

# PREA Facility Audit Report: Final

**Name of Facility:** Jacksonville Correctional Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 12/03/2023

**Date Final Report Submitted:** 06/01/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kendra Prisk	<b>Date of Signature:</b> 06/01/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Prisk, Kendra
<b>Email:</b>	2kconsultingllc@gmail.com
<b>Start Date of On-Site Audit:</b>	10/30/2023
<b>End Date of On-Site Audit:</b>	11/01/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Jacksonville Correctional Center
<b>Facility physical address:</b>	2268 East Morton Avenue , Jacksonville, Illinois - 62650
<b>Facility mailing address:</b>	

Primary Contact
-----------------

<b>Name:</b>	Haroletta Givens
<b>Email Address:</b>	haroletta.givens@illinois.gov
<b>Telephone Number:</b>	217-245-1481

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Cherryle Hinthorne
<b>Email Address:</b>	cherryle.hinthorne@illinois.gov
<b>Telephone Number:</b>	217-245-1481

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Jon VanWinkle
<b>Email Address:</b>	jon.vanwinkle@illinois.gov
<b>Telephone Number:</b>	O: 217-245-1481

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Jennifer Black
<b>Email Address:</b>	jennifer.black@illinois.gov
<b>Telephone Number:</b>	217-245-1481

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	1628
<b>Current population of facility:</b>	919
<b>Average daily population for the past 12 months:</b>	780
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males

<b>Age range of population:</b>	19-73
<b>Facility security levels/inmate custody levels:</b>	Minimum
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	452
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	34
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	53

<b>AGENCY INFORMATION</b>	
---------------------------	--

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

<b>Agency Chief Executive Officer Information:</b>	
----------------------------------------------------	--

<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
-------------------------------------------------	--	--	--

<b>Name:</b>	Ryan Nottingham	<b>Email Address:</b>	ryan.nottingham@illinois.gov
--------------	-----------------	-----------------------	------------------------------

## 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:

1

- 115.12 - Contracting with other entities for the confinement of inmates

#### Number of standards met:

44

#### 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:	2023-10-30
2. End date of the onsite portion of the audit:	2023-11-01

#### 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 Prairie Center Against Sexual Abuse

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1628
15. Average daily population for the past 12 months:	780
16. Number of inmate/resident/detainee housing units:	13
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	934
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	3
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	5
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	20
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	6

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>59</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>452</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>50</p>

<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	40
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	15
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None



<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Based on the population on the first day of the audit (934) the PREA auditor handbook indicated that at least 30 IICs (individuals in custody)[1] were required to be interviewed. The auditor ensured a geographically diverse sample among interviewees. The following IICs were selected from the housing units: four from 1A, one from 1B, two from 2A, two from 2B, two from 3B, tow from 4A, one from 4B, six from 5A, three from 5B, one from Healthcare, one from Restricted Housing (segregated housing) and five from the Work Camp.</p> <p>[1] IIC, offender and inmate are used interchangeably within this document.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>29 of the IICs interviewed were male, one was transgender female, eleven were black, ten were white, five were Hispanic and four were another race/ethnicity. With regard to age, four were between eighteen and 25, eight were 26-35, eight were 36-45, four were 46-55 and six were 56 or older. 24 of the IICs interviewed were at the facility less than a year and six were there between a year and five years.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>15</p>

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

<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>3</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>3</p>

<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>3</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed the investigative log, grievances and other documentation and confirmed there were zero IICs who reported sexual abuse still at the facility.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>2</p>

<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed documentation of IICs who reported sexual abuse and those at high risk of victimization and confirmed none were housed in segregated housing.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>14</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>Gender, race and ethnicity</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Security staff mainly make up three shifts, first shift works from 7am-3pm, second shift works from 3pm-11pm and third shift works from 11pm-7am. Eight staff were interviewed from first shift, three were from second shift and three were from third shift. With regard to the demographics of the random staff interviewed; twelve were male and two were female. Twelve were white and two were black. Eight were Correctional Officers, one was a Sergeant, one was a Lieutenant, and three were Majors.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>26</p>

<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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



## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

**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 onsite portion of the audit was conducted on October 30, 2023- November 1, 2023. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected IICs and staff for interview as well as documentation to review. The auditor conducted a tour of the facility on October 30, 2023 and November 1, 2023 (Work Camp). The tour included all areas associated with the facility to include; housing units, laundry, warehouse, intake, visitation, chapel, maintenance, education, vocation, food service, health services, recreation, barbershop, commissary, property, outside grounds, front entrance and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for IICs in housing units and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted throughout the facility in housing units and common areas. Housing units had the oversized poster (PREA Poster) and most housing units also had the regular paper size posters (PREA Reporting Poster). The PREA Reporting Posters were observed on bright orange colored letter size paper in English and Spanish. The PREA Posters were observed on larger colored paper in both English and Spanish. Posters were observed on housing unit walls in the dayroom and near the phones. 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 Posters (specifically the PREA Reporting Poster) also included contact information for outside victim advocacy services (emotional support services). The PREA Reporting Poster indicated that victim advocacy can be provided by phone or in-person, will be

provided in as confidential a manner as possible consistent with legal calls/visits. Informal conversation with staff and IICs confirmed that the PREA information has been posted for a while.

Third party reporting information was observed in visitation and the front entrance via the PREA Reporting Poster and PREA Posters. The Posters were observed in English and Spanish on brig legal size paper (PREA Poster) and bright letter size paper (PREA Reporting Poster). The facility does not have a front entrance and IICs and the public do not have access to the administration area.

During the tour the auditor confirmed the facility follows the staffing plan. There were at least two security staff per housing unit [housing units were open bay with two sides and as such were considered two separate housing units per the PREA Resource Center's (PRC) Frequently Asked Question (FAQ)]. Additionally, there were zone supervisors (Lieutenants and Sergeants) across different zones of the facility. Program, work and education areas included non-security staff and either a positioned or roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. The auditor confirmed that the physical plant of the housing units provided an adequate line of sight in conjunction with routine security checks/rounds. The facility did not appear to be overcrowded and staffing appeared to be adequate based on the population. The auditor identified blind spots in the warehouse, food service (dry storage), commissary and commissary at the Work Camp (due to stacked boxes). The auditor also observed a mirror in the dish room that needed repositioned to alleviate a blind spot. Additionally, the auditor observed unsecure doors in the warehouse and the Work Camp commissary. Informal conversation with staff and IICs indicated staff conduct rounds every fifteen to 30 minutes and supervisors make

rounds daily. Conversation also confirmed staffing during the audit was typical staffing and there was not overcrowding. A few IICs stated they are not overcrowded but they could use more space.

A review of video monitoring technology confirmed that the majority of areas, to include housing units and common areas were equipped with video monitoring technology. Video monitoring technology is utilized to supplement supervision and monitoring and does not replace staff. Cameras are placed to cover blind spots and high traffic areas. Cameras can be viewed by Internal Affairs, Shift Commanders and Central Control and Administrative Level Staff.

During the tour the auditor observed that IICs have privacy when showering and using the restroom via saloon style doors, raised walls, shower curtains and doors with small security windows. The strip search area in intake provided privacy via a room with raised walls while the visitation strip search area provided privacy via a solid door. Additionally, strip searches in the segregated housing unit have privacy via a shower curtain. With regard to the opposite gender announcement, the auditor heard the announcement made verbally upon entry into the general population housing units. The announcement was not made prior to entering the segregated housing unit. The cross gender announcement was made verbally prior to entry by the staff assigned to the housing units. The announcement was loud and appeared to be audible throughout the housing unit. In addition, the agency has a paging system for the deaf and hard of hearing IICs where the announcement can be sent out to their watches. Informal conversation with IICs and staff confirmed that there is privacy from opposite gender staff when showering, using the restroom and changing clothes. Staff advised they make the

female announcement, however conversation with IICs was inconsistent. Some stated the announcement is made while others stated it is not made.

Medical and mental health records are all paper and the records area is staffed 8am-4pm Monday through Friday. The staff advised that the records door is locked at all times and only medical and mental health care staff have access. The staff advised that the security staff member who works in medical also has access. Medical records has limited access and only those with a need to know view the records. Investigative files are paper and electronic. Only Internal Affairs staff have access to the investigations. Risk screening information is maintained in the electronic Offender 360 program and/or in the IIC's master file. Master files are maintained in records which is staffed Monday through Friday 8am-4pm. Records staff advised that the area is locked when not staffed and the key to medical records is restricted. The staff further advised that access to the master file is those with a need to know. During the tour the auditor had a security staff member pull up the electronic system to see what was able to be viewed. The auditor confirmed that the staff member did not have access to the electronic risk screening information in Offender 360.

During the tour the auditor observed that IICs are able to place outgoing mail in any of the locked boxes around the facility, including in the housing units. None of the drop boxes were specific to sexual abuse or sexual harassment allegations or information. The interview with the mailroom staff indicated that outgoing mail that is regular mail comes to them unsealed. The mail is read and inspected for contraband and is then sealed and sent out. Legal mail comes sealed and is not read or inspected. The mailroom staff stated that incoming regular mail is opened by staff who then scan it and ensure it does

not contain any contraband. IICs are given the original documents. Legal mail is not opened by staff and is sent into the facility for an Officer to deliver to the IIC. The IIC opens the legal mail in the presence of staff. The mailroom staff stated that mail to and from JHA is treated like legal/privileged mail. The staff further stated mail to and from the local rape crisis center is also treated like legal/privileged mail.

The auditor observed the intake process through a demonstration. IICs are provided the Orientation Manual (Handbook) and the PREA Reporting Poster. Both of these documents are available in English and Spanish. At the Work Camp, IIC are provided the PREA Brochure, which is available in English and Spanish.

During the tour the auditor was provided a demonstration of the initial risk assessment. The initial risk screening is completed in the intake area in a private one-on-one setting. The risk screening is completed via the paper version of the risk screening form. Staff ask each question on the form and get a verbal response from the IIC. Staff also do preparation work prior to the arrival of the IIC to verify information such as criminal history, age, etc. The staff then provide the form to Clinical Services where a staff member enters the information into the electronic system. The staff verified that if there is a discrepancy related to information in the file and information provided by the IIC, they go with what is in the file (i.e. criminal history, prior sexual offenses, etc.). The staff indicated if they have an LEP IIC they utilized an interpreter via staff or the over the phone translation service. The staff also stated if the IIC is disabled they can use the video interpretation services and/or can call for someone to translate via American Sign Language (ASL). During the tour the auditor observed that all IICs arrive at Jacksonville CC, however there are some IICs that eventually get transferred to the Work Camp. When IICs

transfer to the work camp a new risk assessment is not initiated. Staff are only completing the reassessment if it is due while they are at the Work Camp. While the Work Camp is associated with the facility, it is still a new facility and as such IICs are required to have an initial risk assessment and a reassessment upon transfer. During the tour the auditor also had the facility demonstrate the reassessment process. Reassessments are completed in the housing units in a private office setting. Staff utilize the risk screening form and ask all questions on the form. Staff indicated that they do not check any information reported through a file review as the reassessment is only self-reported information.

During the tour the auditor called the internal PREA hotline on October 30, 2023 and November 1, 2023 (Work Camp) and left a message to test functionality. IICs are advised to select English or Spanish upon contact with the hotline. Initial phone instructions are provided in English and Spanish, however the hotline instructions/directions are only available in English. The auditor received confirmation from the PC on October 30, 2023 that the call was received from Jacksonville and forwarded to him. The PC also provided confirmation on November 2, 2023 that the call from the Work Camp was received and forwarded to him. IICs have access to the phones most of the day. The internal PREA hotline is accessible on all phones but does require an IIC number. The auditor also tested the written reporting process. The auditor had an IIC assist with filling out a grievance on October 30, 2023. The auditor submitted the grievance via the grievance box in the housing unit. The auditor was provided confirmation on October 31, 2023 that the grievance was received and would be processed per policy if it was a report of sexual abuse or sexual harassment. The auditor tested the outside reporting mechanism via a letter to the John Howard Association at a prior IDOC audit. The auditor

obtained an envelope and sent a letter to the John Howard Association on January 10, 2023. The auditor obtained assistance from an IIC to utilize his name and number on the return address. The letter was placed in the outgoing US mail box by the IIC. While a return name and number is required, the mailroom staff do not open this mail and as such IICs are able to remain anonymous within the letter. The John Howard Association is utilized for numerous services and they are not just an organization to report sexual abuse. The auditor received confirmation on 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 IIC can remain anonymous.

During the tour the auditor asked staff to demonstrate how they submit a written report. Staff indicated if they received a verbal report they would fill out an incident report. The staff indicated they fill out the paper incident report and then provide it to the zone Sergeant. Staff confirmed and demonstrated that forms are available in the housing units. Further, the staff confirmed that they can privately report and bypass the Chain of Command.

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

The auditor was unable to test access to victim advocacy services during the on-site portion of the audit. IICs can add the victim advocacy number to their call list and call



through the IIC phones, which are monitored or recorded, or they can set up a legal call or visit with the organization through medical, mental health or their counselor. The IIC would request the confidential call and the staff member would set up the call. The advocate would call the facility and the call would be transferred to the legal call area. While this is a more confidential method for speaking to the victim advocate than in the housing unit with numerous other IICs surrounding them, the process is not known by staff or IIC.

The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. Comprehensive PREA education is completed through the orientation process in the chapel. IICs view the PREA Adult Comprehensive video (new video from the PREA Resource Center) on a 42 inch television. After the video, staff verbally go over the zero tolerance policy, reporting mechanisms (including JHA) and where PREA information is located in the Handbook. Orientation is typically done weekly, but all IICs would receive comprehensive PREA education within fourteen days. The staff confirmed that the video they utilize is on the agency website, however the staff advised they only have access to the English version of the video (video has subtitles). While education is not required to be completed again at the Work Camp, staff complete PREA education again when the IIC arrives at the Work Camp. The PREA education is completed in the program room and staff verbally go over definitions of sexual abuse and sexual harassment, the PREA hotline reporting number, JHA and their rights under PREA. The staff also point out the PREA Posters and ask if they have any questions. The staff advised that they have not had any IICs who were LEP but the person usually comes in with another IIC who can translate.

During IIC interviews the auditor utilized

Proprio for two LEP IIC interviews. The auditor was provided the call in number and utilized her cell phone to contact the number (the speaker on the phone being utilized was not functionable). The services require a pin number and it is only accessible through staff.

Health Services included a reception area, exam rooms, treatment rooms, a small infirmary and observation rooms. The reception area was small with benches. Exam and treatment rooms had doors with small windows. No additional barriers were observed to provide additional privacy when needed. The area had three observation rooms with a bed, toilet and sink. The infirmary was a smaller room with beds and a bathroom in the rear. PREA Reporting Posters were observed in the area in English and Spanish as well as placards with the PREA hotline number. The area also had a locked box for grievances and mail.

The segregated housing unit had double bunked cells with a toilet and sink. Showers were separate with a curtain. The housing unit had a separate outdoor recreation area, a small property room and a bookshelf with library books. PREA Reporting Posters were observed in English and Spanish across from the cells. IICs are provided out of cell time through recreation (five days a week) and showers (three days a week). Phone calls are only allowed if the individual stays in segregated housing over 29 days. All mail and grievances are submitted through a staff member.

### **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, IIC files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The auditor reviewed a random sample of 42 personnel and/or training files that included six individuals hired within the past twelve months, four contractors hired in the previously twelve months and four staff promoted during the previous twelve months. The personnel and/or training files included nine contractor, five volunteers and nine medical and mental health care staff were reviewed.

Individuals In Custody Files. A total of 46 IIC files were reviewed. 34 were of those that arrived within the previous twelve months, two were LEP IICs, nine were disabled IICs, four were transgender and eight were identified with prior sexual victimization and/or a history of prior abusiveness.

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

Grievances. The auditor reviewed the grievance logs as well as a sample of grievances.

Hotline Calls. There were 24 calls to the PREA hotline during the twelve month audit period. Most of the calls were not sexual abuse or sexual harassment.

Incident Reports. The auditor reviewed the incident reports for all sexual abuse and

sexual harassment allegations as well as a sample of incident reports.

Investigation Files. There were five allegations reported during the previous twelve months, two sexual abuse and three sexual harassment. All five investigations were administrative and were closed during the on-site portion of the audit. The auditor reviewed all five investigations. There were zero criminal investigations and zero investigations referred for prosecution.

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

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

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	1	0	1	0
<b>Staff-on-inmate sexual abuse</b>	1	0	1	0
<b>Total</b>	2	0	2	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	1	0	1	0
<b>Staff-on-inmate sexual harassment</b>	2	0	2	0
<b>Total</b>	3	0	3	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	1	0
<b>Staff-on-inmate sexual abuse</b>	0	1	0	0
<b>Total</b>	0	1	1	0

### Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	1	0
<b>Staff-on-inmate sexual harassment</b>	0	0	2	0
<b>Total</b>	0	0	3	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><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>3</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	2
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	The facility had five allegation reported. The auditor reviewed all five. None were criminal.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

## Non-certified Support Staff

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

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

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

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

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

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive (AD) 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Jacksonville Correctional Center Institutional Directive (ID) 04.01.301 Sexual Abuse and Harassment Prevention and Intervention</li> <li>4. Administrative Directive 01.02.103 Duty Administrative Officer, Back-up Duty Administrative Officer and Required Inspection Tours</li> <li>5. Administrative Directive 04.03.104 Evaluation, Treatment and Correctional Management of Transgender Offenders</li> <li>6. Administrative Directive 05.01.113 Searches of Offenders</li> </ol>

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
2. Interview with the PREA Compliance Manager

Findings (By Provision):

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

115.11 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. AD 04.01.301, page 3 states that the Director shall designate an Agency PREA Coordinator who shall develop, implement and oversee the Department's Sexual Abuse and Harassment Prevention and Intervention Program. The agency's organizational chart reflects that the PC position is an upper-level, agency-wide position. The position is the Senior Public Service Administrator who reports to the Chief Compliance Officer who reports to the Director. The interview with the PC indicated that the work gets done, but often requires that he work long hours. He stated the Department is currently in the process of restructuring the PREA Unit to

incorporate additional staff. Eventually, the IDOC PREA Compliance Unit will consist of one Senior Public Service Administrator (Agency PREA Coordinator), two Administrative Assistant II positions, and three Internal Security Investigator II positions. The PC stated there are a total of 31 PREA Compliance Managers and 31 Backup PREA Compliance Managers. Collaboration with the individuals occurs using in-person and WebEx meetings, SharePoint and an email distribution list in Outlook. Additionally, he stated that site visits are made to all facilities, and he is always available via email/phone. The interview with the PC indicated that if he identifies an issue complying with a PREA standard he would contact the specific Department Head and notify them of a concern and develop corrective action collectively. He indicated if the issue requires a policy change, the Department's Policy and Directive Unit as well as the Legal Department are utilized. Additionally, he stated that he can also utilize the National PREA Resource Center and networking with other states if necessary.

115.11 (c): The PAQ indicated that the facility has designated a PREA Compliance Manager that has sufficient time and authority to coordinate the facility's efforts to comply with PREA standards. The PAQ stated the position of PCM at the facility is the Assistant Warden and the position reports to the Warden. AD 04.01.301, page 4 states that the Chief Administrative Officer of each correctional facility shall designate a facility PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with PREA standards and who is trained in sexual abuse crisis issues and has the knowledge, skills and abilities for program implementation and evaluation. The facility's organizational chart indicates that the PCM reports to Warden. The interview with the PREA Compliance Manager indicated she did not have enough time to manage all of her PREA related responsibilities. She indicated she had another staff member taking over PREA once the audit was over. She further stated she coordinates the facility's effort through a lot of memorandums, talking to everyone about PREA, ensuring everyone has PREA cards, educating staff and IICs and preparing for teachable moments. The PCM stated if they identify an issue complying with a PREA standard they complete a memo and then train staff during roll call on the topic(s). The auditor determined through the interview with the PCM that she was unfamiliar with some of the policies and procedures related to prevention, detection and response.

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, the facility organizational chart and information from interviews with the PC and PCM, this standard appears to require corrective action.



	<p>Corrective Action</p> <p>The facility will need to ensure the PCM has enough time to manage all of her PREA related responsibilities. A memo will need to be provided describing how this was accomplished. Further, the PCM will need to be trained on policies and procedures, specifically about the external reporting entity and process, the process for affording access to victim advocates and sexual abuse incident reviews.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. PREA Appointment Memorandum</li> <li>2. PREA Compliance Manager Training Certificate</li> </ol> <p>The facility provided a memo that outlined two staff at the facility who would be responsible for PREA compliance. The facility appointed two staff as PREA Compliance Managers to ensure adequate time. Both staff were trained on the PREA standards as well as IDOC policy and procedures related to PREA. Training certificates were provided as confirmation.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> </ol>

## 2. Contracts for Confinement of Individuals In Custody

### Interviews:

#### 1. Interview with the Agency's Contract Administrator

### Findings (By Provision):

115.12 (a): The PAQ indicated that the agency has entered into or renewed two contracts for the confinement of IICs since the last PREA audit and both contracts require the contractor to adopt and comply with PREA standards. A review of the two contracts confirmed that language is included in each contract that states that the "vendor shall comply with all applicable fiscal, operational and program policies of the IDOC contained in Administrative Directives, Administrative Rules and applicable memoranda. IDOC shall provide at least one complete set to the Center". It also states that the "vendor shall grant open access, at all times, to the IDOC for inspection, audits, routine IDOC business and any other purposes relating to this program as determined by the IDOC".

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

Based on the review of the PAQ, the language within the contracts 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 addition to the language, the agency goes above and beyond by coordinating and paying for the PREA audits for the contracted agency. The agency does this to ensure that the contractor complies with the PREA standards and is fully compliant. The PC schedules these audits and includes them in his PREA audit three year cycle.

**115.13 Supervision and monitoring**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 01.02.103 Duty Administrative Officer, Back-up Duty Administrative Officer and Required Inspection Tours
4. Staffing Plan
5. Staffing Plan Review
6. Documentation of Unannounced Rounds

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interviews with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

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

Findings (By Provision):

115.13 (a): The PAQ indicated that the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect IICs against abuse. AD 04.01.301 pages 4-5 address the agency's staffing plan development. Specifically, it states that the Chief

Administrative Officer of each correctional facility shall ensure the facility develops, documents and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect IICs against sexual abuse and sexual harassment. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: generally accepted correctional practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant including blind-spots or areas where staff or offenders may be isolated, the composition of the offender population, the number and placement of supervisory staff, institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated that the staffing plan is based on 780 IICs (which is average daily population). The facility employs 452 staff. Security staff mainly make up three shifts; 7am-3pm, 3pm-11pm and 11pm-7am. Each shift has a Shift Supervisor as well as zone supervisors (Lieutenants), Sergeants and Correctional Officers. Supervisors and Officers are assigned to housing units as well as other areas including; control, dietary, movement, visiting room, recreation, commissary and education. Additionally, medical and mental health care staff and administrative staff have their own varied scheduled work hours. During the tour the auditor confirmed the facility follows the staffing plan. There were at least two security staff per housing unit [housing units were open bay with two sides and as such were considered two separate housing units per the PREA Resource Center's (PRC) Frequently Asked Question (FAQ)]. Additionally, there were zone supervisors (Lieutenants and Sergeants) across different zones of the facility. Program, work and education areas included non-security staff and either a positioned or roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. The auditor confirmed that the physical plant of the housing units provided an adequate line of sight in conjunction with routine security checks/rounds. The facility did not appear to be overcrowded and staffing appeared to be adequate based on the population. The auditor identified blind spots in the warehouse, food service (dry storage), commissary and commissary at the Work Camp (due to stacked boxes). The auditor also observed a mirror in the dish room that needed repositioned to alleviate a blind spot. Additionally, the auditor observed unsecure doors in the warehouse and the Work Camp commissary. Informal conversation with staff and IICs indicated staff conduct rounds every fifteen to 30 minutes and supervisors make rounds daily. Conversation also confirmed staffing during the audit was typical staffing and there was not overcrowding. A few IICs stated they are not overcrowded but they could use more space. A review of video monitoring technology confirmed that the majority of areas, to include housing units and common areas were equipped with video monitoring technology. Video monitoring technology is utilized to supplement supervision and monitoring and does not replace staff. Cameras are placed to cover blind spots and high traffic areas. Cameras can be viewed by Internal Affairs, Shift Commanders and Central Control and Administrative Level Staff. The interview with the Warden confirmed that the facility has a staffing plan that includes adequate levels to protect IICs from sexual abuse. She stated they ensure they have

enough officers and non-security staff to cover their needs. She confirmed video monitoring is part of the staffing plan and the staffing plan is documented. The Warden indicated they utilize a roster management system which outlines the number and level of staff needed for the housing unit or zone. She indicated that they assess areas related to staffing, video monitoring and mirrors to alleviate blind spots. The Warden confirmed the day shifts have more staff due to movement and supervisors are assigned on each shift. The Warden stated that the staffing plan is reviewed daily through rosters. The PCM stated the facility has to have the necessary staff to fill all posts and that the staffing plan takes into consideration the elements under this provision. She indicated that they rearrange staff at the facility based on needs. She confirmed there are supervisors on each shift and day shift has the most staff due to education, programs, recreation and transports.

115.13 (b): The PAQ indicated that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. AD 04.01.301, page 5 states that if circumstances arise where the staffing plan is not complied with, the facility shall document and justify all deviation from the plan on the Daily Roster review, DOC 0531, in accordance with 05.01.101. The interview with the Warden confirmed that any deviations from the staffing plan would be documented. She stated if they could not get staff to work overtime they would go on lockdown. All posts closed are itemized on the lockdown report. The auditor requested examples of deviations from the staffing plan, however at the issuance of the interim report the documentation had not yet been provided.

115.13 (c): The PAQ indicated that at least once a year the facility in collaboration with the PC, reviews the staffing plan to see where adjustments are needed. AD 04.01.301, page 5 states that whenever necessary, but no less frequent than once per year, the facility, in consultation with the Agency PREA Coordinator, shall assess, determine and document whether adjustments are needed to the staffing plan established herein, the facility's deployment of video monitoring systems and other monitoring technologies, and the resources the facility has available to ensure adherence to staffing plan. The staffing plan was most recently reviewed on October 9, 2023. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The staffing plan review included documentation on the facility staffing allocations, cameras and all the required components under provision (a) of this standard, including physical plant, finding of inadequacy, composition of IIC population, programs occurring on each shift, incidents of sexual abuse and other relevant factors. The staffing plan was previously reviewed on January 30, 2023. The PC confirmed that he is consulted regarding each facility's staffing plan. He stated staffing assessments are reviewed consistently by Operations (Roster Review Team, Security Review Team, etc.) and updates to the Staffing Plan are signed off on by the facility Warden and PREA Coordinator on an annual basis.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The PAQ further states that the facility documents the unannounced rounds and the rounds cover all shifts. Additionally, the PAQ stated that the facility prohibits staff from alerting other staff of the conduct of such rounds. 01.02.103, page 3 states that the Back-up Duty Administrative Officer (BUDAO) or Duty Administrative Officer (DAO) shall at least every two days, excluding weekends and holidays, inspect activity areas of the facility, housing units, including restrictive housing, kitchens and dining rooms, health care units, recreation areas and educational, vocational, maintenance and industry buildings. Page 4 states that the BUDAO shall conduct unscheduled inspections of random areas within the facility for all major holidays, during back shift, each weekend and at satellite facilities. The policy states that the unscheduled inspection of random areas within the facility on the DOC 0481. The policy further states that staff shall be prohibited from alerting other staff member that supervisory rounds are occurring unless such announcement is related to the legitimate operational function of the facility. A review of the PAQ supplemental documentation indicated that the DAO makes rounds throughout the housing units and common areas. A review of documentation for six weeks requested by the auditor confirmed that supervisors made rounds across all three shifts in each housing unit. Interviews with intermediate-level or higher-level supervisors confirm that they make unannounced rounds and that they document the unannounced rounds in the housing unit log books and in the DAO log book. The supervisors indicated they ensure staff don't notify one another of their unannounced by varying times and locations. Supervisors stated they do not have a routine for rounds. Informal conversation with staff and IICs indicated staff conduct rounds every fifteen to 30 minutes and supervisors make rounds daily.

Based on a review of the PAQ, 04.01.301, 01.02.103, the facility staffing plan, the staffing plan reviews, documentation of unannounced rounds, observations made during the tour and interviews with the PC, PCM, Warden and intermediate-level or higher-level staff, this standard appears to require corrective action. The auditor identified blind spots in the warehouse, food service (dry storage), commissary and commissary at the Work Camp (due to stacked boxes). The auditor also observed a mirror in the dish room that needed repositioned to alleviate a blind spot. Additionally, the auditor observed unsecure doors in the warehouse and the Work Camp commissary. The auditor requested examples of deviations from the staffing plan, however at the issuance of the interim report the documentation had not yet been provided.

Recommendation

The auditor highly recommends that the facility install cameras in maintenance. Further the auditor recommends the facility install a mirror and/or camera at the Work Camp in the back dry storage area to be viewed through the window.

#### Corrective Action

The facility will need to alleviate the identified blind spots and provide photos confirming the modifications. The facility will also need to provide the originally requested sample of documentation of deviations from the staffing plan.

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

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

#### Additional Documents:

1. Photos of Installed Mirrors and Modifications
2. Training Memorandum
3. Deviations from Staffing Plan

The facility provided photos of mirrors installed across the areas identified with blind spots. Mirrors were installed to alleviate blind spots. Additionally, boxes were removed from commissary at the Work Camp to alleviate the blind spot.

The facility also provided a training memorandum that was provided to all staff related to securing doors and adequate security practices.

Further, over 40 examples were provided of deviations from the staffing plan. The documentation confirmed deviations are documented with date, time and justification/reasoning.

Based on the documentation provided the facility has corrected this standard and as

	such appears to be compliant.
--	-------------------------------

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Public Act 99-628</li> <li>3. Memorandum from Legal Counsel</li> </ol> <p>Findings (By Provision):</p> <p>115.14 (a): The PAQ and the memo from Legal Counsel indicated that no youthful IICs are housed at Jacksonville Correctional Center and as such this standard is not applicable. Public Act 99-628 (effective January 1, 2017) states that all offenders under eighteen years of age when sentenced to imprisonment shall be committed to the Department of Juvenile Justice and the court in its order of commitment shall set a definite term. As of January 1, 2017, newly sentenced seventeen year old offenders are to be admitted into the penitentiary system at an Illinois Department of Juvenile Justice facility and later subject to permanent transfer to IDOC pursuant to 730 ILCS 5/3-10-7€ after attaining the age of eighteen.</p> <p>115.14 (b): The PAQ and the memo from Legal Counsel indicated that no youthful IICs are housed at Jacksonville Correctional Center and as such this standard is not applicable. Public Act 99-628 (effective January 1, 2017) states that all offenders under eighteen years of age when sentenced to imprisonment shall be committed to the Department of Juvenile Justice and the court in its order of commitment shall set a definite term. As of January 1, 2017, newly sentenced seventeen year old offenders are to be admitted into the penitentiary system at an Illinois Department of Juvenile Justice facility and later subject to permanent transfer to IDOC pursuant to 730 ILCS 5/3-10-7€ after attaining the age of eighteen.</p> <p>115.14 (c): The PAQ and the memo from Legal Counsel indicated that no youthful IICs are housed at Jacksonville Correctional Center and as such this standard is not applicable. Public Act 99-628 (effective January 1, 2017) states that all offenders</p>



under eighteen years of age when sentenced to imprisonment shall be committed to the Department of Juvenile Justice and the court in its order of commitment shall set a definite term. As of January 1, 2017, newly sentenced seventeen year old offenders are to be admitted into the penitentiary system at an Illinois Department of Juvenile Justice facility and later subject to permanent transfer to IDOC pursuant to 730 ILCS 5/3-10-7€ after attaining the age of eighteen.

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

**115.15 Limits to cross-gender viewing and searches**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 04.03.104 Evaluation, Treatment and Correctional Management of Transgender Offenders
4. Administrative Directive 05.01.113 Searches of Offenders
5. Post Description Correctional Officer Housing Unit Wing 1
6. Rehabilitation, Safety Management and Care for Transgender People in Correctional Settings Curriculum
7. Personal Searches Curriculum
8. Guidance on Cross-Gender and Transgender Pat Searches
9. Personal Search Card
10. Staff Training Records

Interviews:

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

### 3. Interviews with Transgender and/or Intersex Individuals In Custody

#### Site Review Observations:

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

#### Findings (By Provision):

115.15 (a): The PAQ indicated that the facility does not conduct cross gender strip or cross gender visual body cavity searches of IICs. The PAQ further indicated that areas where strip searches are conducted (visiting room shakedown, gatehouse, sallyport, industries, maintenance and dietary) have gender specific posts to ensure there are no cross gender searches conducted. The PAQ stated zero searches of this kind were conducted at the facility over the past twelve months. 05.01.113, page 2 states that cross-gender strip searches shall be prohibited. A review of the Personal Searches Curriculum confirmed that page 4 discusses the prohibition under 05.01.113.

115.15 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female IICs, absent exigent circumstances and the facility does not restrict female IICs' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The PAQ further indicated that Jacksonville Correctional Center does not house female IICs and as such this provision does not apply. The Personal Searches Curriculum, page 4 indicates that staff are trained that only female correctional employees, who are properly trained, are authorized to conduct pat down or clothed body searches of female offenders. There were zero cisgender female IICs at the facility. The interview with the one transgender IIC indicated she was not restricted from going somewhere in order to comply with this provision. She stated shew was never searched by staff of the opposite gender of their preference. Thirteen of the fourteen staff indicated they do not restrict access to programs and privileges in order to comply with this provision. One staff member stated they restricted access a long time ago but they worked out the process.

115.15 (c): The PAQ indicated that facility policy requires that all cross-gender strip searches and cross gender visual body cavity searches be documented and that all cross-gender pat-down searches of female IICs be documented. The PAQ stated that the facility does not house female IICs and as such that part of the provision does not apply. 01.12.105, page 3 states that notification of serious and significant unusual incidents shall be in accordance with the provisions of this directive. Page 3 states

that following initial notification of the respective Deputy Director or Chief, the Chief Administrative Officer shall ensure electronic notification of the incident is provided and the notification includes the date and time, offenders involved, staff involved and narrative of the incident. The Personal Search Manual, page 4 states that in exigent or emergency circumstances, a male correctional employee, who is properly trained, may conduct a search if a properly trained, female correctional employee is not available. An exigent or emergency situation is one in which a reasonable suspicion exists that a weapon, or another item of serious contraband, is present and it presents an immediate danger to the offender(s), facility security, or the public which cannot be safety averted either by securing, escorting or isolating the offender. The interview with the one transgender IIC indicated she was not restricted from going somewhere in order to comply with this provision. She stated shew was never searched by staff of the opposite gender of their preference.

115.15 (d): The PAQ stated that the facility has implemented policies and procedures that enable IICs to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, the PAQ stated that policies and procedures require staff of the opposite gender to announce their presence when entering an IIC housing unit. 04.01.301, page 7 indicates that offenders shall be able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except when such viewing is incidental to routine cell checks. Page 7 further notates that staff of the opposite gender, whether assigned to the unit or not, shall make the following verbal announcement upon their arrival in a housing unit "Male/Female in the housing unit". Additionally, Post Description Correctional Officer Housing Unit Wing 1, page 2 states that the assigned correctional officer is responsible for announcing any male staff member upon their entrance to the housing unit in accordance with PREA Standard 115.15 (Limits to Cross Gender Viewing) "Knock and Announce" policy. In addition, a general announcement that male staff will be present should occur at the beginning of each shift and at least once more during the shift. A review of the cameras confirmed that there were no concerns with cross gender viewing or privacy in bathrooms and showers. During the tour the auditor observed that IICs have privacy when showering and using the restroom via saloon style doors, raised walls, shower curtains and doors with small security windows. The strip search area in intake provided privacy via a room with raised walls while the visitation strip search area provided privacy via a solid door. Additionally, strip searches in the segregated housing unit have privacy via a shower curtain. With regard to the opposite gender announcement, the auditor heard the announcement made verbally upon entry into the general population housing units. The announcement was not made prior to entering the segregated housing unit. The cross gender announcement was made verbally prior to entry by the staff assigned to the housing units. The announcement was loud and appeared to be audible throughout the housing unit. In addition, the agency has a paging system for the deaf and hard of hearing IICs where the announcement can be sent out to

their watches. Informal conversation with IICs and staff confirmed that there is privacy from opposite gender staff when showering, using the restroom and changing clothes. Staff advised they make the female announcement, however conversation with IICs was inconsistent. Some stated the announcement is made while others stated it is not made. All fourteen random staff interviewed stated that IICs have privacy when showering, using the restroom and changing clothes. 26 of the 30 IICs interviewed indicated they had never been naked in front of a staff member of the opposite gender and have privacy when using the restroom, showering and changing their clothes. 29 of the 30 IICs stated that staff of the opposite gender announce when they enter IIC housing units. The IICs stated they announce and they also have a sign they place in the window when a female is working. All fourteen staff stated that opposite gender staff announce their presence when entering an IIC housing unit.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex IIC for the sole purpose of determining the IIC's genital status and no searches of this nature occurred in the past twelve months. 05.01.113, page 2 states that staff shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversation with the offender, reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with fourteen random staff indicated nine were aware of an agency policy that prohibits strip searching a transgender or intersex IIC for the sole purpose of determining the IICs' genital status. Staff indicated they search transgender IICs based on their preference. The interview with the transgender IIC confirmed she did not believe she was searched for the sole purpose of determining her genital status.

115.15 (f): 05.01.113, page 2 states that the Office of Staff Development and Training shall ensure security staff are trained in conducting searches of offenders in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Page 11 further states that offenders designated as transgender non-conforming shall be designated as such in Offender 360 and provided an offender identification card specifying the gender of staff that will perform strip searches of that offender as determined by the Transgender Administrative Committee in consultation with the offender. If a strip search is to be performed, the transgender or gender non-conforming offender shall be searched by the gender of the staff designated on their offender identification card. 04.03.104, pages 8-9 also outline the same information described in 05.01.113. The Personal Search Curriculum pages 3-4 outline the basic guidelines for conducting searches including being systematic, thorough, objective and consistent. Page 5 states that when conducting searches of a transgender or intersex offender, the searches should be conducted in a professional and respectful manner, consistent with the type of

search being conducted, and security needs. Searches should be complete in accordance with applicable Administrative Directives or Institutional Directives based on the gender of the facility, unless otherwise directed by the CAO. The training further states that if an offender has been confirmed and identified in Offender 360 or on their identification badge to be transgender or gender non-conforming, the offender may express preferences to be searched by a male or female staff of their gender identify rather than the gender staff above, that request will be considered and if possible, honored, if staff are available to do so. Staff are also provided training titled Rehabilitation, Safety Management and Care for Transgender People in Correctional Settings. A review of the training confirmed that staff are provided information on definitions and terminology, appropriate language, bias, gender informed professional skills including appropriate language and misgendering, statistics and policy and procedure related to transgender care. Staff are also provided a personal search card that outlines the steps for offender pat-searches and offender strip searches. Additionally, during the PREA cycle training staff view the PREA Resource Center Video, Guidance on Cross-Gender and Transgender Pat Searches. The PAQ indicated that 100% of staff have received this training. Interviews with random staff indicated twelve of the fourteen had received training on how to conduct cross-gender pat down searches and searches of a transgender and intersex IICs. A review of eighteen staff training records indicated seventeen had received the training during cycle training. One staff record was not provided, however the auditor determined based on the sample that all staff receive the training during annual cycle training.

Based on a review of the PAQ, 04.01.301, 04.03.104, 05.01.113 staff training records, observations made during the tour, as well as information from interviews with random staff and random IICs indicates this standard appears to require corrective action. With regard to the opposite gender announcement, the auditor heard the announcement made verbally upon entry into the general population housing units. The announcement was not made prior to entering the segregated housing unit. Staff advised they make the female announcement, however conversation with IICs was inconsistent. Some stated the announcement is made while others stated it is not made.

#### Corrective Action

The facility will need to train staff on the cross gender announcement. Confirmation of the training will need to be provided. Additionally, the facility should provide the one missing staff training record.

Verification of Corrective Action Since the Interim Audit Report

	<p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. Training Memorandum Related to Opposite Gender Announcement</li> </ol> <p>The facility provided a training memorandum that outlined the appropriate procedure for the opposite gender announcement, including at the beginning of the shift and upon entry into housing units. The training memo was read at roll call for five days in May. Shift Supervisor initiated the document confirming the completion.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 04.01.105 Facility Orientation</li> <li>4. Administrative Directive 04.01.111 ADA Accommodations</li> <li>5. Administrative Directive 05.07.101 Reception and Classification Process</li> <li>6. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> <li>7. Video Remote Interpreting Information</li> <li>8. Language Interpretation Procedure - Propio Language Services, LLC.</li> </ol>

9. Individuals In Custody Orientation Manual (Handbook)

10. PREA Reporting Poster

11. PREA Poster

Interviews:

1. Interview with the Agency Head

2. Interviews with LEP and Disabled Individuals In Custody

3. Interviews with Random Staff

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled IICs equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 04.01.301, pages 7-8 state that the Department shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to offender who have limited reading skills. 04.01.111, pages 3-4 indicate that the CAO shall ensure offenders are provide with information regarding ADA disability accommodations and shall establish procedures for offender access to teletypewriter (TTY) and Video Remote Interpreting (VRS) equipment. The policy also indicates that the CAO shall find alternative notification methods for auditory announcements (tactile paging system). 05.07.101, page 2 states that all videos used during orientation shall include closed captioning subtitles and closed captioning utilizing American Sign Language which has been reviewed for accuracy of the interpretation by the Illinois Deaf and Hard of Hearing Commissioner or a qualified interpreter. The policy further states that the department shall reserve the first row of seats during orientation for offenders who are disabled. A review of PREA Posters, the Handbook and distributed information confirmed that information can be provided in large font and bright colors and can be read to IICs in terminology that they understand. Additionally, pages 67-68 of the Handbook provide information on Americans with Disabilities (ADA) including requesting accommodations, telecommunication equipment and sign language information. The facility also provided three photos of the video interpretation phones located throughout the facility. 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 IICs with disabilities and IICs who are limited English Proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 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. The auditor observed PREA information posted throughout the facility in housing units and common areas. Housing units had the oversized poster (PREA Poster) and most housing units also had the regular paper size posters (PREA Reporting Poster). The PREA Reporting Posters were observed on bright orange colored letter size paper in English and Spanish. The PREA Posters were observed on larger colored paper in both English and Spanish. Posters were observed on housing unit walls in the dayroom and near the phones. Additionally, the facility illustrated the paging mechanism for IICs who are deaf or hard of hearing as it relates to the cross gender announcement. A page is sent to the IIC watches advising them of the female staff member. A log is maintained of the entries. Interviews with six disabled IICs indicated all six were provided information in a format that they could understand. It should be noted none of the disabled IICs interviewed required accommodations. Further, while the auditor did not utilize Propio video translation during the Jacksonville CC audit, the auditor previously utilized the service during another IDOC audit and confirmed that ASL translation is available via video interpretation when set up through staff.

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



had the regular paper size posters (PREA Reporting Poster). The PREA Reporting Posters were observed on bright orange colored letter size paper in English and Spanish. The PREA Posters were observed on larger colored paper in both English and Spanish. Posters were observed on housing unit walls in the dayroom and near the phones. During IIC interviews the auditor utilized Propio for two LEP IIC interviews. The auditor was provided the call in number and utilized her cell phone to contact the number (the speaker on the phone being utilized was not functional). The services require a pin number and it is only accessible through staff. Additionally, during a prior IDOC audit the auditor utilized the video interpreter services for ASL confirming services are available to IICs via staff. Interviews with three LEP IICs indicated all three were provided information in a format they could understand.

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

Based on a review of the PAQ, 04.01.301, 04.01.105, 04.01.111, 05.07.101, the PREA Manual, Video Remote Interpreting Information, Propio Language Services LLC information, PREA Posters, the Handbook, observations made during the tour as well as interviews with the Agency Head, random staff, IICs with disabilities and LEP IICs indicates that this standard appears to be compliant.

#### Recommendation

The auditor highly recommends that the facility train all staff on the available resources (Propio) that can be utilized for disabled and LEP IICs PREA education, risk

	screening, etc. This ensures that all staff at the facility are aware of the resources and can utilize them when needed.
--	--------------------------------------------------------------------------------------------------------------------------

<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 01.02.107 Background Investigations</li> <li>3. Administrative Directive 03.02.100 Administrative Review of Personnel or Service Issues</li> <li>4. Administrative Directive 03.02.108 Standards of Conduct</li> <li>5. PREA Preemployment Self Report DOC 0450</li> <li>6. PREA Questionnaire for Institutional Employers DOC 0589</li> <li>7. Arrest Tracking Process Memorandum</li> <li>8. Personnel Files of Staff</li> <li>9. Contractor Background Files</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Human Resource Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may come in contact with IICs, and shall not enlist the services of any contractor who may have contact with IICs if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated 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</p>

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 personnel files for six staff hired in the previous twelve months confirmed that all six had a criminal background records check completed. All six also completed the DOC 0450, which contains the PREA questions outlined under this standard. A review of files for four contractors hired in the previous twelve months confirmed all four had a criminal background records check completed prior to enlisting their services.

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

115.17 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with IICs, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. 01.02.107, pages 2-3 state that background investigations shall be completed on person prior to employment or prior to placement in safety sensitive position and on person who provide services for the Department. There shall be two levels of background investigations: a computer criminal history check which includes 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

53 individuals has a criminal background records check completed, which is over 100% of those hired in the previous twelve months. Further communication with the PCM indicated this was incorrect and should be 46. A review of six personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background records check completed prior to hire. None of the six staff had a prior institutional employer listed on the application and as such no prior institutional employers were contacted. 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.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with IICs. The PAQ indicated that there have been 34 contracts at the facility within the past twelve months where criminal background record checks were conducted on all staff covered under the contract. Further communication with the PC indicated that this was completed incorrectly, there are three contractors with 34 contractors that have had a criminal background records check completed.

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 files for four contractors hired in the previous twelve months confirmed all four had a criminal background records check completed prior to enlisting their services. The Human Resource staff confirmed that all contractors who have routine access to individuals in custody go through the background process.

115.17 (e): The PAQ indicated that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with IICs, or that a system is in place for otherwise capturing such information for current employees. 03.02.108, page 2 states that employees are required to verbally report as soon as possible but within five working days a written report and final disposition to the Background

Investigations Unit any arrest, indictment or conviction for a felony or misdemeanor, other than minor traffic offenses such as a parking ticket. The memo from the Background Investigations Unit staff indicated that every applicant processed by the IDOC had fingerprints submitted through the Illinois State Police LEADS/NCIC system. When fingerprints are submitted, a permanent marker is indicated on the entry which enables arrest tracking. If the individual is ever arrested, the nationwide system generates a direct response to the IDOC Background Investigations Unit which is immediately notified of the arrest. The BIU then contacts the CAO of the facility or program site where the employee/contractor is assigned. The facility provided the auditor examples of employee fingerprint submissions and employee arrest notifications, confirming that the IDOC is notified of any arrests. The interview with Human Resource staff indicated that every applicant processed by the Illinois Department of Corrections Background Investigations Unit has, as part of the background investigations process and as a condition of their employment, fingerprints submitted through the Illinois State Police LEADS/NCIC system. When fingerprints are submitted, a permanent marker is indicated on the entry which enables Arrest Tracking. If the individual is ever arrested, the nationwide system generates a direct response to the Illinois Department of Corrections Background Investigations Unit which is immediately notified of the arrest. The notification includes the individual's name, date of birth, and other pertinent identifying information, as well as the Agency which effected the arrest and the charge(s).

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

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

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

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

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

Site Review Observations:

1. Observations of Modification to the Physical Plant/New Unit
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. During the tour the auditor confirmed that there were no modifications to the existing facility. 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 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 Warden confirmed there have been no substantial expansions or modifications to the existing facility since the last PREA audit.

115.18 (b): The PAQ stated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later. A review of video monitoring technology during the tour confirmed that the majority of areas, to include housing units and common areas were equipped with video monitoring technology. Video monitoring technology is utilized to supplement supervision and monitoring and does not replace staff. Cameras are placed to cover blind spots and high traffic areas. Cameras can be viewed by Internal Affairs, Shift Commanders and Central Control and Administrative Level Staff. The interview with the Agency Head confirmed that any use of newly updated or installed monitoring technology would be utilized to assist in enhancing the agency's ability to protect IICs from sexual abuse. 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 Warden confirmed that when installing or updating video monitoring technology they consider how that technology will protect IICs from sexual abuse. She stated that they look at cases or things that may have happened at other facilities to locate places for cameras to assist with safety and security. The auditor requested documentation related to the camera installation/upgrades, however at the issuance of the interim report the documentation had not yet been received.

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 require corrective action. The auditor requested documentation related to the camera installation/upgrades, however at the issuance of the interim report the documentation had not yet been received.

Corrective Action

The facility will need to provide the originally requested documentation related to the camera installation/upgrades.

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. Camera Placement Documentation

The facility provided a document that outlined the reasoning behind camera placement, including for safety and security reasons and to prevent/deter sexual abuse and sexual harassment.

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

<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 01.12.120 Investigations of Unusual Incidents
4. Administrative Directive 01.12.112 Preservation of Physical Evidence
5. Memorandum of Understanding with Prairie Center Against Sexual Abuse
6. Investigative Reports
7. Memorandum of Understanding with the Illinois State Police
8. Correspondence with the Illinois State Police

Interviews:

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

Findings (By Provision):

115.21 (a): The PAQ indicated that the agency is responsible for conducting administrative and criminal investigations. Additionally, the PAQ stated that the Illinois State Police is also responsible for conducting criminal investigations. The PAQ indicated that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. The initial investigative report shall be provided to the Chief Administrative Officer within 24 hours of the onset of the investigation. Policy further states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to 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 fourteen random staff indicated all fourteen were aware of and understood the protocol for obtaining usable physical evidence. Additionally, thirteen staff stated they knew who was responsible for conducting sexual

115.21 (b): The PAQ indicated that the evidence protocol is not developmentally appropriate for youth as the agency does not house youthful IICs. It further stated that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents". Further clarification with the 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.

115.21 (c): The PAQ indicated that the facility offers all IICs who experience sexual abuse access to forensic medical examinations at an outside medical facility. The PAQ stated that forensic medical examinations are offered without financial cost to the victim. It further indicated forensic medical examinations are always conducted by SAFE or SANE. The PAQ confirmed that state statute (Illinois Compiled Statutes ILCS) requires forensic medical examination to be performed by SANE/SAFE. 04.01.301, page 9 states that offenders shall not be charged for co-payments for medical treatment, including a forensic medical examination, obtained for alleged sexual abuse. Treatment shall be provided by a certified Sexual Assault Forensic Examiner (SAFE) or a certified Sexual Assault Nurse Examiner (SANE) at a local emergency room as determined by the local facility. The memo from the Chief of Investigations and Intelligence also indicated that all Sexual Assault Evidence Kits will be completed by an outside hospital or outside hospital emergency room with trained medical staff. The PAQ indicated that during the previous twelve months there were zero forensic medical examinations conducted by a SANE/SAFE and/or a physician. The auditor contacted St. John's Hospital Springfield related to forensic medical examinations. Hospital staff confirmed that they provide forensic medical examinations via SAFE/SANE. A review of investigations confirmed there were zero forensic medical examinations during the previous twelve months.

115.21 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center and the efforts are documented.

The PAQ further indicated that if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member, however a rape crisis center advocate is always provided. 04.01.301, page 5 states that the PCM shall identify community agencies, including advocacy and crisis organizations, where reports can be made or that provide assistance or support services to staff or offenders in the prevention or intervention of sexual abuse and harassment. Page 8 further states that all response efforts, including efforts to secure advocacy services from a rape crisis center, shall be documented. The facility has a Memorandum of Understanding with Prairie Center Against Sexual Abuse which was signed on July 28, 2021. The MOU states the purpose and scope of the MOU is to establish a joint effort between IDOC and Prairie Center Against Sexual Abuse to make available to IICs access to an outside entity to provide emotional support services related to sexual abuse, including crisis intervention and sexual assault counseling. The MOU further states that it is understood that face-to-face emotional support will be provided in as confidential a manner as possible or emotional support would be provided through confidential, unmonitored, unrecorded phone calls and shall comply with 735 ILCS 5/8-802.1 "Confidentiality of Statements Made to Rape Crisis Personnel". The interview with the PCM indicated that a victim advocate would not be provided for accompaniment during the forensic medical examination or investigatory interviews, but an advocate would be provided for them. She stated they have a phone number through St. John's Hospital that they can call if needed but she did not think they every used it at the facility. She indicated she had never used the number. There were zero IICs who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed. A review of documentation indicated both victims were afforded access to a victim advocate. One IIC victim declined the services and one accepted the services. The auditor requested documentation related to providing the services to the IIC victim, however the documentation was not provided.

115.21 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. 04.01.301, page 5 states that the PCM shall identify community agencies, including advocacy and crisis organizations, where reports can be made or that provide assistance or support services to staff or offenders in the prevention or intervention of sexual abuse and harassment. Page 8 further states that all response efforts, including efforts to secure advocacy services from a rape crisis center, shall be documented. The facility has a Memorandum of Understanding with Prairie Center Against Sexual Abuse which was signed on July 28, 2021. The MOU states IDOC will follow the Sexual Assault Survivors Emergency Treatment Act (SASETA) when a forensic medical examination is determined by IDOC to be medically and evidentiarily appropriate in accordance with 115.21, and the examination will be provided at no cost to the IIC. It is expected that the treatment hospital will contact a local rape crisis center as may be specified within a memorandum of understanding or other agreement between the treatment hospital's

local rape crisis center pursuant to SASETA. IDOC will allow an IIC transported to a treatment hospital for medical forensic services to access crisis intervention and medical advocacy while at the treatment hospital. If the PCM is on duty, and as time and circumstances allow, the PCM shall provide notice to the appropriate rape crisis center of an IIC being transported to a treatment hospital for medical forensic services to allow for an advocate to be dispatched earlier than when the hospital calls upon arrival. The MOU further states that after the forensic services is performed, IDOC will inform the IIC how to contact the rape crisis center so that the IIC can independently decide whether to avail himself or herself of additional rape crisis services. The interview with the PCM indicated that a victim advocate would not be provided for accompaniment during the forensic medical examination or investigatory interviews, but an advocate would be provided for them. She stated they have a phone number through St. John's Hospital that they can call if needed but she did not think they every used it at the facility. She indicated she had never used the number. There were zero IICs who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed. A review of documentation indicated both victims were afforded access to a victim advocate. One IIC victim declined the services and one accepted the services. The auditor requested documentation related to providing the services to the IIC victim, however the documentation was not provided.

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

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

115.21 (h): The facility has an MOU with Prairie Center Against Sexual Abuse which is the local rape crisis center with trained/certified victim advocates. Staff are required to maintain necessary training and certification under state law.

Based on a review of the PAQ, 04.01.301, 01.12.120, 01.12.112, the MOU Prairie Center Against Sexual Abuse, investigative reports, the MOU with the Illinois State Police, the correspondence with the Illinois State Police and information from

interviews with the random staff and the PREA Compliance Manager, SAFE/SANE indicates that this standard appears to require corrective action. The interview with the PCM indicated that a victim advocate would not be provided for accompaniment during the forensic medical examination or investigatory interviews, but an advocate would be provided for them. She stated they have a phone number through St. John's Hospital that they can call if needed but she did not think they every used it at the facility. She indicated she had never used the number. A review of documentation indicated both victims were afforded access to a victim advocate. One IIC victim declined the services and one accepted the services. The auditor requested documentation related to providing the services to the IIC victim, however the documentation was not provided.

#### Corrective Action

The facility will need to train staff on policies and procedures related to affording IIC victims of sexual abuse access to a victim advocate, to include during forensic medical examinations and investigatory interviews. A copy of the training will need to be provided. A list of sexual abuse allegations during the corrective action period will need to be provided as well as associated victim advocacy documents.

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

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

#### Additional Documents:

1. Training Memorandum on Victim Advocacy Process
2. Memorandum Related to Sexual Abuse Allegations During Corrective Action Period
3. Mock Investigation Documents

A training memo was provided to the auditor that outlined the process for affording IICs who report sexual abuse access to a victim advocate, to include how it would be afforded and who would be responsible for contacting for services. The training memo was signed by appropriate staff to confirm they received and understood the

	<p>training.</p> <p>The facility provided a memo advising they had zero sexual abuse allegations reported during the corrective action period. The PC confirmed there were zero allegations. Due to no allegations being reported the facility conducted a mock investigation to provide training on the processes, to include affording victim advocacy. Documentation was provided indicating the mock victim was afforded access but declined the services.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 01.12.120 Investigations of Unusual Incidents</li> <li>4. Memorandum of Understanding with the Illinois State Police/Office of Executive Inspector General</li> <li>5. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head</li> <li>2. Interview with Investigative Staff</li> </ol> <p>Findings (By Provision):</p>

115.22 (a): The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. The initial investigative report shall be provided to the Chief Administrative Officer within 24 hours of the onset of the investigation. Policy further states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. 01.12.120, pages 1-2 state that The CAO shall ensure that an internal investigation is conducted by facility staff, or by staff assigned by the Chief of Investigations and Intelligence, on each unusual incident report, if it is determined that further facts are required. The Director or the respective Deputy Director or Chief may request that the Chief of Operations initiate a Department investigation of any other major incident. Department investigations shall be conducted by the Investigations and Intelligence Unit. The PAQ noted there were five allegations reported within the previous twelve months. All five resulted in an administrative investigation and none resulted in a criminal investigation. A review of documentation confirmed there were five allegations reported, two sexual abuse and three sexual harassment. All five had a completed administrative investigation. None of the five involved a criminal investigation. The interview with the Agency Head confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. He stated the agency has a policy/manual and that all allegations are investigated. He indicated that when an allegation is reported through 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.

115.22 (b): The PAQ indicated that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The PAQ further stated that the policy is published on the agency's website and all referrals for criminal investigations are documented. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. The initial investigative report shall be provided to the Chief Administrative Officer within 24 hours of the onset of the investigation. Policy further states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. Additionally, the MOU with the Illinois State Police (signed in 2019) indicates that they conduct investigations related to sexual assault involving staff on staff or staff on IIC. A review of documentation confirmed there were five allegations reported, two sexual abuse and three sexual harassment. All five had a completed administrative investigation. None of the five involved a criminal investigation. All five were investigated by

facility/agency investigators. The interviews with the investigators confirmed that all allegations are referred to an investigative agency with the authority to conduct criminal investigations, unless the activity is clearly not criminal.

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

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

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

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

<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:
	1. Pre-Audit Questionnaire



2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 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. Interviews with Random Staff

Findings (By Provision):

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

retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse how to avoid inappropriate relationship with IICs and how to comply with relevant laws related to mandatory reporting. With regard to how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex IICs, staff are required to complete the Transgender and Non-Binary Individuals in Custody Setting – A Guide to Rehabilitation, Safety Management and Care video. Interviews with fourteen random staff confirmed that all fourteen had received PREA training. Staff stated they receive training annually during cycle training. All fourteen staff confirmed that the required components under this provision are discussed during the PREA training. Most staff stated the training went over first responder duties, definitions and transgender topics. A review of eighteen staff training records indicated sixteen had PREA training.

115.31 (b): The PAQ indicated that training is tailored to the gender of IIC at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. 03.03.102, page 4 states that all employees employed at a women's facility shall receive an additional 40 hours of gender responsive and trauma informed training onsite upon hire. Each employee shall then be provided a gender responsive and trauma informed refresher each subsequent year of employment. A review of the Supervising Individuals in Custody in the IDOC Women's Division training curriculum confirms the training includes 83 slides related to trauma informed practices, gender specific programs and services, different level of value of communication for women and health boundaries and professional distance. Additionally, the agency has the Gender Responsibility and Supervising the Female Offender training. Jacksonville Correctional Center houses adult male IICs and as such additional training was not required or conducted.

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

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

Based on a review of the PAQ, 04.01.301, 03.03.102, 01.01.101, 01.02.101, PREA Pre-Service Orientation Training Curriculum, PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum, Transgender and Non-Binary Individuals in Custody Setting - A Guide to Rehabilitation, Safety Management and Care training, Supervising Individuals in Custody in the IDOC Women's Division, a review of a sample of staff training records as well as interviews with random staff indicates that this standard appears to require corrective action. A review of eighteen staff training records indicated sixteen had PREA training. A review of eighteen staff training records indicated fourteen had PREA training the previous two years.

#### Corrective Action

The facility will need to provide the originally 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

The facility provided the originally requested PREA training. All staff employed over two years had completed PREA training at least every two years, if not annually.

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

**115.32 Volunteer and contractor 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 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 and Contractor Training Records

Interviews:

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

Findings (By Provision):

115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with IICs have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. 04.01.301, pages 3-4 state that the PC shall develop or approve standardized modules for training staff. Training shall include, but may not be limited to: the Department's zero tolerance policy; the Department's Sexual Abuse and

Harassment Prevention and Intervention Policy; an offender's right to be free from sexual abuse and harassment and to be free from retaliation for reporting sexual abuse and harassment; common signs of sexually abusive or harassing behavior; common signs of being a victim of sexual abuse or harassment; protocol for initial response, including identification and separation of offenders; reporting procedures and preservation of physical evidence of sexual abuse. Page 2 states that the term staff for the purpose of this directive shall mean any Department employee, contracted employee, employee of a vendor or volunteer. 04.01.122, page 3 states that the Facility Volunteer Coordinator shall ensure volunteers receive orientation and training appropriate to the type of volunteer assignment at the facility or program site prior to service. Training shall include, but not be limited to, preparation of an incident report, volunteer rules of conduct and the Department's zero tolerance policy toward all forms of sexual abuse and sexual harassment. The PAQ indicated that 76 volunteers and contractors had received PREA training, which is equivalent to less than 100% of the total volunteers and contractors. Further communication with the PC indicated that this was incorrect and all 87 volunteer and contractors have received 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. The auditor requested training documents for nine contractors and five volunteers. At the issuance of the interim report only seven contractors training records were provided. Interviews with contractors confirmed that both had received training on their responsibilities under the agency's sexual abuse and sexual harassment policies. There were no volunteers during the on-site portion of the audit and as such no interviews were completed.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with IICs. The PAQ stated that all volunteers and contractors with IIC contact are required to complete orientation. Additionally, the PAQ indicates that all volunteers and contractors who have contact with IICs have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 04.01.301, pages 3-4 state that the PC shall develop or approve standardized modules for training staff. Training shall include, but may not be limited to: the Department's zero tolerance policy; the Department's Sexual Abuse and Harassment Prevention and Intervention Policy; an offender's right to be free from sexual abuse and harassment and to be free from retaliation for reporting sexual abuse and harassment; common signs of sexually abusive or harassing behavior; common signs of being a victim of sexual abuse or harassment; protocol for initial response, including identification and separation of offenders; reporting procedures and preservation of physical evidence of sexual abuse. Page 2 states that the term staff for the purpose of this directive shall mean any Department employee, contracted employee, employee of a vendor or volunteer.

04.01.122, page 3 states that the Facility Volunteer Coordinator shall ensure volunteers receive orientation and training appropriate to the type of volunteer assignment at the facility or program site prior to service. Training shall include, but not be limited to, preparation of an incident report, volunteer rules of conduct and the Department's zero tolerance policy toward all forms of sexual abuse and sexual harassment. A review of the PREA Pre-Service Orientation Training Curriculum and the PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum confirms that the trainings discuss responsibilities under the agency's sexual abuse and sexual harassment policy. A review of the Volunteer Services Handbook confirms that page 19 includes information on the zero tolerance, how to report and red flags. The auditor requested training documents for nine contractors and five volunteers. At the issuance of the interim report only seven contractors training records were provided. It should be noted that all seven contractors training records provided illustrated they received the same training that staff receive via annual cycle training. Interviews with two contractors confirmed that both received training that covered the zero tolerance policy and how/who to report information to once aware. Both contractors stated that they receive training annually through the cycle training. One contractors stated they also receive training upon hire and it is discussed a few times a year during meetings. There were no volunteers during the on-site portion of the audit and as such no interviews were completed.

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

03.03.102, page 6 states that certificates or other verification of training received shall be provided to the Training Coordinator. The certificates or verification of training shall include all information required on the DOC 0200. Additionally, all newly hired staff are required to complete the Acknowledgement of Participation which indicates that the staff has read and understood 04.01.301. Additionally, 04.01.122, page 3 states that individual volunteer files shall include training documentation including documented orientation and any additional training. Training documentation shall be signed and dated by the volunteer along with the Volunteer Coordinator. The auditor requested training documents for nine contractors and five volunteers. At the issuance of the interim report only seven contractors training records were provided. It should be noted that all seven contractors training records provided illustrated they signed that they completed the annual cycle training.

Based on a review of the PAQ, 04.01.301, 04.01.122, 03.03.102, the Volunteer Services Handbook, PREA Pre-Service Orientation Training Curriculum, PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum, a review of a sample of contractor training records as well as the interviews with contractors indicate that this standard appears to require corrective action. The auditor requested training documents for nine contractors and five volunteers. At the issuance of the interim report only seven contractors training records were provided.

Corrective Action

The facility will need to provide the originally requested training documents. If they are not available, the facility will need to provide the list of current contractors and volunteers and associated PREA training documents.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Contractor and Volunteer Training
2. Updated Visitor Register Form

The facility provided the originally requested volunteer training documentation. All volunteers were documented with PREA training.

It was determined that escorted contractors were not being provided PREA training. This was corrected via an agency form update. The Visitor Register Form, that all individuals entering the facility are required to sign, was updated to include language indicating the agency has a zero tolerance policy toward sexual abuse and sexual harassment and that all individuals are required to report allegations to facility staff. The facility provided examples of use of the update form during the corrective action period for escorted contractors (vending contractors).

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

<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

### Documents:

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

### Interviews:

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

### Site Review Observations:

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

### Findings (By Provision):

115.33 (a): The PAQ indicated that IICs receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse



and sexual harassment. The PAQ indicated that 1268 IICs received information on the zero-tolerance policy and how to report at intake, which is equivalent to 100% of the IICs who arrived in the previous twelve months. 04.01.301, page 7 states that during the admission and orientation process, offenders shall be provided with a presentation regarding the Department's Sexual Abuse and Harassment Prevention and Intervention Program, including reporting procedures and available services and the zero tolerance policy. Offenders shall be informed that victims need not name their attacker to receive medical and mental health services. The policy further states that the offender handbook shall include an explanation of reporting procedures and programs and services available to victims or predators of sexual abuse and harassment. A review of the Handbook confirmed that pages 62-64 include information on PREA. The information includes: zero tolerance, definitions of sexual abuse, how to prevent sexual abuse, ways to report (including the outside reporting entity) and victim advocacy information. A review of the PREA Reporting Poster and PREA Brochure further confirmed that they provide information on zero tolerance and reporting mechanisms. The auditor observed the intake process through a demonstration. IICs are provided the Orientation Manual (Handbook) and the PREA Reporting Posters. Both of these documents are available in English and Spanish. At the Work Camp, IIC are provided the PREA Brochure, which is available in English and Spanish. The interview with intake staff confirmed that IICs are provided information related to the agency's sexual abuse and sexual harassment policies, including the zero tolerance policy and methods to report, during intake. He stated IICs receive a packet of information and staff go over the packet with them. He stated they provide them the Reporting Poster and the Handbook, both of which are in English and Spanish. He stated all IICs receive this information upon arrival at the facility. Interviews with 30 IICs indicated 28 were provided information on the agency's sexual abuse and sexual harassment policies. IICs stated the information was provided via the Handbook. A review of 34 records for IICs that arrived during the previous twelve months confirmed all 34 received information at the time of intake. It should be noted that two of the 34 had received the information only prior to arrival at another IDOC facility.

115.33 (b): 04.01.301, page 7 states that during the admission and orientation process, offenders shall be provided with a presentation regarding the Department's Sexual Abuse and Harassment Prevention and Intervention Program, including reporting procedures and available services and the zero tolerance policy. Offenders shall be informed that victims need not name their attacker to receive medical and mental health services. The policy further states that the offender handbook shall include an explanation of reporting procedures and programs and services available to victims or predators of sexual abuse and harassment. The PAQ indicated that 1059 IICs received comprehensive PREA education within 30 days of intake. This is equivalent 100% of those received in the previous twelve months whose length of stay was for 30 days or more. The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. Comprehensive PREA education is completed through the orientation process in the chapel. IICs view the

PREA Adult Comprehensive video (new video from the PREA Resource Center) on a 42 inch television. After the video, staff verbally go over the zero tolerance policy, reporting mechanisms (including JHA) and where PREA information is located in the Handbook. Orientation is typically done weekly, but all IICs would receive comprehensive PREA education within fourteen days. The staff confirmed that the video they utilize is on the agency website, however the staff advised they only have access to the English version of the video (video has subtitles). While education is not required to be completed again at the Work Camp, staff complete PREA education again when the IIC arrives at the Work Camp. The PREA education is completed in the program room and staff verbally go over definitions of sexual abuse and sexual harassment, the PREA hotline reporting number, JHA and their rights under PREA. The staff also point out the PREA Posters and ask if they have any questions. The staff advised that they have not had any IICs who were LEP but the person usually comes in with another IIC who can translate. The interview with intake staff confirmed that IICs are provided information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting and the facility's response to an allegation. The staff stated that they provide comprehensive PREA education via orientation in the chapel. He stated they show the new PREA video and everyone watches the video. He stated once the video is complete they go over information on the PREA Brochure and ask if they have any questions. The staff confirmed that comprehensive PREA education is completed weekly. Interviews with 30 IICs indicated nineteen were provided information on their right to be free from sexual abuse, their right to be free from retaliation and the agency's policies and procedures after an allegations of sexual abuse. Most of the IICs stated they were provided the information at orientation. A review of 34 records for IICs that arrived during the previous twelve months confirmed all 34 received comprehensive PREA education within 30 days of arrival. It should be noted that two of the 34 had received the information only prior to arrival at another IDOC facility.

115.33 (c): The PAQ indicated that all current IICs at the facility had been educated on PREA within 30 days or were educated by June 30, 2014. Additionally, the PAQ indicated that agency policy requires that IICs who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. 04.01.301, page 7 states that during the admission and orientation process, offenders shall be provided with a presentation regarding the Department's Sexual Abuse and Harassment Prevention and Intervention Program, including reporting procedures and available services and the zero tolerance policy. Offenders shall be informed that victims need not name their attacker to receive medical and mental health services. The policy further states that the offender handbook shall include an explanation of reporting procedures and programs and services available to victims or predators of sexual abuse and harassment. The interview with intake staff confirmed that IICs are provided information related to the agency's sexual abuse and sexual harassment

policies, including the zero tolerance policy and methods to report, during intake. He stated IICs receive a packet of information and staff go over the packet with them. He stated they provide them the Reporting Poster and the Handbook, both of which are in English and Spanish. He stated all IICs receive this information upon arrival at the facility. A review of 46 total IIC files indicated 45 had received comprehensive PREA education. One IIC file was not provided related to education.

115.33 (d): The PAQ indicated that IIC PREA education is available in formats accessible to all IICs, including those who are disabled or limited English proficient. 04.01.301, pages 7-8 state that the Department shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to offender who have limited reading skills. 04.01.111, pages 3-4 indicate that the CAO shall ensure offenders are provide with information regarding ADA disability accommodations and shall establish procedures for offender access to teletypewriter (TTY) and Video Remote Interpreting (VRS) equipment. The policy also indicates that the CAO shall find alternative notification methods for auditory announcements (tactile paging system). 05.07.101, page 2 states that all videos used during orientation shall include closed captioning subtitles and closed captioning utilizing American Sign Language which has been reviewed for accuracy of the interpretation by the Illinois Deaf and Hard of Hearing Commissioner or a qualified interpreter. The policy further states that he department shall reserve the first row of seats during orientation for offenders who are disabled. 04.01.105, page 2 states that for a non-English speaking offender, reasonable efforts shall be made for the orientation to be explained to him or her in a language her or she understands. It further states that offenders shall receive written orientation material and/or translation in their own language and when a literacy problem exists, a staff member shall assist the offender in understanding the materials. The facility also has a contract with Propio Language Services, LLC. This company provides the facility a phone number that they can call that connects the staff member with a translator who can will translate information between the staff member and LEP IIC. The company has interpretation services for over 600 languages. A review of PREA Posters, the Handbook and distributed information confirmed that information can be provided in large font, bright colors and can be read to IICs in terminology that they understand. It is also available in English and Spanish. Additionally, pages 67-68 of the Handbook provide information on Americans with Disabilities (ADA) including requesting accommodations, telecommunication equipment and sign language information. The facility also provided three photos of the video interpretation phones located throughout the facility. A review of nine disabled IIC files confirmed all nine signed that they received and understood comprehensive PREA education. A review of two LEP IIC files indicated both signed that they received and understood comprehensive PREA education, however both forms were in English and there was no documentation of any accommodations.

115.33 (e): The PAQ indicated that the agency maintains documentation of IIC

participation in PREA education sessions. 04.01.105, page 2 states that at the conclusion of the orientation program, each offender shall be requested to sign an Offender Orientation Receipt, DOC 0291, indicating he or she has participated in the orientation program and has obtained a copy of the manual. A review of 46 total IIC files indicated 45 had received comprehensive PREA education. All 45 signed the receipt of orientation confirming they were provided the education.

115.33 (f): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, IIC handbooks or other written formats. 04.01.301, page 7 states that the offender handbook shall include an explanation of reporting procedures and programs and services available to victims or predators of sexual abuse and harassment. A review of the Handbook and PREA Posters confirmed information is accessible to IICs through these avenues. The auditor observed PREA information posted throughout the facility in housing units and common areas. Housing units had the oversized poster (PREA Poster) and most housing units also had the regular paper size posters (PREA Reporting Poster). The PREA Reporting Posters were observed on bright orange colored letter size paper in English and Spanish. The PREA Posters were observed on larger colored paper in both English and Spanish. Posters were observed on housing unit walls in the dayroom and near the phones. 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 Posters (specifically the PREA Reporting Poster) also included contact information for outside victim advocacy services (emotional support services). The PREA Reporting Poster indicated that victim advocacy can be provided by phone or in-person, will be provided in as confidential a manner as possible consistent with legal calls/visits. Informal conversation with staff and IICs confirmed that the PREA information has been posted for a while.

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, IIC education documents, observations made during the tour as well as information obtained during interviews with intake staff and random IICs indicates that this standard requires corrective action. Interviews with 30 IICs indicated nineteen were provided information on their right to be free from sexual abuse, their right to be free from retaliation and the agency's policies and procedures after an allegations of sexual abuse. A review of 46 total IIC files indicated 45 had received comprehensive PREA education. One IIC file was not provided related to education. The staff confirmed that the video they utilize is on the agency website, however the staff advised they only have access to the English version of the video (video has subtitles). While education is not required to be completed again at the Work Camp, staff complete PREA education again when the IIC arrives at the Work Camp. The PREA education is completed in the program room and staff verbally go over definitions of sexual abuse and sexual harassment, the PREA hotline reporting

number, JHA and their rights under PREA. The staff also point out the PREA Posters and ask if they have any questions. The staff advised that they have not had any IICs who were LEP but the person usually comes in with another IIC who can translate. A review of two LEP IIC files indicated both signed that they received and understood comprehensive PREA education, however both forms were in English and there was no documentation of any accommodations.

#### Corrective Action

The facility will need to provide the one missing IIC education document. The facility will need to ensure all IICs are receiving comprehensive PREA education via the new PREA video. The education will need to be provided in an accessible format for LEP and disabled IICs. The facility will need to provide a process memo related to LEP and disabled IICs as well as staff training documents on the process. The facility will need to identify all current LEP IICs and provide updated education in an accessible format. Confirmation of the education will need to be provided.

#### Recommendation

The auditor highly recommends that the facility go over information on the local rape crisis center during comprehensive PREA education, including contact information, how to contact the organization, level the communication is monitored and that the organization is not a reporting mechanism.

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

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

#### Additional Documents:

1. Process Memorandum Related to LEP/Disabled Education
2. LEP Individuals In Custody Education

	<p>The facility was unable to provide the none missing IIC education document as the IIC was released on parole during the corrective action period and they were unable to complete PREA education with him.</p> <p>The facility provided documentation confirming that the IICs selected for review by the auditor had received updated PREA education in an accessible format. All had signed a Spanish acknowledgment.</p> <p>The facility provided a training memo that outlined that LEP IICs would receive education via the Spanish video and Propio would be utilized to translate the script. IICs would sign the Spanish DOC 0291. Deaf and hard of hearing IICs would watch the video in ASL.</p> <p>The facility provided one example of an LEP IIC that arrived during the CAP that was provided accessible PREA education. He signed the Spanish acknowledgment form.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.34</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 01.12.115 Institutional Investigative Assignments</li> <li>4. Prison Rape Elimination Act (PREA) for Investigators Training Curriculum</li> <li>5. Investigator Training Records</li> </ol> <p>Interviews:</p>

## 1. Interviews with Investigative Staff

### Findings (By Provision):

115.34 (a): The PAQ indicates that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. 01.12.115, page 2 states that the CAO shall ensure that each individual appointed as an investigator be registered for the next available investigator training program within ten days of temporary or permanent assignment as an investigator. Training topics include but are not limited to: investigative techniques, including interviewing sexual abuse victims; crime scene preservation; collection and preservation of evidence, including sexual abuse evidence collection in a confinement setting; proper use of Miranda and Garrity warnings; criteria and evidence required to substantiate a case for administrative action or prosecution referral; and investigative reporting. The agency utilizes their own training for this standard; PREA for Investigators. A review of documentation indicated that two facility/agency staff were documented with the specialized investigations training. A review of five investigations revealed they were completed by three investigators, two of which had completed the specialized investigator training. The interviews with the investigators confirmed they received specialized training regarding conducting sexual abuse and sexual harassment investigations in a confinement setting. The criminal investigator stated he attended the 40 hour institutional investigator training, which covers the specialized training for PREA. The facility investigators also stated they received specialized training. One stated he received the National Institute of Corrections training while the other stated he received the regular and advanced investigator training.

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

they were completed by three investigators, two of which had completed the specialized investigator training. The interviews with the investigators confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that five investigators have completed the specialized training. A review of documentation indicated that two facility staff were documented with the specialized investigations training. A review of documentation indicated that two facility/agency staff were documented with the specialized investigations training. A review of five investigations revealed they were completed by three investigators, two of which had completed the specialized investigator training.

115.34 (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 as well as the interview with the investigator, indicates that this standard appears to require corrective action. A review of documentation indicated that two facility/agency staff were documented with the specialized investigations training. A review of five investigations revealed they were completed by three investigators, two of which had completed the specialized investigator training.

#### Corrective Action

The facility will need to provide the originally requested training document.

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

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



	<p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. Investigator Training Record</li> </ol> <p>The facility provided the originally requested specialized investigator training record. The investigator received training in 2018.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 03.03.102 Employee Training</li> <li>4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> <li>5. Prison Rape Elimination Act: What Healthcare and Mental Health Providers Need to Know Training Curriculum</li> <li>6. Wexford Health Prison Rape Elimination Act (PREA) and Implementation Training Curriculum</li> <li>7. Medical and Mental Health Staff Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Medical and Mental Health Staff</li> </ol> <p>Findings (By Provision):</p>

115.35 (a): The PAQ indicated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. 04.01.301, page 4 states that PC shall develop or approve specialized training modules for all full and part-time medical and mental health care practitioners who work regularly in the facilities. Training shall include: detecting and assessing signs of sexual abuse and sexual harassment; preserving physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations or suspicions of sexual abuse and sexual harassment. The training is conducted via the Prison Rape Elimination Act: What Healthcare and Mental Health Providers Need to Know 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 eighteen medical and mental health staff and that 100% of these staff received the specialized training. A review of nine medical and mental health care staff training records indicated five were documented with the specialized medical and mental health training. Interviews with medical and mental health care staff confirmed that they both received specialized training. Staff indicated the training is completed annually. Both staff confirmed the required elements under this provision are included in the training.

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

115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. A review of nine medical and mental health care staff training records indicated five were documented with the specialized medical and mental health training. Staff sign the proper day of cycle training confirming they received the training.

115.35 (d): 04.01.301, pages 3-4 state that the PC shall develop or approve standardized modules for training staff. Training shall include, but may not be limited to: the Department's zero tolerance policy; the Department's Sexual Abuse and Harassment Prevention and Intervention Policy; an offender's right to be free from sexual abuse and harassment and to be free from retaliation for reporting sexual abuse and harassment; common signs of sexually abusive or harassing behavior; common signs of being a victim of sexual abuse or harassment; protocol for initial response, including identification and separation of offenders; reporting procedures

and preservation of physical evidence of sexual abuse. 03.03.102, page 1 states that the Department shall ensure all new employees receive orientation and pre-service training and all employees receive in-service training on a fiscal year basis. A review of the PREA Pre-Service Orientation Training Curriculum and the PREA -Individual in Custody Sexual Assault Prevention and Intervention Curriculum confirm that both trainings includes information on responsibilities in prevention, detection and response as well as the zero tolerance policy and how to report allegations of sexual abuse. A review of nine medical and mental health staff training records indicated three of the four had completed the staff training under 115.31 and four of the five had complete the contractor training under 115.32.

Based on a review of the PAQ, 04.01.301, 03.03.102, Prison Rape Elimination Act: What Healthcare and Mental Health Providers Need to Know training curriculum, the Wexford Health Overview of the 2003 Prison Rape Elimination Act (PREA) and Implementation training curriculum, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate this standard appears to require corrective action. A review of nine medical and mental health care staff training records indicated five were documented with the specialized medical and mental health training. A review of nine medical and mental health staff training records indicated three of the four had completed the staff training under 115.31 and four of the five had complete the contractor training under 115.32.

#### Corrective Action

The facility will need to provide the requested 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. Medical and Mental Health Staff Training

	<p>The facility provided the originally requested specialized medical and mental health training record. All had completed the specialized medical and mental health care training as well as training under 115.31 or 115.32. It should be noted that the telehealth doctor received training during the corrective action period. Telehealth staff were not previously provided training as the agency did not interpret them as having “contact” with IICs. This was identified and addressed during the corrective action period with the PC. He indicated all telehealth staff across the agency would receive the same training as contractors under 115.32 as well as the training under this standard.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.41 Screening for risk of victimization and abusiveness</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> <li>4. Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494)</li> <li>5. Individuals In Custody Assessment and Reassessment Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Staff Responsible for Risk Screening</li> <li>2. Interviews with Random Individuals In Custody</li> <li>3. Interview with the PREA Coordinator</li> <li>4. Interview with the PREA Compliance Manager</li> </ol> <p>Site Review Observations:</p>

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

Findings (By Provision):

115.41 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other IICs. 04.01.301, 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. Concerns shall be forwarded to the PCM. Mental health professionals will also inquire whether the offender has been a victim of sexual abuse in the past. During the tour the auditor was provided a demonstration of the initial risk assessment. The initial risk screening is completed in the intake area in a private one-on-one setting. The risk screening is completed via the paper version of the risk screening form. Staff ask each question on the form and get a verbal response from the IIC. Staff also do preparation work prior to the arrival of the IIC to verify information such as criminal history, age, etc. The staff then provide the form to Clinical Services where a staff member enters the information into the electronic system. The staff verified that if there is a discrepancy related to information in the file and information provided by the IIC, they go with what is in the file (i.e. criminal history, prior sexual offenses, etc.). The staff indicated if they have an LEP IIC they utilized an interpreter via staff or the over the phone translation service. The staff also stated if the IIC is disabled they can use the video interpretation services and/or can call for someone to translate via American Sign Language (ASL). During the tour the auditor observed that all IICs arrive at Jacksonville CC, however there are some IICs that eventually get transferred to the Work Camp. When IICs transfer to the work camp a new risk assessment is not initiated. Staff are only completing the reassessment if it is due while they are at the Work Camp. While the Work Camp is associated with the facility, it is still a new facility and as such IICs are required to have an initial risk assessment and a reassessment upon transfer. The interviews with the staff responsible for the risk screening confirmed that IICs are screened for their risk of victimization and abusiveness upon admission to the facility. Interviews with 24 IICs that arrived within the previous twelve months indicated 22 were asked questions related to risk of victimization and abusiveness.

115.41 (b): The PAQ indicated that the policy requires that IICs be screened for risk of sexual victimization or risk of sexually abusing other IICs within 72 hours of their intake. 04.01.301, 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. Concerns shall be forwarded to the PCM. Mental health professionals will also inquire whether the offender has been a victim of sexual abuse in the past. The PAQ noted that 1223 IICs were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received a risk screening within 72 hours. A review of 34 IIC files of those that arrived within the previous twelve months indicated that all 34 had an initial risk screening completed within 72 hours. The interviews with the staff responsible for the risk screening confirmed that IICs are screened for their risk of victimization and abusiveness within 72 hours. Interviews with 24 IICs that arrived within the previous twelve months indicated 22 were asked questions related to risk of victimization and abusiveness when they first came into the facility.

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

115.41 (d): A review of the Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494) indicates that the tool has two sections; vulnerability and predatory. The vulnerability section includes general information such as age, height, weight, number of incarcerations, non-violent or violent criminal history, disabilities (developmental, mental illness and physical), education level, socioeconomic status and immigrant status/language. IICs are also asked about identified or perceived sexual orientation, gender identity and history or sexual victimization. The IIC is also asked about his/her own perception of their safety at the time of the screening. Each question has appropriate responses that correspond to a number. The numbers are added up at the end of the victimization section and the total number determines where the IIC falls on the continuum. The continuum ranges from not likely, likely, moderately likely to highly likely for vulnerability. The IICs who fall in the highly likely or moderately likely range are then reviewed for the official vulnerable designation. The interviews with the staff responsible for the risk screening confirmed that the elements under this provision are included in the initial risk screening. Staff indicated the initial risk screening is yes and no questions. The questions determine if the IIC is a predator or vulnerable. Staff stated questions include: prior sexual victimization, age, height, weight, sexual orientation, gender identity, prior domestic violence, violent offenses disabilities, education level, primary language and number of times incarcerated.

115.41 (e): A review of the Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494) indicates information including, history or sexual abusive behavior, criminal history of sexual abuse in the community, history of domestic violence, security threat group affiliation and history or institutional assaultive/violent behavior are factored into the risk screening assessment tool. Each question has appropriate responses that correspond to a number. The numbers are added up at the end of the predatory section and the total number determines where the IIC falls on the continuum. The continuum ranges from not likely, likely, moderately likely to highly likely for predatory. The IICs who fall in the highly likely or moderately likely range are then reviewed for the official predatory designation. The interviews with the staff responsible for the risk screening confirmed that the elements under this provision are included in the initial risk screening. Staff indicated the initial risk screening is yes and no questions. The questions determine if the IIC is a predator or vulnerable. Staff stated questions include: prior sexual victimization, age, height, weight, sexual orientation, gender identity, prior domestic violence, violent offenses disabilities, education level, primary language and number of times incarcerated.

115.41 (f): The PAQ indicated that the policy requires that the facility reassess each IIC's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the IIC's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 04.01.301, 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 noted that 1059 IICs were reassessed within 30 days, which is equivalent to 100% of the IICs who arrived and stayed longer than 30 days. During the tour the auditor also had the facility demonstrate the reassessment process. Reassessments are completed in the housing units in a private office setting. Staff utilize the risk screening form and ask all questions on the form. Staff indicated that they do not check any information reported through a file review as the reassessment is only self-reported information. The interviews with the staff responsible for the risk screening indicated that IICs are reassessed within 30 days of arrival. Interviews with 24 IICs that arrived within the previous twelve months indicated eight had been asked questions related to their risk of victimization and abusiveness more than once. Most stated it was a few weeks to a month after they arrived. A review of 34 IIC files of those that arrived in the previous twelve months indicated all 34 had a reassessment completed within 30 days of arrival. It should be noted that the auditor reviewed IIC records for those at the Work Camp, however the date of arrival provided was the date they arrived at Jacksonville CC, not at the Work Camp.

115.41 (g): The PAQ indicated that the policy requires that an IIC's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the IIC's risk of sexual victimization or abusiveness. 04.01.301, 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. Interviews with staff responsible for the risk screening confirmed that IICs are reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. Interviews with 24 IICs that arrived within the previous twelve months indicated eight had been asked questions related to their risk of victimization and abusiveness more than once. A review of 34 IIC files of those that arrived in the previous twelve months indicated all 34 had a reassessment completed within 30 days of arrival. A review of investigations indicated neither of the two sexual abuse allegations warranted a need for a reassessment.

115.41 (h): The PAQ indicated that policy prohibits disciplining IICs for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the IIC has a mental, physical, or developmental disability; (b) whether or not the IIC is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the IIC has previously experienced sexual victimization; and (d) the IIC's own perception of vulnerability. The 04.01.301, 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. Interviews with the staff



responsible for risk screening confirmed that IICs are not disciplined for refusing to answer or for not fully disclosing information any of the risk screening questions.

115.41 (i): 04.01.301, 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 an IIC's risk assessment within the facility in order to protect sensitive information from exploitation. He stated screening information is provided on a need-to-know basis to make informed placement decisions as well as predator/vulnerable designations. The PCM stated risk screening information is only accessible to mental health staff and clinical services staff. Interviews with staff responsible for the risk screening confirmed that the agency has outlined who should have access to the risk screening information so that sensitive information is not exploited. Staff stated that information in Offender 360 is based on the persons position and that only certain people can see the information. Risk screening information is maintained in the electronic Offender 360 program and/or in the IIC's master file. Master files are maintained in records which is staffed Monday through Friday 8am-4pm. Records staff advised that the area is locked when not staffed and the key to medical records is restricted. The staff further advised that access to the master file is those with a need to know. During the tour the auditor had a security staff member pull up the electronic system to see what was able to be viewed. The auditor confirmed that the staff member did not have access to the electronic risk screening information in Offender 360.

Based on a review of the PAQ, 04.01.301, the PREA Manual, DOC 0494, a review of IIC files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random IICs indicate that this standard requires corrective action. During the tour the auditor observed that all IICs arrive at Jacksonville CC, however there are some IICs that eventually get transferred to the Work Camp. When IICs transfer to the work camp a new risk assessment is not initiated. Staff are only completing the reassessment if it is due while they are at the Work Camp. While the Work Camp is associated with the facility, it is still a new facility and as such IICs are required to have an initial risk assessment and a reassessment upon transfer. During the tour the auditor also had the facility demonstrate the reassessment process. Reassessments are completed in the housing units in a private office setting. Staff utilize the risk screening form and ask all questions on the form. Staff indicated that they do not check any information reported through a file review as the reassessment is only self-reported information. Interviews with 24 IICs that arrived within the previous twelve months indicated eight had been asked questions related to their risk of victimization and abusiveness more than once.

Corrective Action

The facility will need to establish the initial and reassessment process at the Work Camp. Appropriate staff will need to be trained on the process. A copy of the training will need to be provided. A list of IICs that arrived at the Work Camp during the corrective action will need to be provided as well as their initial risk screening and their reassessment. Further the facility will need to train staff on the appropriate reassessment process, including a file review to confirm if verbal information is correct. A copy of the training will need to be provided. The facility will need to ensure all IICs receive a reassessment utilizing that updated process.

#### 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. Individual In Custody Risk Assessments
2. Training Memorandum
3. Assurance Memorandum

The facility provided training that was completed with the staff on the requirement of completing risk assessments at the Work Camp with 72 hours and within 30 days of arrival. The training also went over the risk assessment process, to include review of file information to ensure accurate information based upon responses. Staff signatures were provided confirming they received and understood the training.

An assurance memo was provided confirming completion of risk assessment based on the updated training. Further over 25 examples of risk assessments from the Work Camp were provided. All 25 had an initial risk assessment within 72 hours and a reassessment within 30 days.

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

**115.42 Use of screening information**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 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. Housing Assignments of Individuals In Custody at Risk of Sexual Victimization and/or Sexual Abusiveness
6. Transgender/Intersex Housing Determination Documents
7. Transgender/Intersex Biannual Reassessments
8. LGBTI Housing Assignments

Interviews:

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

Site Review Observations:

1. Location of Individual In Custody Records
2. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ indicated that the agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those IICs at high risk of being sexually victimized from those at high risk of being sexually abusive. 04.01.301, 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 Compliance Manager indicated that information from the risk screening is used to determine status (predator or vulnerable) and then this information is used for housing assignments. She stated those identified as vulnerable would be placed in vulnerable beds, which are closer to the door/security staff. She confirmed the information is also used for job assignments. Interviews with the staff responsible for the risk screening indicated that information from the risk screening is utilized to determine bed assignment and job assignments. A review of housing assignments for IICs at high risk IICs indicated there were zero IICs at high risk of abusiveness housed at the facility. The facility is a minimum security facility and as such they do not house high risk abusers. IICs are housed based on risk screening designations (predator and vulnerable).

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each IIC. 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. Interviews with the staff responsible for the risk screening indicated that information from the risk screening is utilized to determine bed assignment and job assignments.

115.42 (c): The PAQ indicated that the agency/facility makes housing and program assignments for transgender or intersex IICs in the facility on a case-by-case basis. 04.03.104, page 7 indicates that transgender, intersex and gender incongruent offenders shall not be assigned to gender-specific facilities based solely on their external genital anatomy. The Transgender Administrative Committee (TAC) shall make individualized determinations about how to ensure the safety of each offender including considering transfer from one gender-specific facility to an opposite gender facility and specifically the gender of staff which will perform searches of the offender. The determination shall consider, on a case-by-case basis, whether specific placement ensure the offender's health and safety, and whether the placement would present management or security concerns. The agency as a whole houses approximately 150 transgender IICs. Currently the agency houses nine transgender female IICs at female facilities and zero transgender male IICs 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 IIC. The interview with the PCM indicated that housing and program assignments for transgender and intersex IICs related to male/female facilities is made at the agency level. She stated at the facility level they house transgender and intersex IICs based on status. She indicated that even if the transgender IICs are not designated as vulnerable, they still try to place them in the vulnerable beds. She confirmed that assignments consider the health and safety of the IIC and whether the placement presents any security or management problems. The interview with the transgender IIC indicated she was asked how she felt about her safety. She further indicated that she did not believe LGBTI IICs are placed in one facility, housing unit or wing.

115.42 (d): 04.03.104, page 7 states that a review of each transgender, intersex and gender incongruent offender's placement and programming assignments shall be conducted by the facility twice annually to review any threats to safety experienced or posed by the offender. The PCM stated that mental health meets with transgender and intersex IICs monthly to discuss accommodations and address any questions. Interviews with responsible for the risk screening confirmed transgender and intersex IICs would be reassessed biannually. The auditor requested biannual assessments for four transgender IICs at the facility, however at the issuance of the interim report the documentation had not yet been received.

115.42 (e): 04.03.104, page 7 states that decisions shall be made by the TAC on a case-by-case basis with serious consideration given to circumstances including, but not limited to, the following: the offender's perception of whether a male or female facility is safest for him or her, as well as the preferred gender of staff to perform searches. The interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex IICs' views with respect to their safety are given serious consideration. The interview with the transgender IIC indicated she was asked how she felt about her safety.

115.42 (f): 04.03.104, page 9 states that transgender, intersex and gender incongruent offenders shall be allowed the same frequency of showers in accordance with his or her classification. Showers shall be separated and private from other offenders. During the tour the auditor observed that showers provided privacy through saloon style doors, raised walls and/or curtains. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex IICs are afforded the opportunity to shower separately. The PCM stated that transgender and intersex IICs are given a memorandum that advises the times they can shower, which is typically during count when the dayroom is not open to other IICs. The interview with the transgender IIC indicated that she is afforded the opportunity to shower separately.

115.42 (g): 04.03.104, page 7 states that transgender, intersex and gender incongruent offenders shall not be assigned to gender specific facilities based solely on their external genital anatomy. Additionally, the PREA Manual, pages 27-28 indicate that the agency shall not place lesbian, gay, bisexual, transgender, or intersex IICs in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such IICs. The interview with the PC confirmed that the agency is not subject to a consent decree and that there is not a dedicated facility for LGBTI IICs. He further stated placement decisions are made to ensure the safety and security of all individuals in custody. Facility, housing unit and cell assignments are made on a case by case basis and housing individuals strictly by gender identity or sexual orientation is prohibited. The PCM confirmed that the agency does not have a consent decree and that LGBTI IICs are not placed in dedicated facilities, units or wings solely because of their identification or status. Interviews with four LGBTI IICs indicated all four did not feel the facility places LGBTI IICs in dedicated facilities, units, or wings solely on the basis of such identification or status. A review of housing assignments for LGBTI IICs confirmed that they were spread across numerous different housing units at the facility.

Based on a review of the PAQ, 04.01.301, 04.03.104, the PREA Manual, IICs at risk of sexual abusiveness and sexual victimization housing determinations, transgender or intersex IIC house determinations, transgender or intersex biannual assessments, LGBTI IIC housing assignments, observations made during the tour and information from interviews with the PC, PCM, staff responsible for conducting the risk screening and LGBTI IICs, indicates that this standard appears to require corrective action. The auditor requested biannual assessments for four transgender IICs at the facility, however at the issuance of the interim report the documentation had not yet been received.

	<p>Corrective Action</p> <p>The facility will need to provide the originally requested biannual assessments.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. Biannual Risk Assessments</li> </ol> <p>The facility provided the originally requested biannual assessments. Two of the IICs had a biannual assessment while two had one assessment as they had not been at the facility longer than a year.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 05.15.100 Restrictive Housing</li> <li>4. Individuals In Custody at High Risk of Victimization Housing Assignments</li> </ol>

Interviews:

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

Site Review Observations:

1. Observations in the Segregated Housing Unit

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of IICs at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ noted that there were zero IICs at high risk of victimization that were placed in involuntary segregated housing in the past twelve months. 04.01.301, page 7 states that an offender identified as vulnerable shall not be housed in a segregated status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided and such placement in segregation shall not ordinarily exceed a period of 30 days. The interview with the Warden confirmed that agency policy prohibits placing IICs at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are not alternative means of separation from likely abusers. She stated they do not involuntarily segregate high risk IICs and they would find a different spot for them. A review of housing assignments for current IICs at high risk of sexual victimization indicated one was housed in the segregated housing unit, however he was housed there pending discipline for an assault and not for risk of victimization.

115.43 (b): During the tour the auditor observed the segregated housing unit. The segregated housing unit had double bunked cells with a toilet and sink. Showers were separate with a curtain. The housing unit had a separate outdoor recreation area, a small property room and a bookshelf with library books. PREA Reporting Posters were observed in English and Spanish across from the cells. IICs are provided out of cell time through recreation (five days a week) and showers (three days a week). Phone calls are only allowed if the individual stays in segregated housing over 29 days. All mail and grievances are submitted through a staff member. The interview with the staff who supervise IICs in segregated housing confirmed that IICs at high risk of



sexual victimization who are involuntary segregated would have access to programs, privileges, education and work opportunities to the extent possible. He stated they would have access, but that they do not place IICs at high risk in involuntary segregated housing. He indicated they can place them in healthcare in lieu of segregated housing. The staff member confirmed any restrictions would be documented. There were no IICs identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (c): The PAQ indicated there were zero IICs at risk of sexual victimization who were assigned to involuntary segregated housing due to their risk of sexual victimization. 04.01.301, page 7 states that an offender identified as vulnerable shall not be housed in a segregated status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided and such placement in segregation shall not ordinarily exceed a period of 30 days. The interview with the Warden confirmed that IICs would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. She stated involuntary segregated housing would be a last resort and they would not take long to find alternative housing. The interview with the staff who supervise IICs in segregated housing indicated that IICs would only be placed in involuntary segregated housing until they could find an alternative means of separation. He stated the placement would be temporary and that they have never had to do this. He indicated this placement would not exceed the following day. There were no IICs identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (d): The PAQ indicated there were zero IICs at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months who had both a statement of the basis for the facility's concern for the IIC's safety and the reason why alternative means of separation could not be arranged. A review of housing assignments for current IICs at high risk of sexual victimization indicated one was housed in the segregated housing unit, however he was housed there pending discipline for an assault and not for risk of victimization.

115.43 (e): The PAQ indicate that if an IIC was placed in segregation due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the IIC to be separated from the general population. 04.01.301, page 7 states that an offender identified as vulnerable shall not be housed in a segregated status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided and such

	<p>placement in segregation shall not ordinarily exceed a period of 30 days. Additionally, 05.15.100, page 6 states that a Restrictive Housing Review Committee (RHRC) shall be established at each facility with restrictive housing. The committee shall review the status of each individual in custody's placement into restrictive housing every seven days for the first 60 days and at least every 30 days thereafter, unless more frequently if clinically indicated. The interview with the staff who supervise IICs in segregated housing indicated they do not keep anyone in segregated housing for more than 30 days. There were no IICs identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.</p> <p>Based on a review of the PAQ, 04.01.301, 05.15.100, high risk IIC housing assignments, observations from the facility tour as well as information from the interviews with the Warden and staff who supervise IICs in segregated housing indicates this standard appears to be compliant.</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> <li>3. Memorandum of Understanding with the John Howard Association</li> <li>4. TRUST Act Memorandum</li> <li>5. Individuals In Custody Orientation Manual (Handbook)</li> <li>6. End the Silence Poster/PREA Posters</li> <li>7. Reporting Poster</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Random Staff</li> <li>2. Interviews with Random Inmates</li> <li>3. Interview with the PREA Compliance Manager</li> </ol>

Site Review Observations:

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

Findings (By Provision):

115.51 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. 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 in housing units and common areas. Housing units had the oversized poster (End the Silence/PREA) and most housing units also had the regular paper size posters (Reporting Poster). The Reporting Posters were observed on bright orange colored letter size paper in English and Spanish. The End the Silence/PREA Posters were observed on larger colored paper in both English and Spanish. Posters were observed on housing unit walls in the dayroom and near the phones. 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. During the tour the auditor called the internal PREA hotline on October 30, 2023 and November 1, 2023 (Work Camp) and left a message to test functionality. Inmates are advised to select English or Spanish upon contact with the hotline. Initial phone instructions are provided in English and Spanish, however the hotline instructions/directions are only available in English. The auditor received confirmation from the PC on October 30, 2023 that the call was received from Jacksonville and forwarded to him. The PC also provided confirmation on November 2, 2023 that the call from the Work Camp was received and forwarded to him. Inmates have access to the phones most of the day. The internal PREA hotline is accessible on all phones but does require an inmate number. The auditor also tested the written reporting process.

The auditor had an inmate assist with filling out a grievance on October 30, 2023. The auditor submitted the grievance via the grievance box in the housing unit. The auditor was provided confirmation on October 31, 2023 that the grievance was received and would be processed per policy if it was a report of sexual abuse or sexual harassment. Interviews with 30 inmates confirm that all 30 were aware of at least one method to report sexual abuse and sexual harassment. Most inmates indicated that they would report through the hotline, verbally to staff, via a kite or through a counselor. Interviews with fourteen random staff indicated that inmates can verbally, through a grievance, via the hotline or through their family.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ indicated that the facility does not house inmates 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 the facility orientation manual. A review of the Handbook and PREA Posters confirmed that inmates can report externally to the John Howard Association. The Handbook (pages 62-64) states that inmates can report through an independent outside entity, the John Howard Association of Illinois (JHA). The Handbook indicates that JHA has privileged mail status. It also states that inmates can remain anonymous and provides direction to state in the letter that the inmate does not want his/her name to be included. 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 in housing units and common areas. Housing units had the oversized poster (End the Silence/PREA) and most housing units also had the regular paper size posters (Reporting Poster). The Reporting Posters were observed on bright orange colored letter size paper in English and Spanish. The End the Silence/PREA Posters were observed on larger colored paper in both English and Spanish. Posters were observed on housing unit walls in the dayroom and near the phones. 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. The auditor obtained an envelope and sent a letter to the John Howard Association on January 10, 2023. The auditor obtained assistance from an inmate to utilize his name and number on the return address. The letter was placed in the outgoing US mail box by the inmate. While a return name and number is required, the mail staff do not

open this mail and as such inmates 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 inmate can remain anonymous. The mail process at IDOC facilities are the same and as such the auditor did not need to test the process again. During the tour the auditor observed that inmates are able to place outgoing mail in any of the locked boxes around the facility, including in the housing units. None of the drop boxes were specific to sexual abuse or sexual harassment allegations or information. The interview with the mailroom staff indicated that outgoing mail that is regular mail comes to them unsealed. The mail is read and inspected for contraband and is then sealed and sent out. Legal mail comes sealed and is not read or inspected. The mailroom staff stated that incoming regular mail is opened by staff who then scan it and ensure it does not contain any contraband. Inmates are given the original documents. Legal mail is not opened by staff and is sent into the facility for an Officer to deliver to the inmate. The inmate opens the legal mail in the presence of staff. The mailroom staff stated that mail to and from JHA is treated like legal/privileged mail. The interview with the PCM indicated the facility has a hotline that inmates can call and they also have the victim advocate who comes in the facility that they can report information. She further stated she was unaware of how the information was reported back as it has never happened that information was reported through those mechanisms. Interviews with e0 inmates indicated seventeen were aware of an outside reporting entity and 22 were aware they could anonymously report. While some inmates were unaware of JHA, the information is contained in the Handbook and on the PREA Posters, both of which are provided to inmates at the facility and/or are posted.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. It further indicated that staff are required to document verbal reports immediately. 04.01.301, page 10 states that any alleged sexual abuse or harassment shall be reported through chain of command as an unusual incident in accordance with 01.12.105. The PREA Manual, page 29 further states that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. During the tour the auditor asked staff to demonstrate how they submit a written report. Staff indicated if they received a verbal report they would fill out an incident report. The staff indicated they fill out the paper incident report and then provide it to the Zone Sergeant. Staff confirmed and demonstrated that forms are available in the housing units. Further, the staff confirmed that they can privately report and bypass the Chain of Command. Interviews with 30 inmates indicate 28 knew they could report verbally and/or in writing to staff and 28 knew they could report through a third party. Interviews with fourteen staff indicated that inmates can report verbally, in writing, anonymously and through a third party. The staff stated if an inmate reported verbally

they would document it in a written report as soon as possible (after they handled the situation). A review of investigations indicated three were reported verbally, one was reported via the hotline and one was reported via a third party. All allegations, including those reported verbally, were documented in an incident report by the staff involved.

115.51 (d): The PAQ indicates the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. 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 fourteen staff indicated all fourteen were aware that they could privately report sexual abuse of an inmate. Staff stated they could report to any supervisor or through the Warden, IA or the DAO.

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

Recommendation

The auditor recommends that the facility educate staff, to include the PCM, on JHA as the external reporting entity. The auditor highly recommends that the agency supply at least one pre-address and pre-stamped envelope for JHA to the inmates and/or that letters to JHA be allowed to be sent without postage.

<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:
	1. Pre-Audit Questionnaire

2. Administrative Directive 04.01.114 Local Offender Grievance Procedures
3. Individuals In Custody Orientation Manual (Handbook)
4. Grievance Log
5. Sample Grievances

Findings (By Provision):

115.52 (a): 04.01.114 is the policy related to grievance procedures for inmates. The PAQ indicated that the agency is not exempt from this standard.

115.52 (b): The PAQ indicated that agency policy or procedure allows an IIC to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The PAQ further indicated that IICs are not required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. 04.01.114, page 2 states that offender grievances related to allegations of sexual abuse shall not be subject to any filing time frame. Policy further states that offender grievances involving alleged incidents of sexual abuse shall be exempt from any informal grievance process. A review of the Handbook confirmed that information on grievances is provided to IICs on pages 75-76.

115.52 (c): The PAQ stated that agency policy and procedure allow an IIC to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. It further stated that agency policy and procedure requires that an IIC grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. 04.01.114, page 6 indicates an offender may submit the grievance without submitting it to any staff member who is the subject of the complaint. Policy further states that no grievance shall be referred to any staff member who is the subject of the complaint. A review of the Handbook confirmed that information on grievances is provided to IICs on pages 75-76.

115.52 (d): The PAQ stated that agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PAQ indicated that there were zero sexual abuse grievances filed in the previous twelve months. The PAQ further indicates that the agency always notifies an IIC in writing when the agency files for an extension, including notice of the date by which a decision will be made. 04.01.114, page 6 states that the Department shall issue a final decision on the merits of any

portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90 day time period shall not include time consumed by the offender in preparing any administrative appeal. Policy further states that the Department may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The offender shall be notified, in writing, of such extension and provided with a date by which a decision will be made. Page 6 also states that at any level of the grievance process, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level. The auditor reviewed the grievance log and a sample of twelve grievances. Two grievances were determined to be sexual harassment. One was forwarded for investigation (was included in the investigations reviewed by the auditor). The IIC was provided an investigative outcome notification within two weeks of reporting the allegation. The auditor requested documentation on the second grievance, however at the issuance of the interim report the documentation had not yet been provided. There were zero IICs who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.52 (e): The PAQ indicated that agency policy and procedure permits third parties, including fellow IICs, staff members, family members, attorneys, and outside advocates, to assist IICs in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of IICs. The PAQ further indicated that agency policy and procedure requires that if an IIC declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the IIC's decision to decline. 04.01.114, page 6 states that third parties, including other offenders, staff members, family members, attorneys, etc., shall be permitted to assist offenders in filing grievances relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of the offender. Policy further states that the Department shall require, as a condition of processing the grievance, the alleged victim to agree to have the grievance filed on his or her behalf. If the alleged victim declines, the decision shall be documented. The PAQ stated that there were zero grievances alleging sexual abuse by IICs in the past twelve months in which the IIC declined third-party assistance and which contained documentation of the IIC's decision to decline. The auditor reviewed the grievance log and a sample of twelve grievances. Two grievances were determined to be sexual harassment. One was forwarded for investigation (was included in the investigations reviewed by the auditor). The IIC was provided an investigative outcome notification within two weeks of reporting the allegation. The auditor requested documentation on the second grievance, however at the issuance of the interim report the documentation had not yet been provided. No other sexual abuse or sexual harassment grievances were observed.

115.52 (f): The PAQ indicated that the agency has a policy and established



procedures for filing an emergency grievance alleging that an IIC is subject to a substantial risk of imminent sexual abuse. It further indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The PAQ also indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days. 04.01.114, page 7 states that for emergency grievances alleging an offender is subject to a substantial risk of imminent sexual abuse, the Department shall provide an initial response within 48 hours, and shall have a final decision provided within five calendar days. The initial response and the final decision shall document the Department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PAQ stated there were zero emergency grievances alleging substantial risk of imminent sexual abuse in the previous twelve months. The auditor reviewed the grievance log and a sample of twelve grievances. Two grievances were determined to be sexual harassment. One was forwarded for investigation (was included in the investigations reviewed by the auditor). The IIC was provided an investigative outcome notification within two weeks of reporting the allegation. The auditor requested documentation on the second grievance, however at the issuance of the interim report the documentation had not yet been provided. No other sexual abuse or sexual harassment grievances were observed.

115.52 (g): The PAQ indicated that the agency has a written policy that limits its ability to discipline an IIC for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the IIC filed the grievance in bad faith. 04.01.114, page 2 states that staff shall be prohibited from imposing discipline due to use of the grievance process. The PAQ indicated that zero IICs 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 of grievances indicates that this standard appears to require corrective action. The auditor requested documentation on the second grievance, however at the issuance of the interim report the documentation had not yet been provided.

Corrective Action

The facility will need to provide the requested documentation.

Verification of Corrective Action Since the Interim Audit Report

	<p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. Grievance</li> </ol> <p>The facility provided the originally requested grievance. The grievance was deemed not sexual abuse or sexual harassment by the PC. The grievance did have a response provided within 90 days.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Memorandum of Understanding with Prairie Center Against Sexual Abuse</li> <li>4. Mailroom Notification Memorandum</li> <li>5. Individuals in Custody Orientation Manual (Handbook)</li> <li>6. PREA Posters</li> <li>7. PREA Reporting Poster</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Random Individuals In Custody</li> </ol>

Site Review Observations:

1. Observation of Victim Advocacy Information

Findings (By Provision):

115.53 (a): The PAQ indicated that the facility provides IICs with access to outside victim advocates for emotional support services related to sexual abuse. It further stated that the facility provides IICs with access to such services by giving IICs mailing addresses and telephone numbers for local, state or national victim advocacy or rape crisis organizations and that the facility provides IICs with access to such services by enabling reasonable communication between IICs and these organizations in a confidential a manner as possible. The PAQ stated that IDOC does not hold individuals strictly for immigration purposes. 04.01.301, page 5 states that the PCM shall identify community agencies, including advocacy and crisis organizations, where reports can be made or that provide assistance or support services to staff or offenders in the prevention or intervention of sexual abuse and harassment. Contact information such as mailing addresses shall be provided via offender handbook, bulletins, etc. The MOU with Prairie Center Against Sexual Abuse indicates that the purpose and scope of the MOU is to establish a joint effort between IDOC and Prairie Center Against Sexual Abuse to make available to IICs access to an outside entity to provide emotional support services related to sexual abuse, including crisis intervention and sexual assault counseling, to aid IDOC in fulfilling compliance with 115.53 while IICs are incarcerated at Jacksonville Correctional Center and within the IDOC prison. The MOU further states that it understood face-to-face emotional support provided in a confidential a manner as possible or emotional support through confidential unmonitored, unrecorded phone call(s) shall comply with 735 ILCS 5/8-802.1 "Confidentiality of Statements Made to Rape Crisis Personnel". A review of the Handbook and PREA Poster confirmed that IICs are provided the mailing address and telephone number to the Prairie Center Against Sexual Abuse. The documents state that individuals in custody may contact victim advocates for emotional support services related to sexual abuse. The PREA Poster states that advocacy can be provide either by phone or in-person and will be provided in as confidential a manner as possible consistent with legal calls/visits. During the tour the auditor observed PREA information posted throughout the facility in housing units and common areas. Housing units had the oversized poster (PREA Poster) and most housing units also had the regular paper size posters (PREA Reporting Poster). The PREA Reporting Posters were observed on bright orange colored letter size paper in English and Spanish. The PREA Posters were observed on larger colored paper in both English and Spanish. Posters were observed on housing unit walls in the dayroom and near the phones. The Posters (specifically the PREA Reporting Poster) also included contact information for outside victim advocacy services (emotional support services). The PREA Reporting Poster indicated that victim advocacy can be provided by phone or in-

person, will be provided in as confidential a manner as possible consistent with legal calls/visits. The auditor was unable to test access to victim advocacy services during the on-site portion of the audit. IICs can add the victim advocacy number to their call list and call through the IIC phones, which are monitored or recorded, or they can set up a legal call or visit with the organization through medical, mental health or their counselor. The IIC would request the confidential call and the staff member would set up the call. The advocate would call the facility and the call would be transferred to the legal call area. While this is a more confidential method for speaking to the victim advocate than in the housing unit with numerous other IICs surrounding them, the process is not known by staff or IIC. During the tour the auditor observed that IICs are able to place outgoing mail in any of the locked boxes around the facility, including in the housing units. None of the drop boxes were specific to sexual abuse or sexual harassment allegations or information. The interview with the mailroom staff indicated that outgoing mail that is regular mail comes to them unsealed. The mail is read and inspected for contraband and is then sealed and sent out. Legal mail comes sealed and is not read or inspected. The mailroom staff stated that incoming regular mail is opened by staff who then scan it and ensure it does not contain any contraband. IICs are given the original documents. Legal mail is not opened by staff and is sent into the facility for an Officer to deliver to the IIC. The IIC opens the legal mail in the presence of staff. The staff stated mail to and from the local rape crisis center is also treated like legal/privileged mail. Interviews with 30 IICs indicated eight were aware of outside victim advocacy services and twelve were provided a phone number and mailing address to a local rape crisis center. Most of the IICs who were provided the contact information stated they did not know any information related to the organization, they only know it was posted and/or they received it.

115.53 (b): The PAQ indicated that the facility informs IICs, prior to giving them access to outside support services, the extent to which such communications will be monitored. It further stated that the facility informs IICs, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The MOU with Prairie Center Against Sexual Abuse indicates that the purpose and scope of the MOU is to establish a joint effort between IDOC and Prairie Center Against Sexual Abuse to make available to IICs access to an outside entity to provide emotional support services related to sexual abuse, including crisis intervention and sexual assault counseling, to aid IDOC in fulfilling compliance with 115.53 while IICs are incarcerated at Jacksonville Correctional Center and within the IDOC prison. The MOU further states that it understood face-to-face emotional support provided in a confidential a manner as possible or emotional support through confidential unmonitored, unrecorded phone call(s) shall comply with 735 ILCS 5/8-802.1 "Confidentiality of Statements Made to Rape Crisis Personnel". A review of the Handbook and PREA Poster confirmed that IICs are provided the mailing address and telephone number to Prairie Center Against Sexual Abuse. The documents state that individuals in custody may contact victim advocates for

emotional support services related to sexual abuse. The PREA Poster states that advocacy can be provide either by phone or in-person and will be provided in as confidential a manner as possible consistent with legal calls/visits. Pages 30-32 of the Handbook outlines the mail process including privileged mail and pages 32-33 outline the telephone process, including information about telephone calls from individual in custody phones being subject to monitoring and recording. During the tour the auditor observed PREA information posted throughout the facility in housing units and common areas. Housing units had the oversized poster (PREA Poster) and most housing units also had the regular paper size posters (PREA Reporting Poster). The PREA Reporting Posters were observed on bright orange colored letter size paper in English and Spanish. The PREA Posters were observed on larger colored paper in both English and Spanish. Posters were observed on housing unit walls in the dayroom and near the phones. The Posters (specifically the PREA Reporting Poster) also included contact information for outside victim advocacy services (emotional support services). The PREA Reporting Poster indicated that victim advocacy can be provided by phone or in-person, will be provided in as confidential a manner as possible consistent with legal calls/visits. During the tour the auditor observed that IICs are able to place outgoing mail in any of the locked boxes around the facility, including in the housing units. None of the drop boxes were specific to sexual abuse or sexual harassment allegations or information. The interview with the mailroom staff indicated that outgoing mail that is regular mail comes to them unsealed. The mail is read and inspected for contraband and is then sealed and sent out. Legal mail comes sealed and is not read or inspected. The mailroom staff stated that incoming regular mail is opened by staff who then scan it and ensure it does not contain any contraband. IICs are given the original documents. Legal mail is not opened by staff and is sent into the facility for an Officer to deliver to the IIC. The IIC opens the legal mail in the presence of staff. The staff stated mail to and from the local rape crisis center is also treated like legal/privileged mail. Interviews with 30 IICs indicated eight were aware of outside victim advocacy services and twelve were provided a phone number and mailing address to a local rape crisis center. Most of the IICs who were provided the contact information stated they did not know any information related to the organization, they only know it was posted and/or they received it.

115.53 (c): The PAQ indicated that the facility maintains a memorandum of understanding or other agreement with a community service provider that is able to provide IICs with emotional support services related to sexual abuse. The PAQ also indicated that the facility maintains copies of the agreement. A review of documentation confirms that the facility has an MOU with Prairie Center Against Sexual Abuse. The MOU was signed July 28, 2021 and the facility maintains a copy of the MOU.

Based on a review of the PAQ, 04.01.301, the MOU with Prairie Center Against Sexual Abuse, the IIC Handbook, the PREA Poster and interviews with random IICs and IICs who reported sexual abuse this standard appears to require corrective action. The

auditor was unable to test access to victim advocacy services during the on-site portion of the audit. IICs can add the victim advocacy number to their call list and call through the IIC phones, which are monitored or recorded, or they can set up a legal call or visit with the organization through medical, mental health or their counselor. The IIC would request the confidential call and the staff member would set up the call. The advocate would call the facility and the call would be transferred to the legal call area. While this is a more confidential method for speaking to the victim advocate than in the housing unit with numerous other IICs surrounding them, the process is not known by staff or IIC. Interviews with 30 IICs indicated eight were aware of outside victim advocacy services and twelve were provided a phone number and mailing address to a local rape crisis center. Most of the IICs who were provided the contact information stated they did not know any information related to the organization, they only know it was posted and/or they received it.

#### Corrective Action

The facility will need to train staff on the process for IICs to contact the victim advocate. A copy of the training will need to be provided. IICs should also be educated on the process. Confirmation of the education will need to be provided.

#### Recommendation

The auditor highly recommends that the facility develop a method for IICs to contact the local rape crisis center through the IIC phone system.

#### 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. Training Memorandum
2. PREA Education Script
3. Updated PREA Reporting Poster

	<p>4. Updated Individuals In Custody Orientation Manual (Handbook)</p> <p>5. Photos of Updated PREA Reporting Poster Around Facility</p> <p>The facility provided a training memorandum that discussed the process of staff assisting IICs with confidential calls and/or visits with the rape crisis center. Staff signatures were provided confirming they received and understood the training.</p> <p>The agency implemented a speed dial for the local rape crisis center during the corrective action period. All IICs are able to contact the rape crisis center from the IIC phones via a 999 speed dial. The facility updated the Handbook and PREA Reporting Poster to include the 999 hotline as well as the mailing address for the rape crisis center. Further, the documents included information on confidentiality of the communication, including that calls to the hotline are not monitored or recorded. Additionally, the information was added to the PREA Education Script, which is verbally read to IICs during orientation. Photos were provided of the updated PREA Reporting Poster around the facility (Work Camp and Jacksonville).</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> <li>3. PREA Poster</li> <li>4. PREA Reporting Poster</li> </ol> <p>Findings (By Provision):</p>

	<p>115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and the agency publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an IIC. The PREA Manual, page 32 states that the Department shall post publicly, and maintain, the third-party reporting avenue on its public website. A review of the 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. Third party reporting information was observed in visitation and the front entrance via the PREA Reporting Poster and PREA Posters. The Posters were observed in English and Spanish on brig legal size paper (PREA Poster) and bright letter size paper (PREA Reporting Poster). The facility does not have a front entrance and IICs and the public do not have access to the administration area. The auditor tested the third party reporting mechanism. The auditor called the PREA hotline as outlined on the agency website. The hotline is the same hotline utilized for the IIC population. The auditor received confirmation from the PREA Coordinator the following day indicating 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, the PREA Reporting Poster and the agency’s website this standard appears to be compliant.</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 01.12.105 Reporting of Unusual Incidents</li> <li>4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> <li>5. Investigative Reports</li> </ol>



Interviews:

1. Interviews with Random Staff
2. Interviews with Medical and Mental Health Staff
3. Interview with the Warden
4. Interview with the PREA Coordinator

Findings (By Provision):

115.61 (a): The PAQ indicated that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against inmates 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 fourteen staff confirmed that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would report the information to their supervisor, IA and/or the Warden.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. 04.01.301, page 8 states that any verbal report or observance of sexual activity shall be treated as possible sexual abuse. Any report or observance of sexual abuse or harassment shall be documented on an Incident Report, DOC 0434, and reported to the facility PCM in accordance with Paragraph II.G.6. All reports shall be investigated accordingly. Page 10 (Paragraph II.G.6) states that any alleged sexual abuse or harassment shall be reported through chain of

command as an unusual incident in accordance with 01.12.105. All staff who observe the alleged abuse or harassment or to whom the initial report was made shall complete a DOC 0434 and may be required to be interviewed by an investigator or other staff designated by the Chief Administrative Officer prior to leaving the facility at the end of their shift. The PREA Manual, page 32 further states that the information concerning the identity of the alleged offender victim and the specific facts of the case shall be limited to staff who need to know because of their involvement with the victim's welfare and the investigation of the incident. This is important to not only preserve the victim's privacy but to preserve maximum flexibility to investigate the allegation. Interviews with fourteen staff confirmed that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would report the information to their supervisor, IA and/or the Warden.

115.61 (c): Interviews with medical and mental health care staff confirm that at the initiation of services with an IIC they disclose limitations of confidentiality and their duty to report. Both staff stated they are required to report any knowledge, suspicion or information related an incident of sexual abuse or sexual harassment. One of the two staff members stated that she had become aware of such incidents and reported the information to security. A review of investigations indicated one IIC reported to the mental health staff member. The mental health staff member immediately notified security and completed an incident report.

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

115.61 (e): 04.01.301, page 8 states that any verbal report or observance of sexual activity shall be treated as possible sexual abuse. Any report or observance of sexual abuse or harassment shall be documented on an Incident Report, DOC 0434, and reported to the facility PCM in accordance with Paragraph II.G.6. All reports shall be investigated accordingly. Page 10 (Paragraph II.G.6) states that any alleged sexual

	<p>abuse or harassment shall be reported through chain of command as an unusual incident in accordance with 01.12.105. All staff who observe the alleged abuse or harassment or to whom the initial report was made shall complete a DOC 0434 and may be required to be interviewed by an investigator or other staff designated by the Chief Administrative Officer prior to leaving the facility at the end of their shift. The interview with the Warden confirmed that all allegations are reported to the designated facility investigator. A review of investigations indicated three were reported verbally, one was reported via the hotline and one was reported via a third party. All five allegations were reported to the facility investigator.</p> <p>Based on a review of the PAQ, 04.01.301, 01.12.105, the PREA Manual, investigative reports and information from interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden indicates that this standard appears to be compliant.</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> <li>4. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head</li> <li>2. Interview with the Warden</li> <li>3. Interviews with Random Staff</li> </ol> <p>Findings (By Provision):</p>

115.62 (a): The PAQ indicated that when the agency or facility learns that an IIC is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the IIC (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be immediately provided protection from the alleged abuser and the incident shall be investigated. The PREA Manual, page 33 states that in cases where the alleged perpetrator is another offender, the Shift Supervisor shall be notified immediately. The Shift Supervisor shall ensure appropriate and immediate safeguards to protect the offender are taken. Depending on the severity, safeguards may include monitoring the situation, changing housing assignments, changing work assignments, placing the alleged victim and perpetrator in Special Housing, etc. The PREA Manual further states that if the alleged perpetrator is a staff member, all options for safeguarding the offender shall be considered as described above. Options may include reassignment to another unit or post, or other measures that will effectively separate the staff member from the offender. The PAQ stated that there were zero determinations made in the past twelve months that an IIC was at substantial risk of imminent sexual abuse. The Agency Head stated that the agency has many actions, including removing the individual from harm's 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 Warden indicated if an IIC was deemed at risk of imminent risk of sexual abuse they would separate the individual from anyone they may be having an issue with and then report it for investigation. Interviews with random staff further indicated that they would handle the situation similarly to as if someone reported sexual abuse. They stated they would separate the individual, contact the supervisor and secure a potential crime scene.

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

<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:
	1. Pre-Audit Questionnaire

2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)
4. Investigative Reports

Interviews:

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

Findings (By Provision):

115.63 (a): The PAQ indicated that the agency has a policy requiring that, upon receiving an allegation that an IIC was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 04.01.301, page 9 states that reports of sexual abuse or sexual harassment occurring while an offender was housed within a different jurisdiction, such as a municipal lockup, county jail, or correctional center in another state, shall be documented on a DOC 0434 and reported to the Chief Administrative Officer of the facility that received the allegation the allegation to the Chief Administrative Officer of the agency where the alleged abuse occurred within 72 hours. The PAQ stated there were zero allegations received that an IIC was abused while confined at another facility. During documentation review the auditor did not identify any reports of sexual abuse that occurred at another facility.

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. 04.01.301, page 9 states that reports of sexual abuse or sexual harassment occurring while an offender was housed within a different jurisdiction, such as a municipal lockup, county jail, or correctional center in another state, shall be documented on a DOC 0434 and reported to the Chief Administrative Officer of the facility that received the allegation the allegation to the Chief Administrative Officer of the agency where the alleged abuse occurred within 72 hours. During documentation review the auditor did not identify any reports of sexual abuse that occurred at another facility.

115.63 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. 04.01.301, page 9 states that reports of sexual abuse or sexual harassment occurring while an offender was housed within a different jurisdiction, such as a municipal lockup, county jail, or correctional center in another state, shall be documented on a DOC 0434 and reported to the Chief Administrative Officer of the facility that received the allegation the allegation to the Chief Administrative Officer of the agency where the alleged abuse occurred within 72 hours. During documentation review the auditor did not identify any reports of sexual abuse that occurred at another facility.

115.63 (d): The PAQ indicated that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. 04.01.301, page 9 states reports of sexual abuse or harassment occurring while an individual in custody was housed at a different facility shall be reported to the CAO of the facility where the incident occurred as soon as possible, but not later than 72 hours after the initial report was received. The CAO that receives such notification shall ensure the allegation is investigated in accordance with the procedures herein. The PREA Manual, pages 33-34 state that in cases where there is an allegation that sexual abuse occurred at another Department facility, the Chief Administrative Officer of the victim's current facility shall report the allegation to the Chief Administrative of the identified facility. In cases alleging sexual abuse by staff at another facility, the Chief Administrative Officer of the offender's current facility shall refer the matter directly to Internal Affairs. The PAQ stated there were zero allegations reported to the facility from another facility in the previous twelve months. The Agency Head stated that when notified by another agency of an allegation within an IDOC facility, the point of contact is the 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 Warden indicated that if they receive an allegation from another agency/facility they determine if it was previously investigated. If it was not investigated she stated they would initiate an investigation. The Warden indicated she recently received one from another IDOC facility but after review they determined they had previously investigated it.

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

<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

### Documents:

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

### Interviews:

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

### Findings (By Provision):

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

post sexual abuse allegation. The PREA Checklist includes the required first responder duties. The PAQ stated there were two allegations of sexual abuse in the previous twelve months and both involved the immediate separation of the alleged victim and abuser. None of the allegations involved the collection of physical evidence by securing of the crime scene or requesting the victim and ensuring the abuser not take any action to destroy any evidence. A review of two sexual abuse investigations indicated neither involved any first responder duties. The interview with the security staff first responder indicated he would make sure the victim and suspect are separated, make sure witnesses are separated, secure the scene, make sure the victim doesn't take action to destroy evidence, contact the Shift Supervisor, get basic information, write a report and ensure the victim is taken to health care. The non-security first responder stated that her duties are to make sure they don't take action to destroy evidence, put the person in a safe place and contact the Major/Shift Commander. She stated she would also complete an incident report. There were zero IICs who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.64 (b): The PAQ indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. It further indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. 04.01.301, page 8 states that a member of the security staff shall be promptly notified if the staff responding is other than security staff. The PREA Checklist also provides staff with a checklist of duties to ensure is completed post sexual abuse allegation. The PREA Checklist includes the required first responder duties. The PAQ stated there were zero allegations of sexual abuse that involved a non-security staff first responder. A review of two sexual abuse allegations indicated one was reported to a non-security first responder. The non-security first responder reported the information to security. It should be noted the allegation did not involve the need to advise the IIC not to destroy any evidence. The interview with the security staff first responder indicated he would make sure the victim and suspect are separated, make sure witnesses are separated, secure the scene, make sure the victim doesn't take action to destroy evidence, contact the Shift Supervisor, get basic information, write a report and ensure the victim is taken to health care. The non-security first responder stated that her duties are to make sure they don't take action to destroy evidence, put the person in a safe place and contact the Major/Shift Commander. She stated she would also complete an incident report. The interviews with thirteen random staff confirmed that staff are aware of first responder duties.

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



<b>115.65</b>	<b>Coordinated response</b>
	<p data-bbox="256 188 959 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 264 544 300"><b>Auditor Discussion</b></p> <p data-bbox="256 340 432 376">Documents:</p> <ol data-bbox="256 412 1426 672" style="list-style-type: none"> <li data-bbox="256 412 667 448">1. Pre-Audit Questionnaire</li> <li data-bbox="256 483 1426 564">2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li data-bbox="256 600 1410 672">3. Jacksonville Correctional Center Institutional Directive (ID) 04.01.301 Sexual Abuse and Harassment Prevention and Intervention</li> </ol> <p data-bbox="256 784 416 819">Interviews:</p> <ol data-bbox="256 855 703 891" style="list-style-type: none"> <li data-bbox="256 855 703 891">1. Interview with the Warden</li> </ol> <p data-bbox="256 999 587 1034">Findings (By Provision):</p> <p data-bbox="256 1142 1474 1971">115.65 (a): The PAQ indicated that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. ID 04.01.301, page 7 states that any offender who alleges to be a victim of sexual abuse shall be immediately provided protection from the alleged abuser and the incident shall be investigated. The victim shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5. The decision to collect evidence shall be made on a case-by-case basis in accordance with standard investigative procedures. The victim will be evaluated by mental health or a crisis intervention team member within 24 hours to assess the need for counseling services. Policy further states that staff responding to any allegation of sexual abuse shall take steps to ensure preservation of the area in which the alleged abuse occurred, including requesting the alleged victim and abuser not to take any action that may destroy physical evidence, including changing clothes, bathing, brushing teeth, urinating, defecating drinking or eating, etc. Pages 8-9 describe medical and mental health treatment for victims of sexual abuse, pages 10-11 describes the investigative process for allegations of sexual abuse and pages 3-7 describe the facility leaderships responsibilities. The Warden confirmed that the facility has an institutional plan that coordinates actions among staff first responders, medical and mental health practitioners, investigators and facility leadership.</p> <p data-bbox="256 2078 1449 2114">Based on a review of the PAQ, ID 04.01.301 and information from the interview with</p>

	the Warden, this standard appears to be compliant.
--	----------------------------------------------------

<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Collective Bargaining Agreements</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head</li> </ol> <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. A review of a sample of the agency's collective bargaining agreements confirm that those reviewed allowed for the removal of the alleged staff abuser. Most of the agreements indicated that a written reason for the removal, discipline or termination should be provided to the union. The interview with the Agency Head confirmed that the agency has entered into or renewed 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>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, a sample of collective bargaining agreements and the interview with the Agency Head, this standard appears to be compliant.</p>

**115.67 Agency protection against retaliation**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

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

Interviews:

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

Findings (By Provision):

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

115.67 (b): 04.01.301, pages 11-12 state that for a minimum of 90 days following the initial report of sexual abuse or harassment, the Department shall monitor the

conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to observe if there are changes that may suggest possible retaliation by offenders or staff. Offender conduct and treatment shall be documented on the PREA Retaliation Monitor – Offender, DOC 0498. The review shall include, but not be limited to, disciplinary reports, housing or programming changes and facility transfers and include periodic status checks to ensure he or she displays no changes that may suggest retaliation. Staff conduct and treatment shall be documented on the PREA Retaliation Monitor – Staff, DOC 0499. The review shall include, but not be limited to, negative performance reviews and reassignments. A review of investigative reports and monitoring documents indicated that there were no reported allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an IIC or staff member expressed fear of retaliation. The Agency Head stated that the agency has 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 Warden stated that if an individual alleges sexual abuse or sexual harassment they keep the information confidential. If it's against a staff member the staff member can be reassigned and if it is against another IIC they can separate them through housing changes. The Warden stated they go above and beyond to make sure victims are safe. The interview with the staff responding for monitoring for retaliation indicated she makes sure nothing is happening to the individual and she reviews things such as tickets, grievances, etc. She stated she ensures they have separated the individuals and they are kept separate. She indicated protective measures include separation, checking in with the individual on a regular basis, providing mental health services and keeping an open line of communication. She stated they conduct periodic status checks at least every 30 days but they sometimes do it more frequently, depending on the person. There were zero IICs who reported sexual abuse during the on-site and as such no interviews were conducted.

115.67 (c): The PAQ indicated that the agency/facility monitors the conduct or treatment of IICs or staff who reported sexual abuse and of IICs who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by IICs or staff. The PAQ stated that monitoring is completed for a minimum of 90 days. The PAQ further stated that the agency/facility acts promptly to remedy any relation and that the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. 04.01.301, pages 11-12 state that for a minimum of 90 days following the initial report of sexual abuse or harassment, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to observe if there are changes that may suggest possible retaliation by offenders or staff. Offender conduct and treatment shall be documented on the PREA Retaliation Monitor – Offender, DOC 0498. The review shall include, but not be limited to, disciplinary reports, housing or programming changes and facility

transfers and include periodic status checks to ensure he or she displays no changes that may suggest retaliation. Policy further states that the Department shall act promptly to remedy any such retaliation. The PAQ noted there were zero incidents of retaliation reported in the previous twelve months. The interview with the Warden indicated that if retaliation is suspected or reported they would initiate the disciplinary process. She stated if it is another IIC the person retaliating would be placed in segregated housing and a keep separate would be implemented. The interview with the staff responsible for monitoring for retaliation indicated she monitors for 90 days and if she suspects retaliation she could extend monitoring for as long as a year. The staff stated when she monitors for retaliation she reviews tickets and grievances. She indicated all changes, including housing, programming and jobs go through her office so she would be aware of any of these changes. She further confirmed for staff she would review performance reviews and post assignments. A review of the two sexual abuse incident reviews indicated neither had monitoring for retaliation documents. It should be noted that one allegation was deemed unfounded, but the investigation exceeded 90 days and therefore monitoring was still required.

115.67 (d): 04.01.301, pages 11-12 state that for a minimum of 90 days following the initial report of sexual abuse or harassment, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to observe if there are changes that may suggest possible retaliation by offenders or staff. Offender conduct and treatment shall be documented on the PREA Retaliation Monitor - Offender, DOC 0498. The review shall include, but not be limited to, disciplinary reports, housing or programming changes and facility transfers and include periodic status checks to ensure he or she displays no changes that may suggest retaliation. The interview with the staff responsible for monitoring confirmed they conduct period status checks at least every 30 days but they sometimes do it more frequently, depending on the person. A review of the two sexual abuse incident reviews indicated neither had monitoring for retaliation documents. It should be noted that one allegation was deemed unfounded, but the investigation exceeded 90 days and therefore monitoring was still required.

115.67 (e): 04.01.301, page 12 states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect the individuals against retaliation. The Agency Head stated that the same protective measures would be offered to those who cooperate with an investigation or express fear for retaliation. The Warden stated that if an individual alleges sexual abuse or sexual harassment they keep the information confidential. If it's against a staff member the staff member can be reassigned and if it is against another IIC they can separate them through housing changes. The Warden stated they go above and beyond to make sure victims are safe. The interview with the Warden indicated that if retaliation is suspected or reported they

would initiate the disciplinary process. She stated if it is another IIC the person retaliating would be placed in segregated housing and a keep separate would be implemented.

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

Based on a review of the PAQ, 04.01.301, investigative reports, DOC 0498 and interviews with the Agency Head, Warden and staff charged with monitoring for retaliation, this standard appears to require corrective action. A review of the two sexual abuse incident reviews indicated neither had monitoring for retaliation documents. It should be noted that one allegation was deemed unfounded, but the investigation exceeded 90 days and therefore monitoring was still required.

#### Corrective Action

The facility will need to provide the originally requested documentation or a list of sexual abuse allegations during the corrective action period and associated monitoring documents 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. Monitoring for Retaliation

The facility provided the originally requested documentation. Both IICs had monitoring initiated and completed for a week. Both were transferred to another IDOC after that week. One inmate had a check of all required under provision (d) as well as a status check while the other just had a check of one element under provision (d) and a status check.

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

115.68	Post-allegation protective custody
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 05.15.100 Restrictive Housing</li> <li>4. Individuals In Custody Victim Housing Assignments</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Warden</li> <li>2. Interview with Staff who Supervise Individuals In Custody in Segregated Housing</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of the Segregated Housing Unit</li> </ol> <p>Findings (By Provision):</p> <p>115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of IICs who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ further indicated that if an involuntary segregated housing assignment is made, the facility affords each such IIC a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ noted there were zero IICs who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 day. 04.01.301, page 7 states that an offender identified as vulnerable shall not be housed in a</p>

segregated status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided and such placement in segregation shall not ordinarily exceed a period of 30 days. Page 9 further states that any offender who alleges sexual abuse shall have their housing needs reviewed to determine appropriate placement. If the offender is transferred to another facility, the PCM of the sending facility shall promptly notify the PCM of the receiving facility of the alleged sexual abuse or harassment to ensure the offender receives proper follow-up services. Additionally, 05.15.100, page 6 states that a Restrictive Housing Review Committee (RHRC) shall be established at each facility with restrictive housing. The committee shall review the status of each individual in custody's placement into restrictive housing every seven days for the first 60 days and at least every 30 days thereafter, unless more frequently if clinically indicated. During the tour the auditor observed the segregated housing unit. The segregated housing unit had double bunked cells with a toilet and sink. Showers were separate with a curtain. The housing unit had a separate outdoor recreation area, a small property room and a bookshelf with library books. PREA Reporting Posters were observed in English and Spanish across from the cells. IICs are provided out of cell time through recreation (five days a week) and showers (three days a week). Phone calls are only allowed if the individual stays in segregated housing over 29 days. All mail and grievances are submitted through a staff member. The interview with the Warden confirmed that agency policy prohibits placing IICs who report sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are not alternative means of separation from likely abusers. She stated they do not involuntarily segregate high risk IICs and they would find a different spot for them. The Warden confirmed that IICs would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. She stated involuntary segregated housing would be a last resort and they would not take long to find alternative housing. The interview with the staff who supervise IICs in segregated housing confirmed that IICs who report sexual abuse who are involuntary segregated would have access to programs, privileges, education and work opportunities to the extent possible. He stated they would have access, but that they do not place IICs at high risk in involuntary segregated housing. He indicated they can place them in healthcare in lieu of segregated housing. The staff member confirmed any restrictions would be documented. The staff who supervise IICs in segregated housing indicated that IICs would only be placed in involuntary segregated housing until they could find an alternative means of separation. He stated the placement would be temporary and that they have never had to do this. He indicated this placement would not exceed the following day. He further indicated they do not keep anyone in segregated housing for more than 30 days. There were no IICs identified to be in segregated housing due to an allegation of sexual abuse and as such no interviews were conducted. A review of documentation for two IICs who reported sexual abuse indicated both were placed in segregated housing. One was placed there due to a use of force and the other was placed there due to determination that the allegation was consensual sexual activity. The auditor also identified that one IIC who reported



sexual harassment was also placed in segregated housing. Based on the documentation reviewed the auditor determined segregated housing was frequently used and as such additional documentation is needed.

Based on a review of the PAQ, 04.01.301, 05.15.100, housing documentation for IICs who reported sexual abuse and the interview with the Warden and staff who supervise IICs in segregated housing, this standard appears to require corrective action. A review of documentation for two IICs who reported sexual abuse indicated both were placed in segregated housing. One was placed there due to a use of force and the other was placed there due to determination that the allegation was consensual sexual activity. The auditor also identified that one IIC who reported sexual harassment was also placed in segregated housing. Based on the documentation reviewed the auditor determined segregated housing was frequently used and as such additional documentation is needed.

#### Corrective Action

The facility will need to provide a list of sexual abuse and sexual harassment allegations reported during the corrective action period and associated victim housing 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. Training Memorandum
2. Email Related to Sexual Abuse Allegations During Corrective Action Period
3. Mock Investigation Documents

The facility provided a training memo related to the prohibition of placing IICs who report sexual abuse in segregated housing. The memo also advised of the process of housing after an allegation of sexual abuse. Staff signatures were provided confirming

	<p>they received and understood the training.</p> <p>An email was provided indicating there were zero sexual abuse allegations reported during the corrective action period. The PC further confirmed there were zero allegations reported. Due to no allegations, the facility completed a mock sexual abuse investigation to provide additional training on this process. Documentation outlined that the victim was moved from one general population housing unit to another and was not placed in segregated housing.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 01.12.120 Investigations of Unusual Incidents</li> <li>4. Administrative Directive 01.12.101 Employee Criminal Misconduct</li> <li>5. Administrative Directive 01.12.112 Preservation of Physical Evidence</li> <li>6. Administrative Directive 01.12.125 Uniform Investigative Reporting System</li> <li>7. Administrative Directive 01.12.115 Institutional Investigative Assignment</li> <li>8. Memorandum of Understanding with the Illinois State Police/Office of Executive Inspector General</li> <li>9. Investigative Reports</li> <li>10. Investigator Training Records</li> </ol> <p>Interviews:</p>

1. Interview with Investigative Staff
2. Interview with the Warden
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Findings (By Provision):

115.71 (a): The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. The initial investigative report shall be provided to the Chief Administrative Officer within 24 hours of the onset of the investigation. Policy further states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. 01.12.120, page 1 states the CAO shall ensure that an internal investigation is conducted by facility staff, or by staff assigned by the Chief of Investigations and Intelligence, on each unusual incident reported, if it is determined that further facts are required. Page 2 states that the facility investigation shall include, but not be limited to: obtaining statements from all involved individuals; obtaining statements from all known and any possible witnesses; securing and preserving all weapons; securing and preserving any other evidence; determining if all policies and procedures were followed; determining the quality of offender and staff supervision; conferring with local State Attorney to determine if criminal prosecution is warranted and referring individuals to the prosecuting authority for criminal prosecution, when warranted. 01.12.101, 01.12.105, 01.12.115, 01.12.112 and 01.12.125 all outline different elements to the investigative process for the agency. A review of five investigations indicated four were prompt, five were objective and five were thorough. The interviews with investigators indicated that an investigation is typically initiated immediately, depending on the severity. The investigators stated initial steps include ensuring first responder duties were completed and the two individuals are separated. The criminal investigator stated that investigations are initiated immediately after the allegation is received. Both investigators confirmed that third party and anonymous reports are investigated the same as first person reports. Direct and circumstantial evidence is collected, interviews are completed and prior reports are reviewed.

115.71 (b): 01.12.115, page 2 states that the CAO shall ensure that each individual appointed as an investigator be registered for the next available investigator training program within ten days of temporary or permanent assignment as an investigator. Training topics include but are not limited to: investigative techniques, including

interviewing sexual abuse victims; crime scene preservation; collection and preservation of evidence, including sexual abuse evidence collection in a confinement setting; proper use of Miranda and Garrity warnings; criteria and evidence required to substantiate a case for administrative action or prosecution referral; and investigative reporting. The agency utilizes their own training for this standard; PREA for Investigators. A review of the training curriculum confirmed slides 67-118 include the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. A review of documentation indicated that two facility/agency staff were documented with the specialized investigations training. A review of five investigations revealed they were completed by three investigators, two of which had completed the specialized investigator training. The interviews with the investigators confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case.

115.71 (c): 04.01.301, page 10 states that for reports of sexual abuse, the crime scene shall always be protected and investigators shall collect and tag evidence from the scene in accordance with established procedures. Evidence collected shall be submitted to the State Police within ten business days of receipt. 01.12.120, page 1 states the CAO shall ensure that an internal investigation is conducted by facility staff, or by staff assigned by the Chief of Investigations and Intelligence, on each unusual incident reported, if it is determined that further facts are required. Page 2 states that the facility investigation shall include, but not be limited to: obtaining statements from all involved individuals; obtaining statements from all known and any possible witnesses; securing and preserving all weapons; securing and preserving any other evidence; determining if all policies and procedures were followed; determining the quality of offender and staff supervision; conferring with local State Attorney to determine if criminal prosecution is warranted and referring individuals to the prosecuting authority for criminal prosecution, when warranted. 01.12.101, 01.12.105, 01.12.115, 01.12.112 and 01.12.125 all outline different elements to the investigative process for the agency. A review of five investigations indicated all five included interviews, two involved evidence collection and none documented a review of prior complaints. The interviews with the facility investigators indicated their investigative process includes reviewing collected information, interviewing those involved, collecting and reviewing evidence, compiling a report and determining if it requires criminal charges. The facility investigators stated they would be responsible for gathering video evidence, audio, statements and physical evidence. Upon probing the investigators said they review prior complaints. The criminal investigator stated the initial investigative step would be to gather and preserve any evidence. He further stated he would remain objective during the investigation and base credibility on a case-by-case basis. He stated he would conduct a complete and thorough investigation. This is done through gathering and preserving direct and circumstantial

evidence, including physical. DNA and any available video monitoring data. He confirmed he would interview the alleged victims, suspected perpetrators and any witnesses and he would review prior complaints and reports of sexual abuse involving the perpetrator.

115.71 (d): The interviews with the facility investigators indicated that they typically do not consult with prosecutors first, they compile their case and then present the information to the State Attorney. The criminal investigator confirmed that before they conduct any compelled interviews they would consult with prosecutors. A review of investigative reports confirmed none of the closed investigations involved compelled interviews.

115.71 (e): 04.01.301, page 10 states that alleged victims of sexual abuse shall not be required to submit to truth telling verification examinations such as voice stress analysis or polygraph exam as part of or as a condition of the investigation. The interviews with the investigators confirmed that the agency does require IIC victims of sexual abuse to submit to a polygraph tests or any other truth-telling devices. Further the facility investigators stated that credibility through a corroboration of evidence. The criminal investigator stated that credibility is assessed on an individual basis and is not determined by an person's status. There were zero IICs who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.71 (f): 01.12.120, page 3 states that the supervisor of the internal investigation team shall submit an initial report, verbal or written, to the CAO within 48 hours of the incident and shall submit a final written report utilizing the Report of Investigation, DOC 0262, within ten working day from the conclusion of the investigation. A review five investigations indicated that all five were documented in a written report Four of the five had information related to the initial allegation, a description of statements/ interviews with the alleged victim, perpetrator(s) and/or witnesses, if applicable, evidence reviewed and investigatory facts and findings. One investigation was lacking information and was very confusing. The interviews with facility investigators confirmed that all administrative investigations are documented in a written report and include everything that was done during the course of the investigation. The investigators further stated that when they complete investigation they look at video and statements and determine if staff actions or failure to act contributed to the sexual abuse. The criminal investigator further confirmed that they would review logbooks, video and interview all parties to determine if staff actions or failure to act contributed to the abuse.

115.71 (g): 01.12.120, page 3 states that the supervisor of the internal investigation

team shall submit an initial report, verbal or written, to the CAO within 48 hours of the incident and shall submit a final written report utilizing the Report of Investigation, DOC 0262, within ten working day from the conclusion of the investigation. There were zero criminal investigation completed during the previous twelve months. The criminal investigation also included information on the submittal to the State Attorney. The interview with the criminal investigator confirmed that the criminal investigation would be documented on the DOC 0262 (Report of Investigation). The report would contain a thorough description of physical, interview and documentary evidence. He stated it would also include all attachments such as: statements, video, audio, physical, etc.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution. 04.01.301, page 11 states that upon conclusion of the investigation, if applicable, the case shall be reviewed with the appropriate State's Attorney for possible referral for prosecution. The PAQ noted there were zero allegations referred for prosecution since the last PREA audit. A review of documentation confirmed there zero criminal investigations completed and zero investigations were referred for prosecution since the last PREA audit. The interview with the investigators confirmed that criminal investigations are typically referred for prosecution, especially those that are substantiated. The facility investigators stated they compile their case and if a crime is taken place they present the information to the prosecutor.

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

115.71 (j): The interview with the criminal investigator confirmed that an individual in custody being released or an employee separating from the agency has no bearing on the investigation and it would proceed accordingly. The facility investigators further confirmed that investigations continue regardless of whether the alleged victim or suspect depart the facility.

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

115.71 (l): 04.01.301 states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. Additionally, the MOU with the Illinois State Police

(signed in 2019) indicates that they conduct investigations related to sexual assault involving staff on staff or staff on IIC. The PREA Coordinator stated that cases which are referred to the Illinois State Police are assigned an external investigator from IDOC's Office of Investigations & Intelligence. The IDOC external investigator would ensure updates are provided to the facility and PREA Coordinator, as appropriate. The Warden stated that Internal Affairs would keep in contact with the outside agency and provided her information. The PCM stated they have never had an outside agency conduct an investigation. The facility investigators indicated if an outside agency investigates they serve in a support role to assist with anything that is needed. The criminal investigator stated that he fully cooperates with the outside investigator and stays informed of the progress of their investigation.

Based on a review of the PAQ, 04.01.310, 01.12.101, 01.12.112, 01.12.115, 01.12.120, 01.12.125, the MOU with the State Police, investigative reports, investigative training records and information from interviews with the Warden, PREA Coordinator, PREA Compliance Manager and investigators, indicate that this standard appears to require corrective action. A review of five investigations revealed they were completed by three investigators, two of which had completed the specialized investigator training. A review of five investigations indicated all five included interviews, two involved evidence collection and none documented a review of prior complaints. A review five investigations indicated that all five were documented in a written report Four of the five had information related to the initial allegation, a description of statements/interviews with the alleged victim, perpetrator(s) and/or witnesses, if applicable, evidence reviewed and investigatory facts and findings. One investigation was lacking information and was very confusing.

#### Corrective Action

The facility will need to provide the requested investigator training. Further the facility will need to ensure investigators complete investigations per policy and procedure, with complete and thorough investigative reports that include a review of prior complaints. A list of sexual abuse and sexual harassment allegations during the corrective action plan and associated investigative reports 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.

	<p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. Investigator Specialized Training Records</li> <li>2. Credibility Assessment Training</li> <li>3. Memorandum Related to Sexual Abuse Allegations During the Corrective Action Period</li> <li>4. Mock Investigation</li> </ol> <p>The facility provided the originally requested specialized investigator training record. The investigator received training in 2018.</p> <p>The facility provided a training memo that discussed the requirement of reviewing prior complaints of the alleged perpetrators(s). Additionally, training documentation was provided that went over credibility assessments (PREA Resource Center Training). Staff signatures (investigators) were provided confirming they received and understood the training.</p> <p>A memo was provided advising that there had been zero sexual abuse allegations during the corrective action period. The PC confirmed there were zero allegations reported. Due to the lack of allegations, the facility conducted a mock sexual abuse investigation. The mock investigative report was in an adequate format with information on interviews, evidence and a review of prior complaints against the alleged perpetrator.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> </ol>



2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Prison Rape Elimination Act (PREA) for Investigators Training Curriculum
4. Investigative Reports

Interviews:

1. Interviews with Investigative Staff

Findings (By Provision):

115.72 (a): The PAQ stated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 04.01.301, page 10 states that the Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Additionally, the PREA for Investigators Training Curriculum includes information on the elements to substantiate an investigation (preponderance of evidence). A review of five investigations indicated none were determined to be substantiated. A review of the investigations determined none included a preponderance of the evidence. The auditor did review an investigation that was deemed unsubstantiated that the facility said was consensual and a such should have been unfounded. The interviews with the investigator confirmed that the standard of evidence to substantiate an administrative investigation is a preponderance of evidence.

Based on a review of the PAQ, 04.01.301, PREA Investigators Training Curriculum, investigative reports and information from the interview with the investigator, it is determined that this standard appears to be compliant.

Recommendation

The auditor highly recommends that the facility provide training with staff on the proper investigative outcomes.

**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. Investigative Reports
5. Victim Notification Memorandums

Interviews:

1. Interview with the Warden
2. Interviews with Investigative Staff

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any IIC who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. 04.01.301, page 10 states that the alleged victim will be notified, in writing, of the outcome of the investigation. The PAQ stated there was one completed sexual abuse investigation in the previous twelve months and two verbal or written victim notifications. The interviews with the Warden and the investigators confirm that IICs are informed of the outcome of the investigation into their allegation. A review of two sexual abuse investigations indicated both had a completed investigation and both included a written notification of the investigative outcome to the victim.

115.73 (b): The PAQ indicate that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the IIC of the outcome of the investigation. The PAQ stated there as one investigations completed by an outside agency in the previous twelve months and the IIC was notified verbally or in writing of the results of the investigation. 04.01.301,

page 10 states that the alleged victim will be notified, in writing, of the outcome of the investigation. A review of investigations confirmed that none were completed by an outside agency and as such no notifications under this provision were required.

115.73 (c): The PAQ indicated following an IIC's allegation that a staff member has committed sexual abuse against the IIC, the agency/facility subsequently informs the IIC (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the IIC's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Additionally, the PAQ indicated that there has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an IIC in an agency facility in the past 12 months. The PREA Manual, page 40 states that following an IIC's allegation that a staff member has committed sexual abuse against the IIC, the agency shall subsequently inform the IIC (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the IIC's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PREA Manual further states that an assessment shall be completed to determine if actions described above are warranted in accordance with section 115.65. The actions may not be appropriate in all cases. Offenders shall be notified only if there is a link between the listed actions in this section and an incident of sexual abuse. The timing of such notifications shall not interfere with any pending criminal or administrative investigations. There were zero IICs who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. A review of two sexual abuse investigations indicated one was a staff-on-IIC allegation, however it was not substantiated or required the removal of the alleged staff member and as such no notification were required under this provision.

115.73 (d): The PAQ indicated following an IIC's allegation that he or she has been sexually abused by another IIC in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PREA Manual, page 40 states that following an IIC's allegation that he or she has been sexually abused by another IIC, the agency shall subsequently inform the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. There were zero IICs who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. A

	<p>review of two sexual abuse investigative reports indicated one was IIC-on-IIC sexual abuse allegations, however it was not substantiated. As such there were zero notifications under this provision required.</p> <p>115.73 (e): The PAQ indicated the agency has a policy that all notifications to IICs described under this standard are documented. 04.01.301, page 10 states that the alleged victim will be notified, in writing, of the outcome of the investigation. The PAQ stated there were five notification made pursuant to this standard. A review of two sexual abuse investigations indicated both had a completed investigation and both included a written notification of the investigative outcome to the victim.</p> <p>115.73 (f): This provision is not required to be audited.</p> <p>Based on a review of the PAQ, 04.01.301, the PREA Manual, investigative reports, victim notification memos and information from interviews with the Warden and the investigator indicate that this standard appears to be compliant.</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.76 Disciplinary sanctions for staff</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 03.01.120 Employee Review Hearing</li> <li>4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> <li>5. Investigative Reports</li> </ol> <p>Findings (By Provision):</p> <p>115.76 (a): The PAQ indicated that staff is subject to disciplinary sanctions up to and</p>

including termination for violating agency sexual abuse or sexual harassment policies. 04.01.301, page 11 states that all terminations for violating the agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PREA Manual, page 41 states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. A review of investigative reports confirmed that there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member and as such there was no documentation to review.

115.76 (b): The PREA Manual, page 41 states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. It further states that administrative discipline shall be conducted using the Employee Review Hearing Process and the collective bargaining agreement. Any decision made on the proposal shall be in accordance with all applicable laws, rules and regulations. The PAQ indicated there were zero staff members who violated the sexual abuse or sexual harassment policies in the previous twelve months and zero staff members who was terminated (or resigned prior to termination) for violating the agency's sexual abuse or sexual harassment policies. A review of investigative reports confirmed that there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member and as such there was no documentation to review.

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

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

	<p>04.01.301, page 11 states that all terminations for violating the agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PAQ indicated there were no staff members who were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual or sexual harassment policies. A review of investigative reports confirmed that there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member and as such there was no documentation to review.</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>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.77	Corrective action for contractors and volunteers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Warden</li> </ol> <p>Findings (By Provision):</p> <p>115.77 (a): The PAQ indicated that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with IICs. 04.01.301, page 11 states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to</p>

law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there have been no contractors or volunteers who violated the sexual abuse or sexual harassment policies within the previous twelve months and as such none were reported to law enforcement or relevant licensing bodies. A review of investigative reports confirmed there were zero contractors or volunteers who violated the agency's sexual abuse or sexual harassment policies.

115.77 (b): The PAQ indicated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with IICs in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 04.01.301, page 11 states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies. The interview with the Warden indicated that if a volunteer or contractor violated the sexual abuse and/or the sexual harassment policies the facility would conduct an investigation and if the investigation is substantiated the individual would not be allowed back into the facility. She confirmed that they determine whether to prohibit contact with IICs.

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

115.78	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Illinois Administrative Code 20.504</li> <li>4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> <li>5. Investigative Reports</li> </ol>

Interviews:

1. Interview with the Warden
2. Interviews with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): The PAQ indicated that IICs are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that an IIC engaged in IIC-on-IIC sexual abuse. 04.01.301, page 10 states that upon conclusion of the investigation disciplinary reports shall be completed, served and processed, where warranted. 20.504, page 2 states that no offender shall be found guilty of any violation without a hearing before the Adjustment Committee or Program Unit. 20.504 further describes the formal disciplinary process required. The PAQ stated there was one administrative finding of IIC-on-IIC sexual abuse and zero criminal findings of IIC-on-IIC sexual abuse. A review of investigative reports indicated there was one allegation that was investigated and based on witness statements and video review was deemed consensual sexual activity. Both IICs were disciplined for the activity and as such was not applicable under this provision.

115.78 (b): 20.507, pages 2-3 stated that in determining the appropriate sanctions, the Adjustment Committee or Program Unit, the CAO and the Director shall consider, among other matters, mitigating or aggravating factors including; the offenders age, medical and mental health state, if the offender was determined to be mentally ill, the extent and degree of participation in the commission of the offense and the offender's prior disciplinary record. The Warden stated that if an IIC violated the sexual abuse or sexual harassment policies the allegation would be investigated. If it was substantiated the IIC would be disciplined and given whatever sanctions associated with the discipline. She stated this could include removal of good time, reclassification and six months of restrictions. The Warden confirmed that sanctions are consistent in the disciplinary process and that sanctions would be commensurate with the nature and circumstances of the abuse committed, the IIC's disciplinary history, and the sanctions imposed for comparable offenses by other IICs with similar histories.

115.78 (c): 20.507, pages 2-3 stated that in determining the appropriate sanctions, the Adjustment Committee or Program Unit, the CAO and the Director shall consider, among other matters, mitigating or aggravating factors including; the offenders age, medical and mental health state, if the offender was determined to be mentally ill, the extent and degree of participation in the commission of the offense and the



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

115.78 (d): The PAQ indicated the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Further communication with the PC indicated that sex offender treatment is only offered at Big Muddy River Correctional Center and Taylorville Correctional Center. Interviews with medical and mental health staff indicated neither were aware if these services were available and were offered to the perpetrating IIC.

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

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

115.78 (g): The PAQ indicated that the agency prohibits all sexual activity between IICs. It further indicated that if the agency prohibits all sexual activity between IICs and disciplines IICs for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. A review of investigative reports indicated there was one allegation that was investigated and based on witness statements and video review was deemed consensual sexual activity. Both IICs were disciplined for the activity.

Based on a review of the PAQ, 04.01.301, 20.507, the PREA Manual, investigative reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to require corrective action. Interviews with medical and mental health staff indicated neither were aware if these services were

	<p>available and were offered to the perpetrating IIC.</p> <p>Corrective Action</p> <p>The facility will need to provide training to medical and mental health care staff related to provision (d). A copy of the training will need to be provided.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. Procedural Bulletin</li> </ol> <p>The facility provided a medical and mental health Procedural Bulletin that outlined the process for mental health services for perpetrators of sexual abuse. It advised the PCM will notify mental health of any substantiated incidents of sexual abuse and mental health will determine if there are underlying reasons or motivations that can be addressed through mental health services. An assessment will be completed and documented on DOC 0282. The evaluation will be completed within 60 days of receiving information from the PCM. Guidance for potential placement in sex offender therapy is through the Manager of the Sex Offender Services Unit.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Standard Operating Procedural (SOP) Manual for Mental Health
4. Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494)
5. Medical/Mental Health Documents

Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.81 (a): The PAQ indicated that all IICs at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. 04.01.301, 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. The PAQ noted that 100% of those IICs who reported prior victimization were seen within fourteen days by medical or mental health. A review of mental health documents for six IICs who disclosed prior sexual victimization during the risk screening indicated all six were documented with being offered a follow-up with mental health. Two declined and four accepted services. The auditor received three of the four documents indicating all three were seen within fourteen days. Interviews with the staff responsible for the

risk screening indicated that IICs are offered a follow-up with medical or mental health care staff. One staff was unaware of the timeframe for services while the other stated they would be seen by mental health within a few days. Interviews with two IICs who disclosed sexual victimization during the risk screening indicated one was offered a follow-up with medical or mental health care staff. The IIC advised he declined the follow-up.

115.81 (b): The PAQ indicated that all prison IICs who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. 04.01.301, page 7 states that if it is determined that the offender previously perpetrated sexual abuse, the facility PCM shall notify mental health staff within fourteen days of the screening. The PAQ noted that 100% of those IICs who reported prior perpetration were seen within fourteen days by medical or mental health. During documentation review the auditor identified two IICs with prior sexual abusiveness. A review of documentation indicated one was offered a follow-up but declined services while the other was not initially offered a follow-up. The IIC was subsequently offered the follow-up on the reassessments. Interviews with three IICs who disclosed sexual victimization during the risk screening indicated two were offered a follow-up with medical or mental health care staff. Both that indicated they were offered advised they declined the services.

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

115.81 (d): The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners, however it stated that the information is only shared with staff to assist with security and management decisions. 04.01.301, page 5 states that access to information related to sexual abuse occurring in an correctional setting shall be treated as confidential and limited to staff directly related to the assessment, treatment, placement or investigations of the offender to the extent possible when ensuring the safety and security of the offender. Medical and mental health records are all paper and the records area is staffed 8am-4pm Monday through Friday. The staff advised that the records door is locked at all times and only medical and mental health care staff have access. The staff advised that the security staff member who works in medical also has access. Medical records has limited access and only those with a need to know view the records. Investigative files are paper and electronic. Only Internal Affairs staff have access to the investigations. Risk screening information is maintained in the electronic Offender 360 program and/or in the IIC's master file. Master files are maintained in records which is staffed Monday through Friday 8am-4pm. Records staff advised that the area is locked when not staffed and

the key to medical records is restricted. The staff further advised that access to the master file is those with a need to know. During the tour the auditor had a security staff member pull up the electronic system to see what was able to be viewed. The auditor confirmed that the staff member did not have access to the electronic risk screening information in Offender 360.

15.81 (e): The PAQ indicated that medical and mental health practitioners obtain informed consent from IICs before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the IIC is under the age of eighteen. 04.01.301, page 5 states that informed consent shall be required before utilizing information regarding a sexual victimization that occurred outside of a correctional setting. The SOP Manual for Mental Health, page 46 clinicians should clearly specify any limits of confidentiality. Offender disclosures are considered to be confidential and privileged with the following exceptions: threats to physically harm self-and/or others, threats to escape or otherwise disrupt or breach the security of the institution and information about an identifiable minor child or elderly/disabled person who has been the victim of physical or sexual abuse. Interviews with medical and mental health staff indicate that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. Both staff stated the facility does not house anyone under eighteen so they don't deal with reporting of that population.

Based on a review of the PAQ, 04.01.301, SOP Manual for Mental Health, DOC 0494, medical and mental health documents, information from interviews with staff who perform the risk screening, medical and mental health care staff and IICs who disclosed victimization during the risk screening indicate that this standard requires corrective action. Interviews with two IICs who disclosed sexual victimization during the risk screening indicated one was offered a follow-up with medical or mental health care staff. The IIC advised he declined the follow-up. A review of mental health documents for six IICs who disclosed prior sexual victimization during the risk screening indicated all six were documented with being offered a follow-up with mental health. Two declined and four accepted services. The auditor received three of the four documents indicating all three were seen within fourteen days. During documentation review the auditor identified two IICs with prior sexual abusiveness. A review of documentation indicated one was offered a follow-up but declined services while the other was not initially offered a follow-up. The IIC was subsequently offered the follow-up on the reassessments.

Corrective Action

The facility will need to ensure they are following policy and procedure related to this

standard. The originally requested documentation will need to be provided or the facility will need to provide examples during the corrective action plan of IICs who disclose prior victimization and those identified with prior sexual abusiveness that accept services.

#### 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. Individual in Custody Risk Assessments
2. Mental Health Follow-Up Documentation

The facility was unable to locate mental health documentation that was originally requested. As such, the facility corrected the process during the corrective action period. The facility provided six examples during the corrective action period of IICs who disclosed prior sexual victimization or were identified with prior sexual abusiveness that accepted a follow-up with mental health. All six were seen by mental health within fourteen days.

Further, over 25 IIC risk assessments were provided under Standard 115.41 and none were identified with disclosing prior sexual victimization or having prior sexual abusiveness.

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

<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Medical and Mental Health Documents

Interviews:

1. Interviews with Medical and Mental Health Staff
2. Interviews with First Responders

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that IIC victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature of scope of services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further indicates that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. During the tour the auditor observed the Health Services area. Health Services included a reception area, exam rooms, treatment rooms, a small infirmary and observation rooms. The reception area was small with benches. Exam and treatment rooms had doors with small windows. No additional barriers were observed to provide additional privacy when needed. The area had three observation rooms with a bed, toilet and sink. The infirmary was smaller room with beds and a bathroom in the rear. PREA Reporting Posters were observed in the area in English and Spanish as well as placards with the PREA hotline number. The area also had a locked box for

grievances and mail. A review of the two sexual abuse allegations indicated both were provided medical and/or mental health services. Interviews with medical and mental health care staff confirmed that IICs receive timely and unimpeded access to emergency medical treatment and crisis intervention service. The staff stated they provide services immediately after it is reported. Both staff confirmed that services would be based on their professional judgment as well as policy, procedure and the individual's needs. There were zero IICs who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed.

115.82 (b): 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. Page 9 (Paragraph II.G.5) further states that treatment shall be provided by a certified SAFE or SANE at a local emergency room and that the medical examination provided by Department facilities shall include a general physical examination for recent sexual abuse. The interview with the security staff first responder indicated he would make sure the victim and suspect are separated, make sure witnesses are separated, secure the scene, make sure the victim doesn't take action to destroy evidence, contact the Shift Supervisor, get basic information, write a report and ensure the victim is taken to health care. The non-security first responder stated that her duties are to make sure they don't take action to destroy evidence, put the person in a safe place and contact the Major/Shift Commander. She stated she would also complete an incident report.

115.82 (c): The PAQ indicated that IIC victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. 04.01.301, page 9 states that a general physical examination for recent sexual abuse shall include, but not be limited to: a blood test (RPR for Syphilis); culture smears for seminal fluid, Gonorrhea, Chlamydia and other Sexually Transmitted Diseases (STD) as appropriate; Hepatitis C antibody test and Hepatitis B surface antigen and antibody blood test and an HIV test and counseling shall be offered. A review of the two sexual abuse allegations indicated both were provided medical and/or mental health services. Neither allegation involved a need for emergency contraception or sexually transmitted infection prophylaxis. Interviews with medical and mental health care staff confirm that IICs receive timely information and access to emergency contraception and sexually transmitted infection prophylaxis. There were zero IICs who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed.

115.82 (d): The PAQ indicated that treatment services are provided to every victim



without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 04.01.301, page 9 states that offenders shall not be charged a co-payment for medical treatment, including forensic medical examinations, obtained for alleged sexual abuse.

Based on a review of the PAQ, 04.01.301, medical and mental health documents and information from interviews with medical and mental health care staff indicate that this standard appears to require corrective action. Exam and treatment rooms had doors with small windows. No additional barriers were observed to provide additional privacy when needed.

#### Corrective Action

The facility will need to make appropriate modifications for privacy in exam and treatments rooms. Photos of the modifications will need to be provided.

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

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

#### Additional Documents:

1. Purchase Order for Medical Curtains

The facility provided a purchase order that confirmed they placed an order for track system curtains to install in the exam/treatment rooms. Based on the State of Illinois procurement process, the facility had not received the curtains at the end of the corrective action period. The auditor determined that the purchase order would suffice to show corrective action as the curtains would be installed as soon as received. Additionally, the facility indicated they would provide confirmation upon receipt and installation.

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

<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> <li>4. Medical and Mental Health Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Medical and Mental Health Staff</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of Medical Treatment Areas</li> </ol> <p>Findings (By Provision):</p> <p>115.83 (a): The PAQ indicated the facility offers medical and mental health evaluation and, as appropriate, treatment to all IICs who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. Additionally, 04.01.301, page 6 states that if it is determined that the offender was previously a victim of sexual abuse, the facility PCM shall notify medical and mental health staff within fourteen days of the screening. During the tour the auditor observed the Health Services area. Health Services included a reception area, exam rooms, treatment rooms, a small infirmary and observation rooms. The reception area was small with benches. Exam and treatment rooms had doors with small windows. No additional barriers were observed to provide additional privacy</p>

when needed. The area had three observation rooms with a bed, toilet and sink. The infirmary was smaller room with beds and a bathroom in the rear. PREA Reporting Posters were observed in the area in English and Spanish as well as placards with the PREA hotline number. The area also had a locked box for grievances and mail. A review of the two sexual abuse allegations indicated both were provided medical and/or mental health services. A review of mental health documents for six IICs who disclosed prior sexual victimization during the risk screening indicated all six were documented with being offered a follow-up with mental health. Two declined and four accepted services. The auditor received three of the four documents indicating all three were seen within fourteen days.

115.83 (b): 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. A review of the two sexual abuse allegations indicated both were provided medical and/or mental health services. Interviews with medical and mental health care staff confirmed that they provide on-going and follow-up services to IIC victims of sexual abuse. A few of the services include medication, labs, therapy and emotional support services. There were zero IICs who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed.

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

115.83 (d): The PAQ indicated that female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. Further communication with the PC indicated that this provision does not apply as the facility does not house female IICs. 04.10.301, page 10 states female victims of sexual abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the sexual abuse, such victims shall receive timely and comprehensive information about and timely access to all lawfully pregnancy-related medical services. The facility does not house female IICs and as such this provision does not apply.

115.83 (e): The PAQ indicated that 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. Further communication with the PC indicated that this provision does not apply as the facility does not house female IICs. 04.10.301, page 10 states female victims of sexual abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the sexual abuse, such victims shall receive timely and comprehensive information about and timely access to all lawfully pregnancy-related medical services. The PREA Manual, page 45 states that if pregnancy results from the conduct described in paragraph (d) of this section (sexually abusive vaginal penetration), such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. It further states that Department healthcare providers shall deliver comprehensive prenatal counseling and care for pregnant female offenders.

115.83 (f): The PAQ indicated that IIC victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. 04.01.301, page 9 states that a general physical examination for recent sexual abuse shall include, but not be limited to: a blood test (RPR for Syphilis); culture smears for seminal fluid, Gonorrhea, Chlamydia and other Sexually Transmitted Diseases (STD) as appropriate; Hepatitis C antibody test and Hepatitis B surface antigen and antibody blood test and an HIV test and counseling shall be offered. There were zero IICs who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed. A review of the two sexual abuse allegations indicated both were provided medical and/or mental health services. Neither involved an allegation that required testing for sexually transmitted infections.

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

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

evaluation under this provision. Interviews with medical and mental health staff indicate staff were unsure of the process for mental health evaluations for known IIC-on-IIC abusers.

Based on a review of the PAQ, 04.01.301, the PREA Manual, medical and mental health documents, observations made during the tour and information from interviews with medical and mental health care staff, this standard appears to require corrective action. Exam and treatment rooms had doors with small windows. No additional barriers were observed to provide additional privacy when needed. A review of mental health documents for six IICs who disclosed prior sexual victimization during the risk screening indicated all six were documented with being offered a follow-up with mental health. Two declined and four accepted services. The auditor received three of the four documents indicating all three were seen within fourteen days. Interviews with medical and mental health staff indicate staff were unsure of the process for mental health evaluations for known IIC-on-IIC abusers.

#### Corrective Action

The facility will need to make appropriate modifications for privacy in exam and treatments rooms. Photos of the modifications will need to be provided. The facility will need to ensure they are following policy and procedure related to Standard 115.81 provision (a). The originally requested documentation will need to be provided or the facility will need to provide examples during the corrective action plan of IICs who disclose prior victimization that accept services. Additionally, appropriate staff will need to be provided training on the mental health evaluations on known IIC-on-IIC abusers. A copy of the training will need to be provided.

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

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

#### Additional Documents:

1. Purchase Order for Medical Curtains
2. Individual in Custody Risk Assessments

3. Mental Health Follow-Up Documentation

4. Procedural Bulletin

The facility provided a purchase order that confirmed they placed an order for track system curtains to install in the exam/treatment rooms. Based on the State of Illinois procurement process, the facility had not received the curtains at the end of the corrective action period. The auditor determined that the purchase order would suffice to show corrective action as the curtains would be installed as soon as received. Additionally, the facility indicated they would provide confirmation upon receipt and installation.

The facility was unable to locate mental health documentation that was originally requested. As such, the facility corrected the process during the corrective action period. The facility provided examples during the corrective action period of IICs who disclosed prior sexual victimization that accepted a follow-up with mental health. All were seen by mental health within fourteen days.

Further, over 25 IIC risk assessments were provided under Standard 115.41 and none were identified with disclosing prior sexual victimization.

The facility provided a medical and mental health Procedural Bulletin that outlined the process for mental health services for perpetrators of sexual abuse. It advised the PCM will notify mental health of any substantiated incidents of sexual abuse and mental health will determine if there are underlying reasons or motivations that can be addressed through mental health services. An assessment will be completed and documented on DOC 0282. The evaluation will be completed within 60 days of receiving information from the PCM. Guidance for potential placement in sex offender therapy is through the Manager of the Sex Offender Services Unit.

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

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Investigative Reports
4. Sexual Abuse Incident Reviews (DOC 0593)

Interviews:

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

Findings (By Provision):

115.86 (a): The PAQ indicated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 04.01.301, page 11 states that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ stated there was one criminal and/or administrative investigation of alleged sexual abuse completed at the facility excluding only unfounded incidents. A review investigations indicated two were sexual abuse, one of which was determined to be unfounded. The one sexual abuse investigated deemed unsubstantiated had a sexual abuse incident review completed.

115.86 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The PAQ further stated that in the past twelve months, there was one sexual abuse incident review completed within 30 days. 04.01.301, page 11 states that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. A review investigations indicated two were sexual abuse, one of which was determined to be unfounded. The one sexual abuse investigated deemed unsubstantiated had a sexual abuse incident review completed within 30 days of the

conclusion of the investigation.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. 04.01.301, page 11 states that the review team, at minimum, shall include: Assistant Chief Administrative Officer; Shift Commander or Lieutenant; a representative from Internal Affairs; the PCM, a representative from medical and a representative from mental health. The one completed sexual abuse incident review included upper level management, a supervisor, an investigator and medical and/or mental health care staff. The interview with the Warden confirmed that the facility has a sexual abuse incident review team and the team is made up the individuals required under this provision.

115.86 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. 04.01.301, page 11 states that the review, including any reports of findings or any recommendation for improvement, shall be documented on the DOC 0593, Sexual Abuse Incident Review. A review of the one completed sexual abuse incident review indicated that it included the required elements under this provision via the DOC 0593. While all elements were included, the form is a checklist style and does not include any incident specific information. Interviews with the Warden, PCM and incident review team member confirmed that the facility completes sexual abuse incident reviews and they include all the required elements under this provision. The Warden stated information from the sexual abuse incident reviews are utilized to determine corrective action. It is an after the fact training tool. The PCM stated the facility has never had an allegation that warranted a sexual abuse incident review. She stated she is supposed to be part of the sexual abuse incident review team and she would make sure the person is safe and the incident doesn't happen again once the report was submitted.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 04.01.301, page 11 states that the DOC 0593 shall be forwarded to the Chief Administrative Officer so recommendations for improvement may be considered. Any recommendation not implemented shall be documented on the DOC 0593 including justification for not doing so. A review of the one completed sexual abuse incident review indicated that a section exists for recommendations and corrective action, however it did not included any recommendations.



Based on a review of the PAQ, 04.01.301, investigative report, sexual abuse incident reviews (DOC 0593) and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard appears to require corrective action. A review of the one completed sexual abuse incident review indicated that it included the required elements under this provision via the DOC 0593. While all elements were included, the form is a checklist style and does not include any incident specific information. The PCM stated the facility has never had an allegation that warranted a sexual abuse incident review. She stated she is supposed to be part of the sexual abuse incident review team and she would make sure the person is safe and the incident doesn't happen again once the report was submitted.

#### Corrective Action

The facility will need to train appropriate staff on the procedure for sexual abuse incident reviews, including incident specific narrative. A copy of the training will need to be provided. A list of sexual abuse allegations during the corrective action period and associated sexual abuse incident reviews will need to be provided.

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

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

#### Additional Documents:

1. Training Memorandum
2. Email Related to Sexual Abuse Allegations During Corrective Action Period
3. Mock Investigation Documents

The facility provided a training memo related to sexual abuse incident reviews and the need for incident specific narrative on components under provision (d). Staff signatures were provided confirming they received and understood the training.

An email was provided indicating there were zero sexual abuse allegations reported

	<p>during the corrective action period. The PC further confirmed there were zero allegations reported. Due to no allegations, the facility completed a mock sexual abuse investigation to provide additional training on this process. A sexual abuse incident review was completed following the mock investigation. It included detailed narrative related to the components under provision (d).</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. PREA Checklist</li> <li>4. Investigative Reports</li> <li>5. Annual PREA Report</li> <li>6. Survey of Sexual Victimization</li> </ol> <p>Findings (By Provision):</p> <p>115.87 (a): The PAQ indicated that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. 04.01.301, pages 12-13 state that the Chief Administrative Officer and the facility PCM shall conduct an annual evaluation of the Sexual Abuse and Harassment Prevention and Intervention Program at their respective facility and submit to the PC a written report of the findings. The report should at minimum include: a review of each incident of sexual abuse or harassment that occurred during the reporting period; program and procedural changes implemented based on recommendations of the review team; training needs to ensure future safety and security; record of referrals to outside community resources; record of referrals for post-release service and statistical data. Policy further states</p>

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.

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

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

115.87 (d): The PAQ indicated that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. 04.01.301, pages 12-13 state that the Chief Administrative Officer and the facility PCM shall conduct an annual evaluation of the Sexual Abuse and Harassment Prevention and Intervention Program at their respective facility and submit to the PC a written report of the findings. The report should at minimum include: a review of each incident of sexual abuse or harassment that occurred during the reporting period; program and procedural changes implemented based on recommendations of the review team; training needs

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

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

115.87 (f): The PAQ indicated that the agency provided the Department of Justice with data from the previous calendar year upon request. 04.01.301, page 13 states that upon request, the report shall be submitted to the Department of Justice.

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

	to be compliant.
--	------------------

<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Annual PREA Report</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head</li> <li>2. Interview with the PREA Coordinator</li> <li>3. Interview with the PREA Compliance Manager</li> </ol> <p>Findings (By Provision):</p> <p>115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 04.01.301, pages 12-13 state that the Chief Administrative Officer and the facility PCM shall conduct an annual evaluation of the Sexual Abuse and Harassment Prevention and Intervention Program at their respective facility and submit to the PC a written report of the findings. The report should at minimum include: a review of each incident of sexual abuse or harassment that occurred during the reporting period; program and procedural changes implemented based on recommendations of the review team; training needs to ensure future safety and security; record of referrals to outside community resources; record of referrals for post-release service and statistical data. Policy further states that upon receipt of the reports from each facility, the agency PC shall assess the overall effectiveness of the Department’s Sexual Abuse and Harassment Prevention</p>

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 trends are analyzed and appropriate corrective action is taken based off of this information. The interview with the PCM indicated that she was unsure how their data would be used as they are a small facility and they do not have a lot of allegations.

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

	<p>115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 04.01.301, page 13 states that the annual report shall be made available on the Department’s website no later than June 30th of the year subsequent to the reporting period. The interview with the Agency Head confirmed that 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.</p> <p>115.88 (d): The PAQ indicated that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and that the agency indicates the nature of material redacted. 04.01.301, page 13 states that the final report shall not contain any personal identifiers. The Department may redact information on the posted report if said information would present a clear and specific threat to the safety and security of a facility or the Department. A review of Annual PREA Report confirmed there was no personal identifying information included nor any security related information. The report did not contain any redacted information. The interview with the PC indicated that confidential and sensitive individual in custody or staff information is redacted. In consultation with the Legal Department, a determination would be made regarding what information would be redacted and justification for such redaction would be provided.</p> <p>Based on a review of the PAQ, 04.01.301, the Annual PREA Report, the website and information obtained from interviews with the Agency Head, PC and PCM, this standard appears to be compliant.</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> </ol>

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

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

115.89 (b): The PAQ indicated that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. 04.01.301, page 14 states the annual report shall be made available on the Department's website no later than June 30th of the year subsequent that of the reporting period. A review of the website confirmed that the current annual report, which includes aggregated data, as well as prior annual reports are available for review.

115.89 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. 04.01.301, page 13 states that the final report shall not contain any personal identifiers. A review of the Annual PREA Report confirmed there was no personal identifying information included nor any security related information. The report did not contain any redacted information.

115.89 (d): The PAQ indicated that the agency maintains sexual abuse data collected pursuant to Standard 115.87 for at least ten years after the date of initial collection, unless federal, state or local law requires otherwise. 04.01.301, page 13 states that all reports and statistical data shall be retained for a period of no less than ten years. A review of prior Annual PREA Reports confirmed that data is available from 2014 to current.

Based on a review of the PAQ, 04.01.301, the Annual PREA Report, the agency



	website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.
--	-----------------------------------------------------------------------------------------------------------------------

115.401	Frequency and scope of audits
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <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 second year of the three-year cycle.</p> <p>115.401 (h) - (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents and was permitted to conduct private interviews.</p> <p>115.401 (n): The facility provided photos of the audit announcement posted in English and Spanish six weeks prior to the on-site portion of the audit. During the on-site portion of the audit the auditor observed the audit announcement on letter size paper throughout the facility. The audit announcements were observed in English and Spanish on the housing unit walls and on walls in many of the common areas. The audit noticed advised the inmates that correspondence with the auditor would remain confidential unless the inmate reported information such as sexual abuse, harm to self or harm to others.</p>

115.403	Audit contents and findings
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p>

Findings (By Provision):

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

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

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

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

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

	facility does not have female inmates.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

<b>115.16 (a)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes



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

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

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

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

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

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes



	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	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 inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	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 inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

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



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

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

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

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes



	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	yes

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

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

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

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

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	



	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

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

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

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

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