on August 24, 2021 and the facility maintains a copy of the MOU.

Based on a review of the PAQ, the MOU with Mutual Ground Inc., the PREA Poster, the Handbook, observations made during the tour and interviews with random residents, this standard appears to require corrective action. The auditor was unable to test the process for emotional support services. Residents are able to contact Mutual Ground, Inc. through the payphones for a cost and via their cell phones when they are off-site. Residents can also send correspondence through the mail process. The facility did not provide information on the contact number for Mutual Ground, Inc or the mailing address. The auditor did not observe the information posted around the facility and the information contained in the Handbook was under substance abuse services. The auditor also was unable to reach Mutual Ground, Inc. during the interim report period. The Handbook provides a reference guide on page 69 where Mutual Ground Inc. is listed under substance abuse services. Pages 4-6 outline the mail and telephone procedures, however they do not indicate whether calls to Mutual Ground Inc. are monitored and recorded or how mail is treated to this organization. During the tour the auditor did not observe any posted information for the victim advocacy service, Mutual Ground, Inc.

Corrective Action

The facility will need to update their Handbook with the contact information for Mutual Ground Inc. to include outlining that they are the emotional support service for sexual abuse and sexual harassment. The Handbook will need to include the ways to contact, level of confidentiality of the contact and any mandatory reporting laws related to victim advocates. A copy of the Handbook will need to be provided to the auditor. The facility will also need to ensure information on Mutual Ground Inc is posted throughout the facility. Photos of the posted information will need to be provided to the auditor. Further all current residents will need to be educated on the updated information. Confirmation of the education will need to be provided. The auditor will continue to attempt to make contact with Mutual Ground Inc. and assistance from the facility/agency would be helpful.

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 Individual In Custody Orientation Manual (Handbook)
2. Confirmation (Signatures) of Residents Receiving Updated Handbook
3. Training Memorandum With Signatures on Correspondence with Rape Crisis Center
4. Photos of PREA Reporting Poster

On September 15, 2023 the facility provided confirmation that facility staff, including the mailroom staff were provided training via a process memorandum on how mail to and from the rape crisis center is to be treated. The memo advised that mail to and from Mutual Ground is to be treated like Privileged Mail and should be unopened and unread.

On September 21, 2023 the facility provided the updated Handbook which included contact information for Mutual Ground (local rape crisis center). The updated Handbook included a copy of the PREA Reporting Poster, which has information on Mutual Ground, as well as information on how calls are treated and mandatory reporting laws. Additionally, the facility provided confirmation, through resident signatures, that they were provided the updated Handbook information.

	<p>The facility further provided numerous photos confirming that the PREA Reporting Poster, which includes information on Mutual Ground, was posted around the facility.</p> <p>Additionally, the auditor was able to make contact with staff from Mutual Ground. The staff provided confirmation that they have an MOU with the facility and that they did not have any concerns related to sexual safety or PREA compliance at Fox Valley ATC.</p> <p>Based on the documentation provided this standard is compliant.</p>
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115.254	Third party reporting
	<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. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 3. PREA Poster <p>Findings (By Provision):</p> <p>115.254 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and the agency publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. The PREA Manual, page 32 states that the Department shall post publicly, and maintain, the third-party reporting avenue on its public website. A review of the agency’s website confirms that there is information on how to report sexual abuse and/or staff sexual misconduct. Individuals can call the IDOC Headquarters number (217-558-4013) and leave a message. Additionally, the PREA Posters state that individuals can write to the IDOC PREA Coordinator and/or to the John Howard Association. Additionally, they provide the PREA hotline number. During the tour third party reporting information was observed in the visitation area</p>

	<p>and at the front entrance in English and Spanish. The auditor tested the third party reporting mechanism on January 22, 2023. The auditor called the PREA hotline as outlined on the agency website. The hotline is the same hotline utilized for the resident population. The auditor received confirmation from the PREA Coordinator on January 23, 2023 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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115.261	Staff and agency reporting 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. Administrative Directive 01.12.105 Reporting of Unusual Incidents 4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 5. Incident Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with the Director 3. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.261 (a): The PAQ indicated that the agency requires all staff to report</p>

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

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

responsibilities that contributed to the sexual abuse or retaliation. Staff stated they report the information to the Shift Supervisor or Center Supervisor.

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

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

115.261 (e): 04.01.301, page 8 states that any verbal report or observance of sexual activity shall be treated as possible sexual abuse. Any report or observance of sexual abuse or harassment shall be documented on an Incident Report, DOC 0434, and reported to the facility PCM in accordance with Paragraph II.G.6. All reports shall be investigated accordingly. Page 10 (Paragraph II.G.6) states that any alleged sexual abuse or harassment shall be reported through chain of command as an unusual incident in accordance with 01.12.105. All staff who observe the alleged abuse or harassment or to whom the initial report was made shall complete a DOC 0434 and may be required to be interviewed by an investigator or other staff designated by the Chief Administrative Officer prior to leaving the facility at the end of their shift. The interview with the Director indicated that the facility does not have an investigator so allegations are reported directly to the external agency investigators and they will either conduct the investigation or forward it to ISP. There were two allegations of sexual abuse reported during the previous twelve months. Both were verbally reported to staff. Staff completed an incident report and the information was provided to the Director who forwarded the allegations for investigation. Both allegations were currently under investigation by ISP.

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, the PREA Coordinator and the Director indicates that this standard appears to be compliant.

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115.262	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. Incident Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the Director 3. Interview with Random Staff <p>Findings (By Provision):</p> <p>115.262 (a): The PAQ indicated that when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be immediately provided protection from the alleged abuser and the incident shall be investigated. The PREA Manual, page 33 states that in cases where the alleged perpetrator is another offender, the Shift Supervisor shall be notified immediately. The Shift Supervisor shall ensure appropriate and immediate safeguards to protect the offender are taken. Depending on the severity, safeguards may include monitoring the situation, changing housing assignments, changing work assignments, placing the alleged victim and perpetrator in Special Housing, etc. The PREA Manual further states that if the alleged perpetrator is a staff</p>

member, all options for safeguarding the offender shall be considered as described above. Options may include reassignment to another unit or post, or other measures that will effectively separate the staff member from the offender. The PAQ further stated there were zero instances where the facility learned that a resident was an imminent risk of substantial risk of sexual abuse. The Agency Head stated that the agency has many actions, including removing the individual from harms way, removing the perpetrator and placing the staff member on administrative leave. He further stated that the risk would be investigated and the individual would be provided medical and mental health services. The interview with the Director indicated that protection starts at intake where individuals are determined to be predator/vulnerable status. She stated that if someone is identified as either they would look carefully at room assignments. She further stated that if there was a resident determined to be at imminent risk of sexual abuse they would air on the side of caution and move one of the individuals from the facility. She stated they would first separate the individuals and talk to them and then monitor the situation to determine next steps. Interviews with random staff confirmed that residents at imminent risk of sexual abuse would be removed from the area/threat and a supervisor would be contacted.

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

115.263	Reporting to other confinement facilities
	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. Incident Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head

2. Interview with the Director

Findings (By Provision):

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

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

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

115.263 (d): The PAQ indicated that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. 04.01.301, page 9 states reports of sexual

abuse or harassment occurring while an individual in custody was housed at a different facility shall be reported to the CAO of the facility where the incident occurred as soon as possible, but not later than 72 hours after the initial report was received. The CAO that receives such notification shall ensure the allegation is investigated in accordance with the procedures herein. The PREA Manual, pages 33-34 state that in cases where there is an allegation that sexual abuse occurred at another Department facility, the Chief Administrative Officer of the victim's current facility shall report the allegation to the Chief Administrative of the identified facility. In cases alleging sexual abuse by staff at another facility, the Chief Administrative Officer of the offender's current facility shall refer the matter directly to Internal Affairs. The PAQ stated there were zero allegations reported to them from another facility in the previous twelve months. The Agency Head stated that when notified by another agency of an allegation within an IDOC facility, the point of contact is the PC. He stated the PC would then forward it to the appropriate facility to investigate. The Agency Head indicated that the agency/facility would reach out to the other agency to obtain any follow-up information. He confirmed that they had a recent example from South Dakota and that it was forwarded from the PC to the facility for investigation. The interview with the Director indicated that if an allegation is received they would immediately contact the Chief of Investigations to conduct an investigation. She stated they have not had any examples of allegations received from another agency/facility during the previous twelve months. A review of documentation confirmed that both sexual abuse allegations reported during the previous twelve months were directly reported to staff at the facility.

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

115.264	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. Incident Reports

Interviews:

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

Findings (By Provision):

115.264 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse and that the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. It further states that the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be immediately provided protection from the alleged abuser and the incident shall be investigated. The victim shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and be evaluated by mental health or a crisis intervention team member within 24 hours to assess the need for counseling services. Policy further states that staff responding to any allegation of sexual abuse shall take steps to ensure preservation of the area in which the alleged abuse occurred, including requesting the alleged victim and abuser not to take any action that may destroy physical evidence, including changing clothes, bathing, brushing teeth, urinating, defecating drinking or eating, etc. The PREA Checklist also provides staff with a checklist of duties to ensure is completed post sexual abuse allegation. The PREA Checklist includes the required first responder duties. The PAQ indicated there were zero sexual abuse allegations reported and as such no first responder duties were required. The security first responder stated that she would secure the resident so she is safe and separated, she would not let her destroy any evidence by bathing or washing and she would try to get them separated so they can be interviewed. She further stated she would secure the area and get medical assistance for the victim. The non-security first responder stated she would contact the Shift Supervisor and the facility PREA person. She stated she would separate the individuals and start gathering evidence by not letting them shower or anything. Interviews with the two residents who reported sexual abuse indicated that one was reported to staff and that outside law enforcement came to speak to her. The second stated she reported

to staff verbally and to the hotline and she had outside law enforcement come talk to her. A review of documentation indicated that neither of the sexual abuse allegations involved first responder duties. Both were against staff related to search procedures.

115.264 (b): The PAQ indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. It further indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. 04.01.301, page 8 states that a member of the security staff shall be promptly notified if the staff responding is other than security staff. The PREA Checklist also provides staff with a checklist of duties to ensure is completed post sexual abuse allegation. The PREA Checklist includes the required first responder duties. The PAQ indicated there were zero allegations of sexual abuse reported during the previous twelve months. The security first responder stated that she would secure the resident so she is safe and separated, she would not let her destroy any evidence by bathing or washing and she would try to get them separated so they can be interviewed. She further stated she would secure the area and get medical assistance for the victim. The non-security first responder stated she would contact the Shift Supervisor and the facility PREA person. She stated she would separate the individuals and start gathering evidence by not letting them shower or anything. Interviews with random staff confirmed that staff were familiar with first responder duties. Staff stated they would separate the individuals, report to the Shift Supervisor, not let the individuals do anything to destroy evidence, get medical assistance and write a report. Interviews with the two residents who reported sexual abuse indicated that one was reported to staff and that outside law enforcement came to speak to her. The second stated she reported to staff verbally and to the hotline and she had outside law enforcement come talk to her. A review of documentation indicated that neither of the sexual abuse allegations involved first responder duties. Both were against staff related to search procedures.

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

115.265	Coordinated response
	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. Fox Valley Adult Transition Center Directive (ID) 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director <p>Findings (By Provision):</p> <p>115.265 (a): The PAQ indicated that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. ID 04.01.301, pages 9-14 outline the steps that need to be taken in response to an allegation of sexual abuse. Page 9 outlines first responder duties, while pages 10-11 describes medical and mental health duties. Pages 12-13 describe the investigators duties and pages 13-14 discuss facility leadership duties. The Director confirmed that the facility has a plan to coordinate actions among first responder, medical, mental health, investigator and facility leadership in response to a sexual abuse allegation.</p> <p>Based on a review of the PAQ, ID 04.01.301 and information from the interview with the Director, this standard appears to be compliant.</p>
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115.266	Preservation of ability to protect residents 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>115.266 (a): The PAQ indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. 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 any collective bargaining agreements or other agreements since August 20, 2012. He stated that depending on the severity, the agreements allow staff to be removed from contact and/or placed on administrative leave.</p> <p>115.266 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, a sample of collective bargaining agreements and the interview with the Agency Head, this standard appears to be compliant.</p>
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115.267	Agency protection against retaliation
	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 Retaliation Monitor – Staff (DOC 0499) 4. PREA Retaliation Monitor – Offender (DOC 0498)

5. Incident Reports

Interviews:

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

Findings (By Provision):

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

115.267 (b): 04.01.301, pages 11-12 state that for a minimum of 90 days following the initial report of sexual abuse or harassment, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to observe if there are changes that may suggest possible retaliation by offenders or staff. Offender conduct and treatment shall be documented on the PREA Retaliation Monitor – Offender, DOC 0498. The review shall include, but not be limited to, disciplinary reports, housing or programming changes and facility transfers and include periodic 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, Director and staff responsible for monitoring retaliation all indicated that protective measures would be taken if residents or staff members expressed fear of retaliation. The Agency Head stated that the agency has options to protect individual, including transferring an individual to another facility, removing the abuser from contact with the individual and moving staff to another post or facility. The Director stated that the first piece in preventing retaliation is educating that retaliation is not tolerated.

She stated the facility has different levels of management that conduct rounds and are available to speak to residents. She indicated that they would address any issues and can provide community services and information on JHA. The Director confirmed that in order to protect residents from retaliation they can move the residents room, they can send one of the residents back to Logan Correctional Center and they can also remove staff from contact with the resident. The staff responsible for monitoring stated as of now she follows up with them every 30 days to see if there is any retaliation. She stated they just implemented the form the day of the audit and she would complete the form that was implemented. She indicated for protective measures related to staff she would make sure they are doing rounds and that they are speaking professionally. For residents, she stated she would check housing to see if they need moved, send them back to Logan Correctional Center, if needed and/or remove staff from contact with the residents. The staff confirmed she conducts periodic status checks every 30 days. Interviews with two residents who reported sexual abuse indicated both felt safe at the facility. One stated she did not feel protected against retaliation because she felt the facility was biased toward gays.

115.267 (c): The PAQ indicated that the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The PAQ stated that the agency/facility monitors the conduct or treatment for 90 days. The PAQ further stated that the agency/facility acts promptly to remedy any relation and that the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. 04.01.301, pages 11-12 state that for a minimum of 90 days following the initial report of sexual abuse or harassment, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to observe if there are changes that may suggest possible retaliation by offenders or staff. Offender conduct and treatment shall be documented on the PREA Retaliation Monitor - Offender, DOC 0498. The review shall include, but not be limited to, disciplinary reports, housing or programming changes and facility transfers and include periodic 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 indicated there were zero incidents of retaliation reported. The interview with the Director indicated they have not had any retaliation suspected but if they did they would present the information to the Chief of Investigations to initiate an investigation. The interview with the staff member responsible for monitoring retaliation indicated that she conducts monitoring for retaliation for 90 days and that if she had a concern related to retaliation she would continue the monitoring until deemed unnecessary. She stated that when determining if retaliation is occurring she looks at tickets (discipline), whether privileges have been taken away, changes in job and housing assignments and whether visitation has been restricted. She also stated she would listen to phone

calls and check movement of the resident. There were two allegations of sexual abuse reported during the previous twelve months and neither had documentation of monitoring for retaliation.

115.267 (d): 04.01.301, pages 11-12 state that for a minimum of 90 days following the initial report of sexual abuse or harassment, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to observe if there are changes that may suggest possible retaliation by offenders or staff. Offender conduct and treatment shall be documented on the PREA Retaliation Monitor - Offender, DOC 0498. The review shall include, but not be limited to, disciplinary reports, housing or programming changes and facility transfers and include periodic status checks to ensure he or she displays no changes that may suggest retaliation. The interview with the staff member responsible for monitoring retaliation confirmed she would conduct periodic status checks every 30 days. There were two allegations of sexual abuse reported during the previous twelve months and neither had documentation of monitoring for retaliation.

115.267 (e): 04.01.301, page 12 states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect the individuals against retaliation. The Agency Head stated that the same protective measures would be offered to those who cooperate with an investigation or express fear for retaliation. The Director stated that the first piece in preventing retaliation is educating that retaliation is not tolerated. She stated the facility has different levels of management that conduct rounds and are available to speak to residents. She indicated that they would address any issues and can provide community services and information on JHA. The Director confirmed that in order to protect residents from retaliation they can move the residents room, they can send one of the residents back to Logan Correctional Center and they can also remove staff from contact with the resident.

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

Based on a review of the PAQ, 04.01.301, DOC 0498, investigative reports and interviews with the Agency Head, Director and staff charged with monitoring for retaliation, this standard appears to require corrective action. The staff responsible for monitoring stated they just implemented the monitoring form the day of the audit. There were two allegations of sexual abuse reported during the previous twelve months and neither had documentation of monitoring for retaliation.

Corrective Action

The facility will need to complete training with applicable staff on the process for monitoring for retaliation (including the form). A copy of the training will need to be provided. The facility will need to conduct monitoring of the two resident victims (if still at the facility) and provide to the auditor. Additionally, if any sexual abuse allegations are reported during the corrective action period, the facility will need to provide the monitoring for retaliation documentation.

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. PREA Retaliation Monitor - Offender (DOC 0498)
2. Staff Training
3. Memorandum Related to Zero Sexual Abuse Allegations During the Corrective Action Period

On June 26, 2023 the facility provided the requested monitoring documents for the two allegations of sexual abuse. One document noted that monitoring was completed for 60 days until the resident was released. The second indicated monitoring was completed for 30 days until the resident was sent back to Logan Correctional Center. All required elements were documented, including checks and periodic status checks.

On September 21, 2023 the facility provided confirmation that staff completed training on the monitoring for retaliation process. Additionally, the facility provided a memorandum that indicated there were zero sexual abuse and sexual harassment allegations reported during the corrective action period.

Based on the documentation provided this standard is compliant.

115.271	Criminal and administrative agency investigations
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 453 378">Documents:</p> <ol data-bbox="280 412 1474 1173" 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 01.12.101 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. Incident Reports 10. Investigator Training Records <p data-bbox="280 1285 437 1319">Interviews:</p> <ol data-bbox="280 1352 868 1532" style="list-style-type: none"> 1. Interview with Investigative Staff 2. Interview with the Director 3. Interview with the PREA Coordinator <p data-bbox="280 1644 612 1677">Findings (By Provision):</p> <p data-bbox="280 1789 1474 2069">115.271 (a): The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. The initial investigative report shall be provided to the Chief Administrative Officer within 24 hours of the onset of the investigation. Policy further states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to</p>

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. There were two allegations of sexual abuse and sexual harassment reported at the facility over the previous twelve months. Both were referred to ISP and were currently under investigation. The interview with the investigator confirmed that an investigation would be initiated immediately after the allegation was received. He confirmed that anonymous and third party reports would involve the same investigative process as allegations made via other reporting methods.

115.271 (b): 01.12.115, page 2 states that the CAO shall ensure that each individual appointed as an investigator be registered for the next available investigator training program within ten days of temporary or permanent assignment as an investigator. Training topics include but are not limited to: investigative techniques, including interviewing sexual abuse victims; crime scene preservation; collection and preservation of evidence, including sexual abuse evidence collection in a confinement setting; proper use of Miranda and Garrity warnings; criteria and evidence required to substantiate a case for administrative action or prosecution referral; and investigative reporting. The agency utilizes their own training for this standard; PREA for Investigators. A review of the training curriculum confirmed slides 67-118 include the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. A review of documentation indicated that the facility utilizes external agency investigators, as there are no facility investigators. The interview with the investigator 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.

115.271 (c): 04.01.301, page 10 states that for reports of sexual abuse, the crime scene shall always be protected and investigators shall collect and tag evidence from the scene in accordance with established procedures. Evidence collected shall

be submitted to the State Police within ten business days of receipt. 01.12.120, page 1 states the CAO shall ensure that an internal investigation is conducted by facility staff, or by staff assigned by the Chief of Investigations and Intelligence, on each unusual incident reported, if it is determined that further facts are required. Page 2 states that the facility investigation shall include, but not be limited to: obtaining statements from all involved individuals; obtaining statements from all known and any possible witnesses; securing and preserving all weapons; securing and preserving any other evidence; determining if all policies and procedures were followed; determining the quality of offender and staff supervision; conferring with local State Attorney to determine if criminal prosecution is warranted and referring individuals to the prosecuting authority for criminal prosecution, when warranted. 01.12.101, 01.12.105, 01.12.115, 01.12.112 and 01.12.125 all outline different elements to the investigative process for the agency. The interview with the investigator indicated that his first steps would include gathering and preserving all evidence. He stated investigations into allegations of sexual abuse and sexual harassment, are done promptly, thoroughly, and objectively for all allegations. He indicated that he would gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; he would interview the alleged victim, suspected perpetrators, and witnesses; and he would review prior complaints and reports of sexual abuse involving the suspected perpetrator. The investigator stated that he would collect direct and circumstantial evidence including those indicated above. There were two allegations reported during the previous twelve months, both were referred to ISP for investigation. Both had an open investigation during the on-site portion of the audit.

115.271 (d): The investigator confirmed that when he discovers that a prosecutable crime may have taken place he consults with prosecutors before conducting any compelled interviews. There were two allegations reported during the previous twelve months, both were referred to ISP for investigation. Both has an open investigation during the on-site portion of the audit.

115.271 (e): 04.01.301, page 10 states that alleged victims of sexual abuse shall not be required to submit to truth telling verification examinations such as voice stress analysis or polygraph exam as part of or as a condition of the investigation. The interview with the investigator confirmed that he would never, under any circumstance, require a resident victim of sexual abuse to submit to a polygraph tests or any other truth-telling devices as a condition for proceeding with the investigation. He further stated that credibility of a victim, suspect and/or witness would be assessed on an individual basis and it is not determined based on the person's status. Interviews with residents who reported sexual abuse confirmed neither were required to take a polygraph or truth telling device test.

115.271 (f): 01.12.120, page 3 states that the supervisor of the internal investigation team shall submit an initial report, verbal or written, to the CAO within 48 hours of the incident and shall submit a final written report utilizing the Report of Investigation, DOC 0262, within ten working day from the conclusion of the investigation. The interview with investigative staff confirmed that all administrative investigations are documented in a written report via the DOC 0262 and would include a description of physical evidence and interview evidence as well as facts and finding ascertained during the investigative process. He further stated that during the investigation he would review logbooks, video and interview statements to determine if staff actions or failure to act contributed to the sexual abuse. There were two allegations reported during the previous twelve months, both were referred to ISP for investigation. Both had an open investigation during the on-site portion of the audit.

115.271 (g): 01.12.120, page 3 states that the supervisor of the internal investigation team shall submit an initial report, verbal or written, to the CAO within 48 hours of the incident and shall submit a final written report utilizing the Report of Investigation, DOC 0262, within ten working day from the conclusion of the investigation. The interview with investigative staff confirmed that all criminal investigations are documented in a written report via the DOC 0262 and would include a description of physical evidence and interview evidence as well as facts and finding ascertained during the investigative process. He further stated investigations include attachments such as statements, video, audio, physical evidence, etc. There were two allegations reported during the previous twelve months, both were referred to ISP for investigation. Both has an open investigation during the on-site portion of the audit..

115.271 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution. 04.01.301, page 11 states that upon conclusion of the investigation, if applicable, the case shall be reviewed with the appropriate State's Attorney for possible referral for prosecution. The PAQ indicated there were zero allegations referred for prosecution since the last PREA audit. The interview with the investigator indicated that anytime substantiated allegations appear to be criminal they are referred for prosecution. There were two allegations reported during the previous twelve months, both were referred to ISP for investigation. Both had an open investigation during the on-site portion of the audit.

115.271 (i): The PAQ indicated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. A review of a sample of historic investigations confirmed retention is being met.

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

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

115.271 (l): 04.01.301 states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. Additionally, the MOU with the Illinois State Police (signed in 2019) indicates that they conduct investigations related to sexual assault involving staff-on-staff and staff-on-resident. The PREA Coordinator stated that the facility Internal Affairs offices and IDOC's Office of Investigations & Intelligence have a very close relationship with the Illinois State Police and that information is communicated through these avenues. The Director stated that the Chief of Investigation would call her every few weeks or she would call him to see if there were any changes. She stated she also may have ISP call her directly, but that is not common. The interview with the investigative staff indicated that he would cooperate with any outside investigators and stay informed of the 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, incident reports, investigative training records and information from interviews with the PREA Coordinator, Director and investigative staff indicate that this standard appears to be compliant.

115.272	Evidentiary standard for administrative 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. Prison Rape Elimination Act (PREA) for Investigators Training Curriculum 4. Incident Reports

	<p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.272 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 04.01.301, page 10 states that the Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Additionally, the PREA for Investigators Training Curriculum includes information on the elements to substantiate an investigation (preponderance of evidence). The interview with the investigator indicated that the standard required to substantiate an administrative investigation is a preponderance of the evidence. There were two sexual abuse allegation reported during the audit period, however both were referred to ISP for investigation and were still active investigations.</p> <p>Based on a review of the PAQ, 04.01.301, PREA Investigators Training Curriculum, incident reports and information from the interviews with the investigators, it is determined that this standard appears to be compliant.</p>
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115.273	Reporting to residents
	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. Incident Reports

Interviews:

1. Interview with the Director
2. Interview with Investigative Staff

Findings (By Provision):

115.273 (a): The PAQ indicated that the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. 04.01.301, page 10 states that the alleged victim will be notified, in writing, of the outcome of the investigation. The PAQ indicated there were zero sexual abuse allegations reported and as such zero notifications were made during the audit period. The interviews with the Director and the investigator confirmed that residents are informed of the outcome of the investigation into their allegation. The investigator stated that when the investigation is concluded, the alleged victim receives the Notification of Completed PREA Investigation Finding memorandum. Interviews with two residents who reported sexual abuse indicated neither were aware if they were to be informed of the outcome of the investigation. Both stated they were not informed of an outcome, but one stated ISP advised they would update her once the investigation was closed. There were two sexual abuse allegations reported during the previous twelve months, both were referred to ISP for investigation. Both of the investigation were open at the time of the on-site portion of the audit.

115.273 (b): The PAQ indicate that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The PAQ indicated there were zero sexual abuse allegations reported during the previous twelve months and zero notifications related to outside entity investigations. 04.01.301, page 10 states that the alleged victim will be notified, in writing, of the outcome of the investigation. There were two sexual abuse allegations reported during the previous twelve months, both were referred to ISP for investigation. Both of the investigation were open at the time of the on-site portion of the audit.

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

allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Additionally, the PAQ indicated that there has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months. The PREA Manual, page 40 states that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 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 two residents who reported sexual abuse indicated both were against a staff member. Both stated they were not informed of anything under this provision related to the staff member. There were two sexual abuse allegations reported against staff in the previous twelve months. Both were still open investigations and no notifications under this provision were provided.

115.273 (d): The PAQ indicated following an resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PREA Manual, page 40 states that following an inmate's allegation that he or she has been sexually abused by another inmate, 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 two residents who reported sexual abuse indicated neither were against another resident. There were zero resident-on-resident sexual abuse allegation over the previous twelve months and as such no notifications were required under this provision.

115.273 (e): The PAQ indicated the agency has a policy that all notifications to

	<p>residents described under this standard are documented. 04.01.301, page 10 states that the alleged victim will be notified, in writing, of the outcome of the investigation. The PAQ indicated there were zero sexual abuse investigations completed within the previous twelve months and zero notifications. There were two sexual abuse allegations reported during the previous twelve months, both were referred to ISP for investigation. Both of the investigation were open at the time of the on-site portion of the audit.</p> <p>115.273 (f): This provision is not required to be audited.</p> <p>Based on a review of the PAQ, 04.01.301, the PREA Manual, incident reports and information from interviews with the Director and the investigators, this standard appears to be compliant.</p>
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115.276	Disciplinary sanctions for staff
	<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 03.01.120 Employee Review Hearing 4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 5. Incident Reports <p>Findings (By Provision):</p> <p>115.276 (a): The PAQ indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies 04.01.301, page 11 states that all terminations for violating the agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement</p>

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 incident reports indicated there were two staff-on-resident sexual abuse allegations reported, however both were still actively being investigated by ISP.

115.276 (b): The PREA Manual, page 41 states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. It further states that administrative discipline shall be conducted using the Employee Review Hearing Process and the collective bargaining agreement. Any decision made on the proposal shall be in accordance with all applicable laws, rules and regulations. The PAQ indicated there were zero staff members who violated the sexual abuse or sexual harassment policies in the previous twelve months and zero staff members who was terminated (or resigned prior to termination) for violating the agency's sexual abuse or sexual harassment policies. A review of incident reports indicated there were two staff-on-resident sexual abuse allegations reported, however both were still actively being investigated by ISP.

115.276 (c): The PAQ indicated that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PAQ indicated there were zero staff that were disciplined short of termination for violating the sexual abuse or sexual harassment policies. The PREA Manual, page 41 states that disciplinary sanctions for violations of agency policy relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. 03.01.120 further describes the employee disciplinary review process. A review of incident reports indicated there were two staff-on-resident sexual abuse allegations reported, however both were still actively being investigated by ISP.

115.276 (d): The PAQ indicated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. 04.01.301, page 11 states that all terminations for violating the agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PAQ indicated there were no staff members who were reported to law

	<p>enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual or sexual harassment policies. A review of incident reports indicated there were two staff-on-resident sexual abuse allegations reported, however both were still actively being investigated by ISP.</p> <p>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.</p>
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115.277	Corrective action for contractors and volunteers
	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. Incident Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director <p>Findings (By Provision):</p> <p>115.277 (a): The PAQ indicated that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents 04.01.301, page 11 states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there have been no contractors or volunteers who violated the sexual abuse or sexual harassment policies within the previous twelve months and as such none were reported to law enforcement or relevant licensing bodies. A review of documentation confirmed there were zero contractors or volunteers who violated the agency's sexual abuse or</p>

	<p>sexual harassment policies.</p> <p>115.277 (b): The PAQ indicated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 04.01.301, page 11 states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies. The interview with the Director indicated that any violation of the sexual abuse and sexual harassment policies would result in the person being locked out and not being permitted access to the facility. She stated an investigation would be completed and depending on the nature and extent, it may require training or counseling or they may just never be allowed back in the facility.</p> <p>Based on a review of the PAQ, 04.01.301, incident reports and information from the interview with the Director, this standard appears to be compliant.</p>
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115.278	Disciplinary sanctions for residents
	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. Incident Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director

Findings (By Provision):

115.278 (a): The PAQ indicated that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that a resident engaged in resident-on-resident sexual abuse. 04.01.301, page 10 states that upon conclusion of the investigation disciplinary reports shall be completed, served and processed, where warranted. 20.504, page 2 states that no offender shall be found guilty of any violation without a hearing before the Adjustment Committee or Program Unit. 20.504 further describes the formal disciplinary process required. The PAQ indicated there were zero administrative or criminal finding of guilt for resident-on-resident sexual abuse. A review of documentation confirmed there were zero resident-on-resident sexual abuse allegations reported during the previous twelve months.

115.278 (b): 20.507, pages 2-3 stated that in determining the appropriate sanctions, the Adjustment Committee or Program Unit, the CAO and the Director shall consider, among other matters, mitigating or aggravating factors including; the offenders age, medical and mental health state, if the offender was determined to be mentally ill, the extent and degree of participation in the commission of the offense and the offender's prior disciplinary record. The Director stated that if a resident violates the sexual abuse and sexual harassment policy they would undergo progressive discipline. She stated sanctions could range from counseling to new charges being filed by the State Attorney. The Director confirmed that discipline would be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

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

115.278 (d): The PAQ indicated the facility does not offer therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse. It further stated that sex offender treatment is only offered at Big Muddy River Correctional Center and Taylorville Correctional Center. The facility

	<p>does not have medical or mental health care staff. All services are provided in the community. As such, no interviews were conducted.</p> <p>115.278 (e): The PAQ indicated that the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.</p> <p>115.278 (f): The PAQ indicated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The PREA Manual, page 42 states that the maintenance of an effective sexual abuse prevention policy, and general secure and orderly running of a facility, requires that offenders be held responsible for manipulative behavior and intentionally making false allegations. Allegations of false reports shall be considered by staff in accordance with the procedures and standards founds within Illinois Administrative Code 507, Administration of Discipline.</p> <p>115.278 (g): The PAQ indicated that the agency prohibits all sexual activity between residents. It further indicated that if the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.</p> <p>Based on a review of the PAQ, 04.01.301, 20.507, the PREA Manual, incident reports and information from the interview with the Director, this standard appears to be compliant.</p>
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115.282	Access to emergency medical and mental health 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

Interviews:

1. Interview with First Responders
2. Interview with Residents who Reported Sexual Abuse

Findings (By Provision):

115.282 (a): The PAQ indicated that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature of scope of services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further indicates that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. During the tour the auditor confirmed that the facility did not have a medical or mental health area and did not provide medical or mental health services on-site. The facility does not employ medical or mental health care staff and as such no interviews were conducted. Interviews with two residents who reported sexual abuse indicated neither were provided medical and/or mental health services. There were two sexual abuse allegations reported during the previous twelve months. Facility staff stated that the residents were offered access to medical and mental health services, however there was not documentation to confirm the services.

115.282 (b): 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. Page 9 (Paragraph II.G.5) further states that treatment shall be provided by a certified SAFE or SANE at a local emergency room and that the medical examination provided by Department facilities shall include a general physical examination for recent sexual abuse. The security first responder stated that she would secure the resident so she is safe and separated, she would not let her destroy any evidence by bathing or washing and she would try to get them separated so they can be interviewed. She further stated she would

secure the area and get medical assistance for the victim. The non-security first responder stated she would contact the Shift Supervisor and the facility PREA person. She stated she would separate the individuals and start gathering evidence by not letting them shower or anything. There were two sexual abuse allegations reported during the previous twelve months. Facility staff stated that the residents were offered access to medical and mental health services, however there was not documentation to confirm the services.

115.282 (c): The PAQ indicated that resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. 04.01.301, page 9 states that a general physical examination for recent sexual abuse shall include, but not be limited to: a blood test (RPR for Syphilis); culture smears for seminal fluid, Gonorrhea, Chlamydia and other Sexually Transmitted Diseases (STD) as appropriate; Hepatitis C antibody test and Hepatitis B surface antigen and antibody blood test and an HIV test and counseling shall be offered. Interviews with residents who reported sexual abuse indicated neither involved an allegation that would require emergency contraception or sexually transmitted infection prophylaxis. There were two sexual abuse allegations reported during the previous twelve months. Facility staff stated that the residents were offered access to medical and mental health services, however there was not documentation to confirm the services. It should be noted that neither of the allegations involved oral, vaginal or anal penetration that would require emergency contraception and/or sexually transmitted infection prophylaxis.

115.282 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 04.01.301, page 9 states that offenders shall not be charged a co-payment for medical treatment, including forensic medical examinations, obtained for alleged sexual abuse.

Based on a review of the PAQ, 04.01.301, and information from the interviews with the first responders, this standard appears to require corrective action. There were two sexual abuse allegations reported during the previous twelve months. Facility staff stated that the residents were offered access to medical and mental health services, however there was not documentation to confirm the services. Interviews with two residents who reported sexual abuse indicated neither were provided medical and/or mental health services.

Corrective Action

The facility will need to train staff on the requirements under this provision. A copy of the training will need to be provided. The facility will need ensure that they maintain secondary documentation of medical and mental health services provided offsite. The facility will need to provide the auditor with any examples of services provided for victims of sexual abuse during the corrective action period.

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 with Signatures
2. PowerPoint Training Slide Utilized During Annual Cycle Training
1. Updated Institutional Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
2. Memorandum Related to Zero Sexual Abuse Allegations During the Corrective Action Period

On September 13, 2023 the facility provided the updated ID 04.01.301 which advised that medical and mental health services after an allegation of sexual abuse will be documented in CHAMP. It further states that all initial paperwork related to any medical or mental health services will be maintained in the resident's file.

On the same date the facility provided confirmation that staff were trained on the updated ID 04.01.301. Additionally, the facility provided the PowerPoint Cycle Training slide that outlines that all resident victims are to be provided medical and mental health services immediately. Staff signed that they reviewed the updated ID 04.01.301 and the PowerPoint slide.

The facility provided a memorandum that indicated there were zero sexual abuse or sexual harassment allegations reported during the corrective action period. As such there were no examples available to provide.

	Based on the documentation provided the auditor determined this standard has been corrected through training.
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115.283	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) <p>Findings (By Provision):</p> <p>115.283 (a): The PAQ indicated the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. Additionally, 04.01.301, page 6 states that if it is determined that the offender was previously a victim of sexual abuse, the facility PCM shall notify medical and mental health staff within fourteen days of the screening. During the tour the auditor confirmed that the facility did not have a medical or mental health area and did not provide medical or mental health services on-site. There were two sexual abuse allegations reported during the previous twelve months. Facility staff stated that the residents were offered access to medical and mental health services, however there was not documentation to confirm the services.</p> <p>115.283 (b): 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and</p>

evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. The facility does not employ medical or mental health care staff and as such no interviews were conducted. Interviews with two residents who reported sexual abuse indicated neither were provided medical and/or mental health services. There were two sexual abuse allegations reported during the previous twelve months. Facility staff stated that the residents were offered access to medical and mental health services, however there was not documentation to confirm the services.

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

115.283 (d): The PAQ indicated that female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. 04.10.301, page 10 states female victims of sexual abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the sexual abuse, such victims shall receive timely and comprehensive information about and timely access to all lawfully pregnancy-related medical services. There were two sexual abuse allegations reported during the previous twelve months. Facility staff stated that the residents were offered access to medical and mental health services, however there was not documentation to confirm the services. It should be noted that neither of the allegations involved oral, vaginal or anal penetration that would require pregnancy tests.

115.283 (e): The PAQ if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. 04.10.301, page 10 states female victims of sexual abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the sexual abuse, such victims shall receive timely and comprehensive information about and timely access to all lawfully pregnancy-related medical services. The PREA Manual, page 45 states that if pregnancy results from the conduct described in paragraph (d) of this section (sexually abusive vaginal penetration), such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. It further states that Department healthcare providers shall deliver comprehensive prenatal counseling and care for pregnant female offenders. There were two sexual abuse allegations reported during the previous twelve months. Facility staff stated that the residents were offered access to medical and mental health services, however there was not documentation to confirm the services. It should be noted that neither of the allegations involved oral, vaginal or anal penetration that would require pregnancy related materials. Interviews with

residents who reported sexual abuse confirmed neither had an allegation that would involve pregnancy test or pregnancy related materials.

115.283 (f): The PAQ indicated that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. 04.01.301, page 9 states that a general physical examination for recent sexual abuse shall include, but not be limited to: a blood test (RPR for Syphilis); culture smears for seminal fluid, Gonorrhea, Chlamydia and other Sexually Transmitted Diseases (STD) as appropriate; Hepatitis C antibody test and Hepatitis B surface antigen and antibody blood test and an HIV test and counseling shall be offered. Interviews with residents who reported sexual abuse confirmed neither had an allegation that would involve testing for sexually transmitted infections. There were two sexual abuse allegations reported during the previous twelve months. Facility staff stated that the residents were offered access to medical and mental health services, however there was not documentation to confirm the services. It should be noted that neither of the allegations involved oral, vaginal or anal penetration that would require testing for sexually transmitted infections.

115.283 (g): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 04.01.301, page 9 states that offenders shall not be charged a co-payment for medical treatment, including forensic medical examinations, obtained for alleged sexual abuse. There were two sexual abuse allegations reported during the previous twelve months. Facility staff stated that the residents were offered access to medical and mental health services, however there was not documentation to confirm the services. Interviews with residents who reported sexual abuse indicated neither were provided medical or mental health services and as such did not pay for services.

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

Based on a review of the PAQ, 04.01.301 and the PREA Manual indicates this standard appears to require corrective action. There were two sexual abuse allegations reported during the previous twelve months. Facility staff stated that the residents were offered access to medical and mental health services, however there was not documentation to confirm the services.

Corrective Action

The facility will need to train staff on the requirements under this provision. A copy of the training will need to be provided. The facility will need ensure that they maintain secondary documentation of medical and mental health services provided offsite. The facility will need to provide the auditor with any examples of services provided for victims of sexual abuse during the corrective action period.

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 with Signatures
2. PowerPoint Training Slide Utilized During Annual Cycle Training
1. Updated Institutional Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
2. Memorandum Related to Zero Sexual Abuse Allegations During the Corrective Action Period

On September 13, 2023 the facility provided the updated ID 04.01.301 which advised that medical and mental health services after an allegation of sexual abuse will be documented in CHAMP. It further states that all initial paperwork related to any medical or mental health services will be maintained in the resident's file.

	<p>On the same date the facility provided confirmation that staff were trained on the updated ID 04.01.301. Additionally, the facility provided the PowerPoint Cycle Training slide that outlines that all resident victims are to be provided medical and mental health services immediately. Staff signed that they reviewed the updated ID 04.01.301 and the PowerPoint slide.</p> <p>The facility provided a memorandum that indicated there were zero sexual abuse or sexual harassment allegations reported during the corrective action period. As such there were no examples available to provide.</p> <p>Based on the documentation provided the auditor determined this standard has been corrected through training.</p>
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115.286	Sexual abuse incident reviews
	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. Sexual Abuse Incident Review Form (DOC 0593) 4. Incident Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director 2. Interview with the PREA Coordinator 3. Interview with Incident Review Team <p>Findings (By Provision):</p>

115.286 (a): The PAQ indicated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 04.01.301, page 11 states that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ indicated that there were zero sexual abuse incident reviews completed within the previous twelve months. There were zero completed sexual abuse investigation during the audit period and as such there were no sexual abuse incident reviews completed. Both sexual abuse allegations were referred to ISP for investigation and were active investigations.

115.286 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. It further stated that in the past 12 months there were zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents. 04.01.301, page 11 states that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. There were zero completed sexual abuse investigation during the audit period and as such there were no sexual abuse incident reviews completed. Both sexual abuse allegations were referred to ISP for investigation and were active investigations.

115.286 (c): The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. 04.01.301, page 11 states that the review team, at minimum, shall include: Assistant Chief Administrative Officer; Shift Commander or Lieutenant; a representative from Internal Affairs; the PCM, a representative from medical and a representative from mental health. The interview with the Director indicated that the facility had a sexual abuse incident review team but because they do not have medical staff, mental health care staff or an investigator they would work with their parent facility to have those staff review the information and supply input.

115.286 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. 04.01.301, page 11 states that the review, including any reports of findings or any recommendation for improvement, shall be documented

on the DOC 0593, Sexual Abuse Incident Review. Interviews with the Director, PC and incident review team member confirmed sexual abuse incident reviews would include the required elements under this provision. The Director stated that they have not had to complete any reviews in the past five years but the reviews would be used to look at the incident thoroughly and see if there is anything that could have been done differently. She stated the information would be used to change policy, educate residents, train staff and minimize the opportunity for the incident to happen again. The PC stated that all sexual abuse incident reviews are forwarded to him and he has not noticed any trends. He further stated that after the sexual abuse incident review is submitted recommendations are approved and put into place (when possible).

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

Based on a review of the PAQ, 04.01.301, DOC 0593 form, investigative reports and information from interviews with the Director, the PC and a member of the sexual abuse incident review team, this standard appears to be compliant.

115.287	Data collection
	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 5. Annual PREA Report 6. Survey of Sexual Victimization

Findings (By Provision):

115.287 (a): The PAQ indicated that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. 04.01.301, pages 12-13 state that the Chief Administrative Officer and the facility PCM shall conduct an annual evaluation of the Sexual Abuse and Harassment Prevention and Intervention Program at their respective facility and submit to the PC a written report of the findings. The report should at minimum include: a review of each incident of sexual abuse or harassment that occurred during the reporting period; program and procedural changes implemented based on recommendations of the review team; training needs to ensure future safety and security; record of referrals to outside community resources; record of referrals for post-release service and statistical data. Policy further states that upon receipt of the reports from each facility, the agency PC shall assess the overall effectiveness of the Department's Sexual Abuse and Harassment Prevention and Intervention Program and submit a written report to the Director that has at minimum: statistical data and corrective action by facility; aggregated incident based sexual abuse or harassment data for the Department; perceived areas of concern and recommended or implemented improvements; a comparison of the current year's statistical data and corrective action with those of previous reporting periods; and an assessment of the Department's progress in addressing sexual abuse or harassment overall. A review of investigative reports and the PREA Checklist confirm that information/data related to each sexual abuse and sexual harassment allegation is reported and documented. The PREA Checklist is then forwarded to the PC to assist with compiling statistical data to identify trends.

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

115.287 (c): The PAQ indicated that the standardized instrument includes, at a

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

115.287 (d): The PAQ indicated that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. 04.01.301, pages 12-13 state that the Chief Administrative Officer and the facility PCM shall conduct an annual evaluation of the Sexual Abuse and Harassment Prevention and Intervention Program at their respective facility and submit to the PC a written report of the findings. The report should at minimum include: a review of each incident of sexual abuse or harassment that occurred during the reporting period; program and procedural changes implemented based on recommendations of the review team; training needs to ensure future safety and security; record of referrals to outside community resources; record of referrals for post-release service and statistical data. Policy further states that upon receipt of the reports from each facility, the agency PC shall assess the overall effectiveness of the Department's Sexual Abuse and Harassment Prevention and Intervention Program and submit a written report to the Director that has at minimum: statistical data and corrective action by facility; aggregated incident based sexual abuse or harassment data for the Department; perceived areas of concern and recommended or implemented improvements; a comparison of the current year's statistical data and corrective action with those of previous reporting periods; and an assessment of the Department's progress in addressing sexual abuse or harassment overall.

115.287 (e): The PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of residents and that data from private facilities complies with SSV reporting regarding content. 04.01.301, pages 12-13 state that the Chief Administrative Officer and the facility PCM shall conduct an annual evaluation of the Sexual Abuse and Harassment Prevention and Intervention Program at their respective facility and submit to the PC a written report of the findings. The report should at minimum include: a review of each incident of sexual abuse or harassment that occurred during the reporting period; program and procedural changes implemented based on recommendations of the review team; training needs to ensure future safety and security; record of referrals to outside community resources; record of referrals for post-release service and statistical data. Policy further states that upon receipt of the reports from each facility, the agency PC shall assess the overall effectiveness of the Department's Sexual Abuse and Harassment Prevention and Intervention Program and submit a written report to the Director that has at minimum: statistical data and corrective action by facility; aggregated

	<p>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.</p> <p>115.287 (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.</p> <p>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.</p>
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115.288	Data review for corrective action
	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. Annual PREA Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the PREA Coordinator <p>Findings (By Provision):</p>

115.288 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 04.01.301, pages 12-13 state that the Chief Administrative Officer and the facility PCM shall conduct an annual evaluation of the Sexual Abuse and Harassment Prevention and Intervention Program at their respective facility and submit to the PC a written report of the 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 interview with the Agency Head indicated that the agency collects data on a quarterly basis and they do trend analysis on the data. He stated that the data assist with identifying hot spots and other variables and they determine action plans for each facility and agency as whole. He further confirmed they utilize the data to determine measures to put in place to correct any issues. 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 the report includes data collected from all 31 of the IDOC's facilities and the agency takes corrective action on an ongoing basis based on the data.

115.288 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and that the annual report provides an assessment of the agency's progress in addressing sexual abuse. 04.01.301, pages 12-13 state that the Chief Administrative Officer and the facility PCM shall conduct an annual evaluation of the Sexual Abuse and Harassment Prevention and Intervention Program at their respective facility and submit to the PC a written report of the findings. The report should at minimum include: a review of

each incident of sexual abuse or harassment that occurred during the reporting period; program and procedural changes implemented based on recommendations of the review team; training needs to ensure future safety and security; record of referrals to outside community resources; record of referrals for post-release service and statistical data. Policy further states that upon receipt of the reports from each facility, the agency PC shall assess the overall effectiveness of the Department's Sexual Abuse and Harassment Prevention and Intervention Program and submit a written report to the Director that has at minimum: statistical data and corrective action by facility; aggregated incident based sexual abuse or harassment data for the Department; perceived areas of concern and recommended or implemented improvements; a comparison of the current year's statistical data and corrective action with those of previous reporting periods; and an assessment of the Department's progress in addressing sexual abuse or harassment overall. A review of the Annual PREA Report indicates that it includes agency accomplishments, facilities audited during the year, statistical data and corrective actions. The report compares data from 2014 through the current year.

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

115.288 (d): The PAQ indicated that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and that the agency indicates the nature of material redacted. 04.01.301, page 13 states that the final report shall not contain any personal identifiers. The Department may redact information on the posted report if said information would present a clear and specific threat to the safety and security of a facility or the Department. A review of 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 identifying information of any alleged victim or alleged perpetrator is not include in the report.

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 and PC, this standard appears to be compliant.

115.289	Data storage, publication, and destruction
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 1449 672" style="list-style-type: none"> <li data-bbox="280 412 689 448">1. Pre-Audit Questionnaire <li data-bbox="280 483 1449 564">2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <li data-bbox="280 600 1398 672">3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) <p data-bbox="280 779 437 815">Interviews:</p> <ol data-bbox="280 851 868 887" style="list-style-type: none"> <li data-bbox="280 851 868 887">1. Interview with the PREA Coordinator <p data-bbox="280 994 612 1030">Findings (By Provision):</p> <p data-bbox="280 1137 1468 1344">115.289 (a): The PAQ indicated that the agency ensures that incident-based and aggregate data are securely retained. The PREA Manual, page 50 states that the agency shall ensure that data collected pursuant to 115.87 are securely retained. The interview with the PREA Coordinator indicated that all electronic data is located on a secure network drive and all physical files are located in secure offices.</p> <p data-bbox="280 1451 1481 1783">115.289 (b): The PAQ indicated that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. 04.01.301, page 14 states the annual report shall be made available on the Department's website no later than June 30th of the year subsequent that of the reporting period. A review of the website confirmed that the current annual report, which includes aggregated data, as well as prior annual reports are available for review.</p> <p data-bbox="280 1890 1474 2096">115.289 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. 04.01.301, page 13 states that the final report shall not contain any personal identifiers. A review of the Annual PREA Report confirmed there was no personal identifying information included nor any security related information. The report did not contain any</p>

	<p>redacted information.</p> <p>115.289 (d): The PAQ indicated that the agency maintains sexual abuse data collected pursuant to Standard 115.287 for at least ten years after the date of initial collection, unless federal, state or local law requires otherwise. 04.01.301, page 13 states that all reports and statistical data shall be retained for a period of no less than ten years. A review of prior Annual PREA Reports confirmed that data is available from 2014 to current.</p> <p>Based on a review of the PAQ, 04.01.301, the Annual PREA Report, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.</p>
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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 third 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 auditor observed the audit announcement on bright green laminated letter size paper in both English and Spanish. The audit announcements were posted in the hallways on each floor, including the floors with the housing areas. The audit noticed advised the residents that correspondence with the auditor</p>

	<p>would remain confidential unless the resident reported information such as sexual abuse, harm to self or harm to others. The residents were able to send correspondence via special mail. The auditor did not receive any correspondence from residents at the facility.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.403 (f): The agency has audit reports published to their website for all audits completed during the previous three, three year audit cycles.</p>

Appendix: Provision Findings		
115.211 (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
115.211 (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 community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	yes

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

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

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (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 residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, 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
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (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
115.217 (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
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	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	na

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (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
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (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
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (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
115.221 (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
115.221 (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 attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

115.222 (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
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (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 conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (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.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and 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.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (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.)	na
115.235 (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 §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (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 resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident 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 residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (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 residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (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
115.261 (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

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (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
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (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
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (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
115.265 (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
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (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
115.271 (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 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (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 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (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
115.271 (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 resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (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
115.271 (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
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (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 facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (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
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

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

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (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
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (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
115.276 (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
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (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 § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (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
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (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
115.283 (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
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (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
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (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

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	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
115.287 (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
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.287 (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
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (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
115.288 (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
115.288 (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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	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 residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

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