

PREA Facility Audit Report: Final

Name of Facility: Stateville Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 10/19/2024

Date Final Report Submitted: 04/17/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



Auditor Full Name as Signed: Kendra Prisk

Date of Signature: 04/17/2025

AUDITOR INFORMATION

Auditor name: Prisk, Kendra

Email: 2kconsultingllc@gmail.com

Start Date of On-Site Audit: 09/09/2024

End Date of On-Site Audit: 09/10/2024

FACILITY INFORMATION

Facility name: Stateville Correctional Center

Facility physical address: 16830 Illinois 53 , Crest Hill, Illinois - 60403

Facility mailing address: PO Box 112, Joliet, Illinois - 60434

Primary Contact

Name:	Charles Truitt
Email Address:	Charles.Truitt@illinois.gov
Telephone Number:	(815) 727-3607

Warden/Jail Administrator/Sheriff/Director	
Name:	Charles Truitt
Email Address:	Charles.Truitt@illinois.gov
Telephone Number:	(815) 727-3607

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

Facility Health Service Administrator On-site	
Name:	Bryant Chua
Email Address:	Bryant.Chua@illinois.gov
Telephone Number:	(815) 727-3607

Facility Characteristics	
Designed facility capacity:	5106
Current population of facility:	1704
Average daily population for the past 12 months:	1539
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Mens/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18 - 90
Facility security levels/inmate custody levels:	Multi-Level
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	964
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	110
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	128

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

Agency Chief Executive Officer Information:
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Name:	
Email Address:	
Telephone Number:	

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

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>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.</p> <p>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.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none"> 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:	2024-09-09
2. End date of the onsite portion of the audit:	2024-09-10

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 Sexual Assault Services Center Guardian Angel Community Service

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	5106
15. Average daily population for the past 12 months:	1539
16. Number of inmate/resident/detainee housing units:	27
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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1449
19. 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:	72
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
21. 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:	16
22. 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:	135
23. 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:	8
24. 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:	33

25. 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:	1
26. 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:	5
27. 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:	239
28. 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:	0
29. 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):	Two of the IICs who reported sexual abuse were transferred to their permanent facility on the second day of the audit, which was prior to their interview.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. 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:	964
31. 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:	168

32. 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:	68
33. 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:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input checked="" type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor ensured a geographically diverse sample among interviewees (random and targeted). Individuals In Custody (IICs) were interviewed from the reception side as well as the permanent side. IICs were interviewed from the majority of the open/occupied housing units on both sides

37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
38. 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):	39 of the IICs interviewed (random and targeted) were male and one was transgender female. 21 of the IICs interviewed were black, nine were white, five were Hispanic, and five were another race/ethnicity. With regard to age, three were between eighteen and 25, fifteen were 26-35, ten were 36-45, six were 46-55 and six were 56 or older. 31 of the IICs interviewed were at the facility less than a year and 9 were there between a year and five years.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	20
<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>	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2

41. 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:	1
42. 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:	1
43. 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:	2
44. 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:	4
45. 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:	3
46. 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:	1

47. 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:	3
48. 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:	5
49. 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:	0
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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>
49. 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).	The auditor reviewed housing assignments for high risk IICs and those who reported sexual abuse.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	A few of the IICs had more than one targeted interview protocol completed.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

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

17

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

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

If "Other," describe:

Race, gender, ethnicity

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

- ☒ Yes
- ☐ No

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

Security staff mainly make up three shifts, first shift works from 7am-3pm, second shift works from 3pm-11pm and third shift works from 11pm-7am. Six staff were interviewed from first shift, five were from second shift and six were from third shift. With regard to the demographics of the random staff interviewed, twelve were male and five were female. Four staff were white, twelve were black and one was another race/ethnicity. Eight staff were Correctional Officers, three were Sergeants, four were Lieutenants and two were Majors.

Specialized Staff, Volunteers, and Contractor Interviews

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

55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	31
56. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the PREA Compliance Manager?	<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)

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

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

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

☒ Yes

☐ No

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

65. 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

66. 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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

The on-site portion of the audit was conducted on September 9-10, 2024. One support staff member assisted with IIC and staff interviews during the on-site portion of the audit. Samantha Prisk conducted interviews on September 9, 2024 and September 10, 2024. On September 9, 2024 the auditor and support staff 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 documents to review. The lead auditor conducted a tour of the facility on September 9, 2024 and September 10, 2024. The tour included all areas associated with the facility to include: housing units, laundry, warehouse, intake, visitation, chapel, education, vocation, maintenance, food service, health services, recreation (indoor and outdoor), industries, commissary, property, barbershop, administration and the front entrance. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for prisoners in housing units and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information via the PREA Poster. The PREA Posters were mainly on letter size paper (a few were on legal size paper) in English and Spanish. PREA Posters were observed across from the shower on the reception side, on the walls by the phone on the medical side and on the walls in the "X" house on the permanent side. Posters were not observed in any of the other housing units on the permanent side. The auditor observed the PREA hotline number stenciled on the wall of most of the housing units. The auditor observed that posted information and the stenciled hotline was not visible (location and size) to the majority of the IICs, as they had limited out of cell time, specifically on the reception side. Further, the auditor did not observe the PREA Reporting Posters, with the exception of a few areas.

The auditor did not observe third party reporting information in visitation or the front entrance.

During the tour the auditor confirmed the facility follows a staffing plan. There was at least one security staff member per housing unit (housing unit as defined by 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 observed limited security checks during the audit. Many staff were stationary at a desk. The auditor observed that lines of sight were good on the reception side and were adequate on the medical and permanent side. The facility did not appear to be overcrowded. The auditor did observe unsecure doors and blind spots. Blind spots were observed in laundry (both), the warehouse, maintenance, education, food service, and industries. It should be noted that the permanent side was in the process of being closed as the conditions of the facility were less than adequate.

During the tour the auditor observed cameras in housings units and common areas. The auditor verified that the cameras are utilized to supplement supervision and monitoring. The auditor noted that numerous cameras were inoperable and the quality appeared to be less than adequate. All cameras are viewable by Internal Affairs and administrative staff, but are not actively monitored.

During the tour the auditor observed that privacy was provided through cell doors, metal barriers, curtains, metal doors, and raised walls. The auditor did observe cross gender viewing issues in "X" housing unit. The showers had curtains but they were clear/see through. Additionally, toilets were in cell and

cells contained open bar stock and no privacy. Further, the housing units on the permanent side were all open bar stock and did not provide privacy as toilets were also in cell. The auditor also observed cross gender viewing issues in both health service areas. A few of the observation rooms had the toilet visible via the large windows, creating a cross gender viewing issue. The auditor viewed the strip search areas in visitation, segregated housing and intake. The auditor noted that the "bullpen" of segregated housing is utilized for strip searches. This area is in the open and contains open bar stock. Further, the auditor observed a cross gender viewing issue in the library. The toilet was visible from numerous areas in the library. A review of video monitoring technology noted one cross gender viewing issue on the third tier showers on the reception side. Cameras viewed the showers and the barriers did not provide adequate privacy for any transgender IICs. The facility advised transgender IICs showered on the third tier to provide privacy from others on the wing. With regard to the opposite gender announcement, the auditor heard the announcement verbally upon entry into the housing units. The agency also has a paging system for the deaf and hard of hearing IICs where the announcement can be sent out to their watches.

Medical and mental health records are all paper. The records area is staffed 7am-11pm Monday through Friday. The records door is locked when not staffed. Records staff advised that only medical and mental health care staff have access to medical records after hours. Risk screening information is maintained in the electronic Offender 360 program. The auditor had a security staff member pull up the electronic system to see what was able to be viewed. The staff did not have access to the risk screening information. Investigative files are paper and electronic. Only Internal Affairs (IA) staff have access to the investigations in the electronic database.

Paper files are also maintained in IA's locked office.

During the tour the auditor observed that IICs drop mail/grievances in rolling locked boxes (reception side), in the locked box at the unit entrance (medical side) or they provide mail/grievances to porters (other IICs) to place in a locked box outside the housing units (permanent side). The interview with the mailroom staff indicated that outgoing mail comes up in green bags that are delivered by the evening shift staff. Regular mail comes up unsealed and staff review the mail. Privileged mail comes sealed and is not read or inspected. The mailroom staff stated that incoming mail is retrieved from the post office. Regular mail is opened and read/inspected. Privileged mail is provided to the 3pm-11pm officer, who opens it in front of the IIC. The mailroom staff stated that mail to and from JHA is privileged mail. The staff stated mail to and from the local rape crisis center is privileged mail.

The auditor observed the intake process through a demonstration. IICs are provided a Handbook (available in English and Spanish). The staff show the IIC the pages of the Handbook where PREA information is found.

The auditor was provided a demonstration of the initial risk screening process. The initial risk assessment is completed one-on-one. Staff use the DOC 0494 to complete the risk assessment. The staff verbally ask each question on the form and offer a mental health follow-up, when appropriate. Staff conduct a file review to confirm responses and information. The auditor was also provided a demonstration of the reassessment process. The reassessment is also completed one-on-one. Staff review the IIC information in Offender 360 prior to meeting with the IIC. Staff then ask questions on the DOC 0494. The staff indicated some questions are not asked, such as age, criminal

history, etc. as this can be obtained through the file review. Both initial and reassessment staff confirmed that if discrepancies exist between verbal responses and the file review, the information in the file is utilized. Staff utilize other facility staff or the language translation service for LEP IICs. ASL is utilized via a zoom type call for disabled IICs.

The auditor tested the internal reporting mechanisms during the tour. The auditor called the internal PREA hotline on September 9, 2024 from a portable jack phone in a housing unit 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 the same date that the call was received and forwarded to him. The internal PREA hotline is accessible on all phones but does require an IIC number. The auditor also tested the internal written reporting process. The auditor had an IIC assist with submitting a kite on September 9, 2024 via a locked box on the medical side. At the issuance of the interim report the audit had not been provided confirmation that the kite was received.

The auditor also tested the outside reporting mechanism via a letter to the John Howard Association. The process is the same across all facilities and as such the auditor did not complete another test as the process was tested at a prior IDOC facility. The auditor obtained a free (yellow) envelope from commissary. All IICs are provided a certain number of free envelopes. A test letter was sent via the US mail from Dixon Correctional Center on February 27, 2024. The auditor addressed the mail to JHA and noted "privileged mail" on the envelope. The auditor did not have an IIC number and as such a return address stamp was utilized by

the facility. While a return name and number is required by IICs, the mail 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 March 6, 2024 (via the JHA Director) that the letter was received and that IICs can remain anonymous when reporting.

Additionally during the tour, the auditor asked staff to demonstrate how to document a verbal report of sexual abuse. Staff indicated if they received a verbal report they complete an incident report (434). Staff stated an incident report can be completed via paper and the forms are available to all staff in staff offices. Staff noted they fill out the information and then turn it into the Shift Supervisor.

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

The auditor tested the victim advocacy hotline during the on-site portion of the audit. An IIC assisted with the call and dialed 1, 2, 999 and then entered his pin number. The call connected to a live staff member from the local rape crisis center. The staff confirmed the hotline is accessible 24 hours a day and that an advocate would provide services to the IIC. The auditor confirmed that calls to the hotline are free, unmonitored and unrecorded. A pin number is required but it is not tracked. IICs are also able to set up a legal call or visit with the organization through medical, mental

health or their counselor in addition to the hotline. It should be noted that while the hotline was accessible, this is a new process for the facility and IICs had not been provided information on the hotline and services.

The auditor was provided a demonstration of the comprehensive PREA education process. The staff on the reception side, which serves as one of the main reception facilities for the IDOC, noted they do not provide comprehensive PREA education. They only provide the Handbook as part of the intake process. The permanent side conducts orientation in the education area. Staff tell IICs that if they feel unsafe to call the PREA hotline number that is stenciled on the wall. Staff advise the IICs of the pages where PREA information is found in the Handbook and that if they have any questions or want more details they can talk to staff for further assistance. Staff noted they do not show a video or provide further information.

During IIC interviews the auditor utilized a staff translator for LEP IICs. Additionally, the auditor previously utilized Propio for IIC interviews. The auditor was provided a call in number and a code to receive services. The auditor called the number and was able to secure a translator for the LEP interviews. Additionally, the auditor utilized Propio for disabled IIC interviews at prior IDOC audits. The auditor was provided a website that included options for language translation and American Sign Language. The auditor utilized video ASL translation for deaf IICs.

The health services areas were observed during the tour. "X" housing unit included a medical area with large windows that did not afford privacy. The reception side health services included exam rooms, treatment rooms, an ancillary area, observation cells and a reception space. Exam and treatment rooms had windows and none provided full privacy. The ancillary room had a door with a

window and a curtain. The health services area on the permanent side included holding cells, an urgent care, clinical rooms (i.e. dialysis, dental, podiatry, etc.) and an infirmary. The urgent care area included bays with curtains that provided adequate privacy.

The segregated housing unit was observed during the tour. The housing unit had the same physical plant as the other general population housing units on the reception side. A separate recreation area with enclosures was observed. IICs in segregated housing have access to the phones twice a month. They are out of their cell for recreation and showers three to five times a week. The mail and grievance process is the same as those in general population (locked box is rolled through on 3pm-11pm shift).

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.

70. 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

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

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

Personnel and Training Files. The auditor reviewed a total of 54 personnel and/or training files that included six staff hired within the previous twelve months, four contractors hired within the previous twelve months and four staff promoted within the previous twelve months. The sample included fifteen total contractors, five volunteers and thirteen medical and mental health care staff.

Individual in Custody Files. A total of 87 IIC files were reviewed. 71 IIC files were of those that arrived within the previous twelve months, three were LEP IICs, seven were disabled IICs, two were transgender or intersex IICs and ten were identified with prior sexual victimization and/or a history of prior abusiveness during the risk screening.

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

Grievances. The auditor reviewed the identified sexual abuse grievances as well as the grievance log and a sample of additional grievances.

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

Investigation Files. The auditor reviewed

fourteen investigations, including seven sexual abuse, six sexual harassment and one that did not rise to the level of sexual abuse or sexual harassment per the definitions. All fourteen had an administrative investigation completed and none involved a criminal investigation.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	7	0	7	0
Staff-on-inmate sexual abuse	18	0	18	0
Total	25	0	25	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	11	0	11	0
Staff-on-inmate sexual harassment	39	0	39	0
Total	50	0	50	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	7	0
Staff-on-inmate sexual abuse	0	1	17	0
Total	0	1	24	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	11	0
Staff-on-inmate sexual harassment	0	1	38	0
Total	0	1	49	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

7

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	4
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	6
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

4

92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

The auditor also reviewed an investigation that was initially reported as sexual abuse/sexual harassment but after initial review by IA, was determined to not rise to the level of sexual abuse or sexual harassment.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

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

☐ Yes

☒ No

Non-certified Support Staff

96. 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

96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

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

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

☐ Other

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

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

Management of Transgender Offenders

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

Interviews:

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

Findings (By Provision):

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

115.11 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. AD 04.01.301, page 3 states that the Director shall designate an Agency PREA Coordinator who shall develop, implement and oversee the Department's Sexual Abuse and Harassment Prevention and Intervention Program. The agency's organizational chart reflects that the PC position is an upper-level, agency-wide position. The position is the Senior Public Service Administrator who reports to the

Chief Compliance Officer who reports to the Director. The interview with the PC indicated that the work gets done, but often requires that he work long hours. He stated the Department is currently in the process of restructuring the PREA Unit to incorporate additional staff. Eventually, the IDOC PREA Compliance Unit will consist of one Senior Public Service Administrator (Agency PREA Coordinator), two Administrative Assistant II positions, and three Internal Security Investigator II positions. The PC stated there are a total of 31 PREA Compliance Managers and 31 Backup PREA Compliance Managers. Collaboration with the individuals occurs using in-person and WebEx meetings, SharePoint and an email distribution list in Outlook. Additionally, he stated that site visits are made to all facilities, and he is always available via email/phone. The interview with the PC indicated that if he identifies an issue complying with a PREA standard he would contact the specific Department Head and notify them of a concern and develop corrective action collectively. He indicated if the issue requires a policy change, the Department's Policy and Directive Unit as well as the Legal Department are utilized. Additionally, he stated that he can also utilize the National PREA Resource Center and networking with other states if necessary. It should be noted that the agency PC is very knowledgeable of policy, procedure and the PREA standards. He is directly involved in compliance across all facilities and provides annual training to agency staff, including PREA Compliance Managers. He also conducts trainings for investigators. The PC is very involved in all compliance and consistently works at adapting policy and procedure with the updates provided by the PREA Resource Center. The time, authority and knowledge of the PC exceeds the requirement of this standard.

115.11 (c): The PAQ indicated that the facility has designated a PREA Compliance Manager that has sufficient time and authority to coordinate the facility's efforts to comply with PREA standards. The PAQ stated the position of PCM at the facility is the Clinical Services Supervisor and the position reports to the Assistant Warden. AD 04.01.301, page 4 states that the Chief Administrative Officer of each correctional facility shall designate a facility PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with PREA standards and who is trained in sexual abuse crisis issues and has the knowledge, skills and abilities for program implementation and evaluation. The facility's organizational chart indicates that the PCM reports to the Assistant Warden. The interview with the PREA Compliance Manager indicated she feels she has enough time to manage all of her PREA related responsibilities. She stated she coordinates compliance by dealing with all avenues after an allegation is reported. She advised she also oversees the risk assessment process. The PCM stated if she identifies an issue complying with a PREA standard she contacts the agency PC and she conducts monthly meetings where the issue would be addressed and handled. It should be noted that during the interview with the PCM she was unaware of many process and procedures related to PREA compliance.

Based on a review of the PAQ, AD 04.01.301, ID 04.01.301, 04.01.302, 01.02.103,

	<p>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. It should be noted that during the interview with the PCM she was unaware of many process and procedures related to PREA compliance.</p> <p>Corrective Action</p> <p>The facility will need to provide appropriate training with the PCM related to policies, procedures and processes. 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"> 1. PREA Compliance Manager Training <p>The facility provided training that was completed with two facility staff (PCMs) by the agency PREA Coordinator. The training covered numerous topics, including those that were identified by the auditor during the interview. The PCM signatures were provided confirming receipt and understanding of the training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
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 do not require the agency to monitor the contractor's compliance with PREA standards. Further communication with the PC indicated this was an error and that both contract 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.
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 01.02.103 Duty Administrative Officer, Back-up Duty Administrative Officer and Required Inspection Tours 4. Staffing Plan 5. Staffing Plan Review 6. Deviations from the Staffing Plan 7. Documentation of Unannounced Rounds <p>Interviews:</p> <ol style="list-style-type: none"> 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 <p>Site Review Observations:</p> <ol style="list-style-type: none"> 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 1539 IICs and the average daily population over the previous twelve months has been 1539. The facility employs 964 staff. Security staff mainly make up three shifts; 7am-3pm, 3pm-11pm and 11pm-7am. Each shift has a Shift Commander as well as Lieutenants, Sergeants and Correctional Officers. Supervisors and Officers are assigned to housing units as well as other work, program and common areas. Additionally, medical and mental health care staff and administrative staff have their own varied scheduled work hours. The agency actively recruits staff through advertisements, incentives and other community events. During the tour the auditor confirmed the facility follows a staffing plan. There was at least one security staff member per housing unit (housing unit as defined by 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 observed limited security checks during the audit. Many staff were stationary at a desk. The auditor observed that lines of sight were good on the reception side and were adequate on the medical and permanent side. The facility did not appear to be overcrowded. The auditor did observe unsecure doors and blind spots. Blind spots were observed in laundry (both), the warehouse, maintenance, education, food service, and industries. It should be noted that the permanent side was in the process of being closed as the conditions of the facility were less than adequate. During the tour the auditor observed cameras in housings units and common areas. The auditor verified that the cameras are utilized to supplement supervision and monitoring. The auditor noted that numerous cameras were inoperable and the quality appeared to be less than adequate. All cameras are viewable by Internal Affairs and administrative staff, but are not actively monitored. The interview with the Warden confirmed that the facility

has a staffing plan that includes adequate levels to protect IICs from sexual abuse. The Warden indicated they utilize overtime to ensure appropriate staffing and that each housing unit has a security staff member. He confirmed video monitoring is part of the staffing plan and they are in the negotiations to increase and improve their video monitoring technology. The Warden noted that the elements under this provision are considered in the staffing plan. He advised they use staff in the most effective manner for safety and security. The Warden noted that he checks for compliance daily with a review of the rosters. The interview with the PCM confirmed the staffing plan considers the elements under this provision. She stated they ensure they have the proper staff in place including Correctional Officers in each unit and zone supervisors.

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. The PAQ did not notate the common reasons for deviating 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. He advised this is noted on a DOC form as well as through an email related to lockdown levels. A review of a plethora of daily rosters confirmed that deviations are documented through the number of staff in each category (i.e. call ins, training, military, etc.) as well the posts that are closed due to the deviations.

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 November 6, 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 September 19, 2022. The PC confirmed that he is consulted regarding each facility's staffing plan. He stated staffing assessments are reviewed consistently by Operations (Roster Review Team, Security Review Team, etc.) and updates to the Staffing Plan are signed off on by the facility Warden and PREA Coordinator on an annual basis.

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

Based on a review of the PAQ, 04.01.301, 01.02.103, the facility staffing plan, the staffing plan review, documentation of unannounced rounds, deviations from the staffing plan, observations made during the tour and interviews with the PC, PCM, Warden and intermediate-level or higher-level staff, this standard appears to require corrective action. The auditor observed limited security checks during the audit. Many staff were stationary at a desk. The auditor did observe unsecure doors and blind spots. Blind spots were observed in laundry (both), the warehouse, maintenance, education, food service, and industries. The auditor noted that numerous cameras were inoperable and the quality appeared to be less than adequate. The auditor requested unannounced rounds for six specific weeks during the audit period. The documentation provided did not illustrate that unannounced rounds were conducted on all shifts in each housing unit by intermediate or higher level supervisors.

Corrective Action

The facility will need to alleviate blinds spots through mirrors or camera installation. Photos will be provided to confirm modifications. The facility will need to train staff on policies and procedures for securing doors. Copies of the training will need to be provided. The facility will need to provide originally requested documentation on unannounced rounds. If not conducted, the facility will need to implement corrective action. The facility will need to provide documentation of unannounced rounds in all housing units across all shifts for the next six weeks.

Recommendation

The auditor highly recommend that the facility install video monitoring technology in the following areas: laundry, warehouse, maintenance, food service, and industries. Additionally, the auditor recommends the facility update all current video monitoring technology and fix all current cameras that are inoperable.

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 Added Mirrors
2. Training Memorandum on Securing Doors
3. Documentation of Closure of Stateville Correctional Center (Permanent Side)
4. Unannounced Rounds

The facility provided photos of mirrors installed in the warehouse and laundry to alleviate the identified blind spots. Additionally, the facility provided documentation confirming that Stateville Correctional Center, the permanent side, was closed indefinitely and IICs would not be returning to the facility. As such, blinds spots identified on the permanent side (laundry, maintenance, education, food service, industries and warehouse) did not require corrective action.

	<p>A training memorandum was provided that outlined the importance of securing doors for safety and security at the facility. The training memorandum was read at roll call for five consecutive days. Shift Supervisor signatures were provided confirming the completed training.</p> <p>The facility did not provide the originally requested documentation of unannounced rounds. As such, corrective action was required. The facility provided documentation for the month of March related to unannounced rounds. The documentation confirmed that Shift Supervisors made unannounced rounds across all areas of the facility, including housing units, on all three shifts. The unannounced rounds were conducted, at minimum, once a week on each shift.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.14 Youthful inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Public Act 99-628 3. Memorandum from Legal Counsel <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 Stateville 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 Stateville 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 Stateville 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>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.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 04.03.104 Evaluation, Treatment and Correctional Management of Transgender Offenders 4. Administrative Directive 05.01.113 Searches of Offenders 5. Rehabilitation, Safety Management and Care for Transgender People in

Correctional Settings Curriculum

6. Personal Searches Curriculum
7. Personal Search Card
8. Staff Training Records

Interviews:

1. 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 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 stated there have been zero pat-down searches of female IIC by male staff. The Personal Searches Curriculum, page 4 indicates that staff are trained that only female correctional employees, who are properly trained, are authorized to conduct pat down or clothed body searches of female offenders. Interviews with seventeen random staff indicated none were aware of a time that a transgender female was restricted from going somewhere in order to comply with this provision. The interview with the transgender IIC indicated that she is searched by staff of her preference and searches are

professional.

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

115.15 (d): The PAQ stated that the facility has implemented policies and procedures that enable IICs to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, the PAQ stated that policies and procedures require staff of the opposite gender to announce their presence when entering an IIC housing unit. 04.01.301, page 7 indicates that offenders shall be able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except when such viewing is incidental to routine cell checks. Page 7 further notates that staff of the opposite gender, whether assigned to the unit or not, shall make the following verbal announcement upon their arrival in a housing unit "Male/Female in the housing unit". During the tour the auditor observed that privacy was provided through cell doors, metal barriers, curtains, metal doors, and raised walls. The auditor did observe cross gender viewing issues in "X" housing unit. The showers had curtains but they were clear/see through. Additionally, toilets were in cell and cells contained open bar stock and no privacy. Further, the housing units on the permanent side were all open bar stock and did not provide privacy as toilets were also in cell. The auditor also observed cross gender viewing issues in both health service areas. A few of the observation rooms had the toilet visible via the large windows, creating a cross gender viewing issue. The auditor viewed the strip search areas in visitation, segregated housing and intake. The auditor noted that the "bullpen" of segregated housing is utilized for strip searches. This area is in the open and contains open bar stock. Further, the auditor observed a cross gender viewing issue in the library. The toilet was visible from numerous areas in the library. A review of video monitoring technology noted one cross gender viewing issue on the third tier showers on the reception side. Cameras viewed the

showers and the barriers did not provide adequate privacy for any transgender IICs. The facility advised transgender IICs showered on the third tier to provide privacy from others on the wing. With regard to the opposite gender announcement, the auditor heard the announcement verbally upon entry into the housing units. The agency also has a paging system for the deaf and hard of hearing IICs where the announcement can be sent out to their watches. All seventeen random staff interviewed stated that IICs have privacy when showering, using the restroom and changing clothes. 32 of the 40 IICs interviewed indicated they have privacy when using the restroom, showering and changing their clothes. Fifteen of the 40 IICs stated that staff of the opposite gender announce when they enter IIC housing units. All seventeen 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 seventeen random staff indicated that eight 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. 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. The PAQ indicated that 100% of staff have received this training. Interviews with seventeen random staff indicated twelve had received training on how to conduct cross-gender pat down searches and searches of a transgender and intersex IICs. The auditor requested search training documentation for eighteen staff. At the issuance of the interim report the documentation had not been provided.

Based on a review of the PAQ, 04.01.301, 04.03.104, 05.01.113, Rehabilitation, Safety Management and Care for Transgender People in Correctional Settings Curriculum, Personal Searches Curriculum, Personal Search Card, staff training records, observations made during the tour, as information from interviews with random staff and random IICs indicates this standard appears to require further corrective action. The auditor did observe cross gender viewing issues in "X" housing unit. The showers had curtains but they were clear/see through. Additionally, toilets were in cell and cells contained open bar stock and no privacy. Further, the housing units on the permanent side were all open bar stock and did not provide privacy as toilets were also in cell. The auditor also observed cross gender viewing issues in both health service area. A few of the observation rooms had the toilet visible via the large windows, creating a cross gender viewing issue. The auditor viewed the strip search areas in visitation, segregated housing and intake. The auditor noted that the "bullpen" of segregated housing is utilized for strip searches. This area is in the open and contains open bar stock. Further, the auditor observed a cross gender viewing issue in the library. The toilet was visible from numerous areas in the library. A review of video monitoring technology noted one cross gender viewing issue on the third tier showers on the reception side. Cameras viewed the showers and the barriers did not provide adequate privacy for any transgender IICs. The facility advised transgender IICs showered on the third tier to provide privacy from others on the wing. Fifteen of the 40 IICs stated that staff of the opposite gender announce when they enter IIC housing units. Interviews with seventeen random staff indicated that eight were aware of an agency policy that prohibits strip searching a transgender or intersex IIC for the sole purpose of determining the IICs' genital status. Interviews with seventeen random staff indicated twelve had received training on how to conduct cross-gender pat down searches and searches of a transgender and intersex IICs. The

auditor requested search training documentation for eighteen staff. At the issuance of the interim report the documentation had not been provided.

Corrective Action

The facility will need to alleviate the cross gender viewing issues in X, B, C, D and E housing units to include the third tier shower issue via video monitoring technology. Additionally, the facility will need to alleviate cross gender viewing in health services, the library and the strip search area in segregated housing. Photos of the modifications will need to be provided. The facility will need to train all staff on the opposite gender announcement, prohibition of strip searching a transgender individual for the sole purpose of determining their genital status and cross gender searches and searches of transgender IICs. Copies of the training will need to be provided. It should be noted that while staff may have had training on searches, most did not remember the training and as such it needs to be completed again. Training records for those originally requested and an additional systematic sample will need to be provided to show the updated training.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Photos of Modifications
2. Documentation of Closure of Stateville Correctional Center (Permanent Side)
3. Training Memorandum Related to Opposite Gender Announcement
4. Training Memorandum Related to Prohibition of Transgender/Intersex Searches
5. Staff Training

The facility provided photos of modifications made to the health services windows. Privacy file was added to partially obstruct the view to alleviate the cross gender viewing issue. Photos were provided as confirmation. Further, the facility provided photos of the cameras on the third tier where transgender and intersex IICs shower.

	<p>The auditor confirmed that the modifications made alleviated any cross gender viewing issues. Additionally, the facility provided documentation confirming that Stateville Correctional Center, the permanent side, was closed indefinitely and IICs would not be returning to the facility. As such, cross gender viewing issues identified on the permanent side (housing units, health services, library and segregated housing) did not require corrective action.</p> <p>A training memorandum was provided that outlined the opposite gender announcement requirement. The training memorandum was read at roll call for five consecutive days. Shift Supervisor signatures were provided confirming the completed training.</p> <p>A training memorandum was provided that outlined the prohibition of searching transgender and/or intersex IICs for the sole purpose of determining genital status. The training memorandum was read at roll call for five consecutive days. Shift Supervisor signatures were provided confirming the completed training.</p> <p>The facility provided documentation confirming that all staff received training via pre-service or cycle day four. Both of these trainings include cross gender searches and searches of transgender and intersex IICs. The auditor confirmed that all staff originally requested on-site were documented with the training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 04.01.105 Facility Orientation

4. Administrative Directive 04.01.111 ADA Accommodations
5. Administrative Directive 05.07.101 Reception and Classification Process
6. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)
7. Video Remote Interpreting Information
8. Language Interpretation Procedure – Propio Language Services, LLC
9. Individuals In Custody Orientation Manual (Handbook)
10. PREA Posters
11. PREA Reporting Poster

Interviews:

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

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled IICs equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 04.01.301, pages 7-8 state that the Department shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to offender who have limited reading skills. 04.01.111, pages 3-4 indicate that the CAO shall ensure offenders are provide with information regarding ADA disability accommodations and shall establish procedures for offender access to teletypewriter (TTY) and Video Remote Interpreting (VRS) equipment. The policy also indicates that the CAO shall find alternative notification methods for auditory announcements (tactile paging system). 05.07.101, page 2 states that all videos used during

orientation shall include closed captioning subtitles and closed captioning utilizing American Sign Language which has been reviewed for accuracy of the interpretation by the Illinois Deaf and Hard of Hearing Commissioner or a qualified interpreter. The policy further states that the department shall reserve the first row of seats during orientation for offenders who are disabled. A review of the PREA Poster, the PREA Reporting Poster and the Handbook 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 62-63 of the Handbook provide information on Americans with Disabilities (ADA) including requesting accommodations, telecommunication equipment and sign language information. The auditor observed PREA information via the PREA Poster. The PREA Posters were mainly on letter size paper (a few were on legal size paper) in English and Spanish. PREA Posters were observed across from the shower on the reception side, on the walls by the phone on the medical side and on the walls in the "X" house on the permanent side. Posters were not observed in any of the other housing units on the permanent side. The auditor observed the PREA hotline number stenciled on the wall of most of the housing units. The auditor observed that posted information and the stenciled hotline was not visible (location and size) to the majority of the IICs, as they had limited out of cell time. Further, the auditor did not observe the PREA Reporting Posters, with the exception of a few areas. The interview with the Agency Head confirmed that the agency has established procedures to provide IICS with disabilities and IICs who are limited English Proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. She stated they have a policy for ADA and ADA accommodations. She further stated they work to ensure orientation and education are available in English and Spanish. The Agency Head indicated the PREA video is available in English, Spanish and ASL. Further she noted that the agency has a contract with a language service for translation and ASL that they can utilize when needed. Interviews with seven disabled IICs indicated three were provided information in a format that they could understand. Those who were not provided in a format they could understand is addressed in PREA Standard 115.33.

115.16 (b): The PAQ indicates that the agency has established procedures to provide IICs with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 04.01.301, pages 7-8 state that the Department shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to offender who have limited reading skills. 04.01.105, page 2 states that for a non-English speaking offender, reasonable efforts shall be made for the orientation to be explained to him or her in a language her or she understands. It further states that offenders shall receive written orientation material and/or translation in their own language and when a literacy problem exists, a staff member shall assist the offender in understanding the materials. The facility also has a contract with Propio Language Services, LLC. This company provides the facility a phone number that they can call

that connects the staff member with a translator who can will translate information between the staff member and LEP IIC. The company has interpretation services for over 600 languages. A review of the PREA Poster, the PREA Reporting Poster and the Handbook confirmed that information is available in both English and Spanish and can be translated into other languages, as needed. The auditor observed PREA information via the PREA Poster. The PREA Posters were mainly on letter size paper (a few were on legal size paper) in English and Spanish. PREA Posters were observed across from the shower on the reception side, on the walls by the phone on the medical side and on the walls in the "X" house on the permanent side. Posters were not observed in any of the other housing units on the permanent side. The auditor observed the PREA hotline number stenciled on the wall of most of the housing units. The auditor observed that posted information and the stenciled hotline was not visible (location and size) to the majority of the IICs, as they had limited out of cell time. Further, the auditor did not observe the PREA Reporting Posters, with the exception of a few areas. During IIC interviews the auditor utilized a staff translator for LEP IICs. Additionally, the auditor previously utilized Propio for IIC interviews. The auditor was provided a call in number and a code to receive services. The auditor called the number and was able to secure a translator for the LEP interviews. Additionally, the auditor utilized Propio for disabled IIC interviews at prior IDOC audits. The auditor was provided a website that included options for language translation and American Sign Language. The auditor utilized video ASL translation for deaf IICs. Interviews with four LEP IICs indicated two were provided information in a format that they could understand. Those who were not provided in a format they could understand is addressed in PREA Standard 115.33.

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

Based on a review of the PAQ, 04.01.301, 04.01.105, 04.01.111, 05.07.101, the PREA Manual, VRS/TTY information, Propio Language Services LLC information, PREA Posters, the PREA Reporting Posters, the Handbook, observations made during the tour to include the PREA Posters as well as interviews with the Agency Head, random staff, IICs with disabilities and LEP IICs, this standard appears to require corrective action. Posters were not observed in any of the other housing units on the permanent side. The auditor observed the PREA hotline number stenciled on the wall of most of the housing units. The auditor observed that posted information and the stenciled hotline was not visible (location and size) to the majority of the IICs, as they had limited out of cell time. Further, the auditor did not observe the PREA Reporting Posters, with the exception of a few areas.

Corrective Action

The facility will need to post PREA information (to include the PREA Reporting Poster information) in locations that IICs can view, to include in accessible formats. Photos of the posted information will need to be provided.

Recommendation

The auditor highly recommends that the facility train all staff on the resources for LEP and disabled IICS and accommodations that can be made for these individuals.

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 Posted/Painted PREA Information

The facility provided over 75 photos of PREA Posters and PREA Reporting Posters displayed at the entrance of each housing unit and outside the showers on the housing unit tiers. Posters were in English and Spanish. Additionally, the photos

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

to have engaged in sexual abuse by force, overt or implied threats of force or coercion. 03.02.100, page 3 states that the Department shall not hire, promote or enlist the services of any employee, contractual or otherwise, who may have contact with offenders and: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution as defined in 42 U.S.C. 1997; has been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. The auditor requested documentation for six staff hired in the previous twelve months. At the issuance of the interim report the documentation had not been provided. The auditor requested documentation for four contractors hired in the previous twelve months. Three of the four were provided and were 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 conducts criminal background record checks, and consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. 01.02.107, pages 2-3 state that background investigations shall be completed on person prior to employment or prior to placement in safety sensitive position and on person who provide services for the Department. There shall be two levels of background investigations: a computer criminal history check which include a check of an individual's criminal history through the Law Enforcement Agencies Data System (LEADS) and a complete background investigation which includes a check of LEADS and nine other database queries. Policy indicates a complete background investigation is required for all applicants prior to employment, employees, contractual employees and interns. The policy also indicates that the DOC 0450 is also required for the background investigation. A review of the DOC 0589 confirms that the PREA Questionnaire for Institutional Employers is sent to all prior institutional employers and contains four questions including if the individual was involved in a substantiated sexual abuse allegation and/or a sexual harassment

allegation and/or if the individual resigned during a pending investigation of sexual abuse and/or a pending investigation of sexual harassment. The PAQ indicated there were 87 people hired in the past twelve months that may have contact with IICs and all 29 had a criminal background records check completed. 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. The auditor requested documentation for six staff hired in the previous twelve months. At the issuance of the interim report the documentation had not been provided.

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 there have been 169 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 PCM indicated there are three contractor and all contractors under those contracts have had a criminal background records check completed prior to enlisting services 01.02.107, pages 2-3 state that background investigations shall be completed on person prior to employment or prior to placement in safety sensitive position and on person who provide services for the Department. There shall be two levels of background investigations: a computer criminal history check which include a check of an individual's criminal history through the Law Enforcement Agencies Data System (LEADS) and a complete background investigation which includes a check of LEADS and nine other database queries. Policy indicates a complete background investigation is required for all applicants prior to employment, employees, contractual employees and interns. The policy also indicates that the DOC 0450 is also required for the background investigation. The Human Resource staff confirmed that all contractors who have routine access to individuals in custody go through the background process. The auditor requested documentation for four contractors hired in the previous twelve months. Three of the four were provided and were completed prior to enlisting their services.

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

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

115.17 (f): A review of the DOC 0450 Prison Rape Elimination Act Pre-Employment Self-Report confirms that all staff (new applicant and promotion) are required to fill out the form which contains the following questions: have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other correctional facility, a pretrial detention facility, a juvenile facility, a facility for persons who are mentally ill or disabled or have intellectual disabilities or are chronically ill or handicapped, a facility providing skilled nursing intermediate or long-term care custodial or residential care or other institution as defined in the Civil Rights Institutionalized Persons Act (42 U.S.C. 1997)?; have you been convicted of engaging or attempting to engage in sexual activity in the community that was facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?; and have you been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and has there ever been any allegation, complaint or finding made against you regarding any incidents of sexual harassment? The Human Resource staff stated that when an individual applies for employment with IDOC they are required to fill out the DOC 0031, Applicant Information Sheet (AIS). There are numerous questions within the AIS that ask 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. The auditor requested documentation for six staff hired in the previous twelve months and four staff promoted during the previous twelve months. At the issuance of the interim report the documentation had not yet been provided.

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 require corrective action. The auditor requested documentation for six staff hired in the previous twelve months. At the issuance of the interim report the documentation had not been provided. The auditor requested documentation for four contractors hired in the previous twelve months. Three of the four were provided and were completed prior to enlisting their services. The auditor requested documentation for six staff hired in the previous twelve months and four staff promoted during the previous twelve months. At the issuance of the interim report the documentation had not yet been provided.

Corrective Action

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

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the

	<p>facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Staff and Contractor Personnel Documentation 2. PREA Preemployment Self Report DOC 0450 <p>The facility provided the originally requested staff and contractor criminal background record checks. All staff and contractors were documented with a criminal background records check prior to hire/enlisting services. None of the newly hired staff had prior institutional employers, however the auditor previously reviewed the agency process for prior institutional checks.</p> <p>The facility also provided the originally requested DOC 0450s for the newly hired staff and promoted staff. All staff had completed the DOC 0450 prior to hire/promotion.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the Warden <p>Site Review Observations:</p>

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

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. During the tour the auditor observed mobile trailer type buildings being utilized for food service. The current food service area was shut down and being remodeled. The mobile trailers were in one location in a square. Numerous cameras were observed inside and outside the mobile trailers. Additionally, those in use were open and staff were observed in the area. The auditor requested documentation related to the expansion of the food service area, however at the issuance of the interim report the documentation had not yet been provided. The interview with the Agency Head indicated when they modify physical plant of existing facilities or they build a new facility they keep PREA in the forefront. She stated they ensure buildings do not have any visual PREA concerns, such as blind spots. Additionally, she stated modifications make things more efficient and effective. The Agency Head advised the goal is to protect IICs and staff. The interview with the Warden noted they have added a mobile kitchen. The process included collective bargaining, a review of the staffing for the area and a review of necessary cameras. He advised they installed a plethora of cameras in the area and they increased staffing in food service too account for the buildings.

115.18 (b): The PAQ stated that the agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later. During the tour the auditor observed cameras in housings units and common areas. The auditor verified that the cameras are utilized to supplement supervision and monitoring. The auditor noted that numerous cameras were inoperable and the quality appeared to be less than adequate. All cameras are viewable by Internal Affairs and administrative staff, but are not actively monitored. The interview with the Agency Head confirmed that any use of newly updated or installed monitoring technology would be utilized to assist in enhancing the agency's ability to protect IICs from sexual abuse. She stated the agency has a number of cameras and DVSs and they are continually looking to expand technologies across facilities. The Agency Head noted that they are working with their technology partners to build an infrastructure and the goal is to update to more current technology. The Warden confirmed that when installing or updating video monitoring technology they consider how that technology will protect IICs from sexual abuse. He stated they are in the process of negotiating for camera installation. He noted that there will be extreme modification that will updated technology.

	<p>Based on a review of the PAQ, observations made during the tour and information from interviews with the Agency Head and Warden indicates that this standard appears require corrective action. The auditor requested documentation related to the expansion of the food service area, however at the issuance of the interim report the documentation had not yet been provided.</p> <p>Corrective Action</p> <p>The facility will need to provide documentation related to the food service expansion.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Food Service Expansion Documentation <p>The facility provided documentation outlining the food service expansion. The documentation outlined the additional staffing and cameras that were implemented for safety and security related to the modification to the food service area.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 01.12.120 Investigations of Unusual Incidents
4. Administrative Directive 01.12.112 Preservation of Physical Evidence
5. Memorandum of Understanding with Sexual Assault Service Center Guardian Angel Community Service
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
4. Interviews with Individuals In Custody who Reported Sexual Abuse

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

115.21 (b): The PAQ indicated that the evidence protocol is not developmentally appropriate for youth as the agency does not house youthful IICs. It further stated that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents." Further clarification with the 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. A review of investigations indicated there were zero forensic medical examinations completed during the previous twelve months. The auditor contacted St. Joseph Hospital related to forensic medical examinations. The staff member confirmed that that they conduct forensic medical examinations at the hospital by SAFE/SANE. The staff confirmed they have SAFE/SANE available 24 hours a day.

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 Sexual Assault Service Center Guardian Angel Community Services, which was signed on October 21, 2021. The MOU states the purpose and scope of the MOU is to establish a joint effort between IDOC and Sexual Assault Service Center Guardian Angel Community 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 advised she believed that if requested by the victim, the facility makes available a victim advocate to accompany and provide emotional support through the forensic medical examination and investigatory process. She advised she did not believe the advocate is offered through and that it would only be mental health staff as they do not have an outside agency that is allowed to provide services. She noted they are working on this process. Interviews with IICs who reported sexual abuse indicated that none of the three were able to contact anyone after the report of sexual abuse and none were afforded access to a victim advocate. A review of fourteen investigations indicated seven were sexual abuse. One of the seven was offered a victim advocate. One IIC was not at the facility when the allegation was reported. It should be noted the auditor requested fourteen investigation but at the issuance of the interim report one 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 Sexual Assault Service Center Guardian Angel Community which was signed on September 13, 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 advised she believed that if requested by the victim, the facility makes available a victim advocate to accompany and provide emotional support through the forensic medical examination and investigatory process. She advised she did not believe the advocate is offered through and that it would only be mental health staff as they do not have an outside agency that is allowed to provide services. She noted they are working on this process. Interviews with IICs who reported sexual abuse indicated that none of the three were able to contact anyone after the report of sexual abuse and none were afforded access to a victim advocate. A review of fourteen investigations indicated seven were sexual abuse. One of the seven was offered a victim advocate. One IIC was not at the facility when the allegation was reported. It should be noted the auditor requested fourteen investigation but at the issuance of the interim report one 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 Sexual Assault Service Center Guardian Angel Community which is the local rape crisis center with trained/certified victim advocates.

Based on a review of the PAQ, 04.01.301, 01.12.120, 01.12.112, the MOU with Sexual Assault Service Center Guardian Angel Community, investigative reports, the MOU with the Illinois State Police, the correspondence with the Illinois State Police and information from interviews with the random staff, the PREA Compliance Manager, SAFE/SANE and IICs who reported sexual abuse indicates that this standard appears to require corrective action. The interview with the PCM advised she believed that if requested by the victim, the facility makes available a victim advocate to accompany and provide emotional support through the forensic medical examination and investigatory process. She advised she did not believe the advocate is offered through and that it would only be mental health staff as they do not have an outside agency that is allowed to provide services. She noted they are working on this process. Interviews with IICs who reported sexual abuse indicated that none of the three were able to contact anyone after the report of sexual abuse and none were afforded access to a victim advocate. A review of fourteen investigations indicated seven were sexual abuse. One of the seven was offered a victim advocate. One IIC was not at the facility when the allegation was reported. It should be noted the auditor requested fourteen investigation but at the issuance of the interim report one was not provided.

Corrective Action

The facility will need to train appropriate staff on the process for affording victim advocates to IICs who report sexual abuse. Training documents will need to be provided. The facility will need to provide a list of sexual abuse allegations reported during the corrective action period and 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. Staff Training
2. List of Sexual Abuse Allegations During the Corrective Action Period

	<p>The facility provided a training memo that outlined the process for affording IIC victims access to a victim advocate. The training memo noted that the PCM would contact the rape crisis center to coordinate applicable services. Staff signatures were provided confirming they received training via the training memo. Additionally, a training memo was provided that was read at roll call for five consecutive days related to this process.</p> <p>A list of sexual abuse allegations during the corrective action period was provided. All five victims were afforded access to a victim advocate. Two accepted services while three declined services. One IIC that accepted services reported the allegation at another facility and that facility offered the advocacy services. As such, Stateville was not responsible for coordinating the services. The second IIC who accepted services did not have documentation confirming the services were provided.</p> <p>The facility provided a follow-up training with staff related to the process of affording and documenting the victim advocate. The training memo outlined the process of affording the victim advocate through mental health, documenting it on the PREA checklist, coordinating the services through the PCM and maintaining documentation through the PCM of when the services were provided. Staff signatures were providing confirming the follow-up training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 01.12.120 Investigations of Unusual Incidents 4. Memorandum of Understanding with the Illinois State Police/Office of Executive Inspector General 5. Investigative Log

6. Investigative Reports

Interviews:

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

Findings (By Provision):

115.22 (a): The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. The initial investigative report shall be provided to the Chief Administrative Officer within 24 hours of the onset of the investigation. Policy further states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. 01.12.120, pages 1-2 state that The CAO shall ensure that an internal investigation is conducted by facility staff, or by staff assigned by the Chief of Investigations and Intelligence, on each unusual incident report, if it is determined that further facts are required. The Director or the respective Deputy Director or Chief may request that the Chief of Operations initiate a Department investigation of any other major incident. Department investigations shall be conducted by the Investigations and Intelligence Unit. The PAQ noted there were 76 allegations reported within the previous twelve months. All 76 resulted in an administrative investigation and zero resulted in a criminal investigation. The PAQ stated of the investigations over the previous twelve months, three were still open. The interview with the Agency Head confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. She advised they have an Administrative Directive that outlines the process. The investigative unit will review all evidence and will contact ISP, if needed. Once all information is gathered, the Agency Head indicated that they will utilize a preponderance of the evidence to conclude the investigation. A review of the investigative log and fourteen investigations indicated allegations were forwarded for investigation. All fourteen investigations reviewed had an administrative investigation completed. During a review of grievances, the auditor identified numerous sexual abuse grievances that were not on the investigative log. Further documentation is needed to determine compliance with this standard.

115.22 (b): The PAQ indicated that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an

agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The PAQ further stated that the policy is published on the agency's website and all referrals for criminal investigations are documented. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. The initial investigative report shall be provided to the Chief Administrative Officer within 24 hours of the onset of the investigation. Policy further states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. Additionally, the MOU with the Illinois State Police (signed in 2019) indicates that they conduct investigations related to sexual assault involving staff on staff or staff on IIC. A review of the agency website indicates that it states that IDOC investigates all allegations of offender on offender sexual abuse and staff sexual misconduct. It further states that investigations are initiated by the Investigations Unit at IDOC Headquarters. Interviews with investigators confirmed that all allegations are referred to an investigative agency with the authority to conduct criminal investigations. A review of the investigative log and fourteen investigations indicated allegations were forwarded for investigation. All fourteen investigations reviewed had an administrative investigation completed. During a review of grievances, the auditor identified numerous sexual abuse grievances that were not on the investigative log. Further documentation is needed to determine compliance with this standard.

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 log, investigative reports, the agency's website, information obtained via interviews with the Agency Head and the investigator, this standard appears to require corrective action. A review of the investigative log and fourteen investigations indicated allegations were forwarded for investigation. All fourteen investigations reviewed had an administrative investigation completed. During a review of grievances, the auditor identified numerous sexual abuse grievances that were not on the investigative log. Further documentation is needed to determine compliance with this standard.

Corrective Action

The facility will need to provide documentation related to the grievances alleging sexual abuse and sexual harassment, to include investigations. Further corrective action may be required once received.

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. Grievances
2. Investigative Log
3. Investigative Reports

The facility provided documentation related to the sexual abuse and sexual harassment grievances. All allegations were initially forwarded to Internal Affairs who reviewed the allegation and determined if it met the definition of sexual abuse or sexual harassment. All allegations that were sexual abuse or sexual harassment had an administrative investigation conducted.

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

	such appears to be compliant.
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 03.03.102 Employee Training 4. Administrative Directives 01.01.101 Administrative Directives 5. Administrative Directive 01.02.101 Staff Meeting 6. PREA Pre-Service Orientation Training Curriculum 7. PREA – Individual in Custody Sexual Assault Prevention and Intervention Curriculum 8. Transgender and Non-Binary Individuals in Custody Setting – A Guide to Rehabilitation, Safety Management and Care 9. Supervising Individuals in Custody in the IDOC Women’s Division 10. Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff <p>Findings (By Provision):</p> <p>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</p>

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 seventeen random staff confirmed that all seventeen had received PREA training. Staff stated they receive training annually and all required components under this provision are discussed during the PREA training. The auditor requested documentation for 20 staff, however at the issuance of the interim report the documentation had not yet been received.

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. Stateville 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. The PAQ further stated that information is provided during daily roll calls where pertinent policy changes and Warden's Bulletins are provided. 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. The auditor requested documentation for 20 staff, however at the issuance of the interim report the documentation had not yet been received.

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. The auditor requested documentation for 20 staff, however at the issuance of the interim report the documentation had not yet been received.

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 staff training records as well as interviews with random staff indicates that this standard appears to require corrective action. The auditor requested documentation for 20 staff, 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. Further corrective action may be required.

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"> 1. Staff Training <p>The facility provided the originally requested staff training documentation. All staff had completed PREA training. All staff had completed PREA training at least every two years, with the exception of those hired in the previous twelve months.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 04.01.122 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 128 contractors and volunteers completed training. Further communication with the PC indicated 238 staff and contractors completed PREA training. A review of the PREA Pre-Service Orientation Training Curriculum and the PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum confirms that the trainings discuss responsibilities under the agency's sexual abuse and sexual harassment policy. A review of the Volunteer Handbook confirms that page 19 includes information on the zero tolerance, how to report and red flags. Interviews with contractors confirmed they received information on the agency's sexual abuse and sexual harassment policies. During the on-site portion of the audit there were zero volunteers and as such no interviews were completed. The auditor requested documentation for five volunteers and fifteen contractors, however at the issuance of the interim report the documentation had not yet been provided.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is not based on the services they provide and level of contact they have with IICs. Further communication with the PCM indicated this was an error and level and type of training is based on services and contact. 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 two contractors confirmed they received training on PREA, which covered the zero tolerance policy and how/who to report the information to. During the on-site portion of the audit there were zero volunteers and as such no interviews were completed. The auditor requested documentation for five volunteers and fifteen contractors, however at the issuance of the interim report the documentation had not yet been provided.

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 documentation for five volunteers and fifteen contractors, however at the issuance of the interim report the documentation had not yet been provided.

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, volunteer and contractor training records as well as the interviews with contractors and documents received during the interim report, this standard has been corrected during the interim report period and as such appears to require corrective action. The auditor requested documentation for five volunteers and fifteen contractors, however at the issuance of the interim report the documentation had not yet been provided.

Corrective Action

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

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Contractor and Volunteer Training

The facility provided part of the originally requested documentation. Two volunteers were missing training. A letter was sent to both volunteers noting that they were not authorized to enter the facility until they completed PREA training. Documentation was provided that outlined the facility only had one current volunteer. PREA training documentation was provided confirming the active volunteer completed training. An email also outlined that there was only one volunteer who entered the facility during the corrective action period, which is the volunteer documented with PREA training.

The facility was unable to provide documentation for the contractors originally requested. The facility advised many of the contractors requested were no longer employed at the facility. As such, the facility provided a list of all current contractors and associated PREA training. All contractors were documented with PREA training via cycle training, day two, in 2023, 2024 or 2025.

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 04.01.105 Facility Orientation 4. Administrative Directive 04.01.111 ADA Accommodations 5. Administrative Directive 05.07.101 Reception and Classification Process 6. Video Remote Interpreting Information 7. Language Interpretation Procedure – Propio Language Services, LLC 8. Individuals In Custody Orientation Manual (Handbook) 9. PREA Posters 10. PREA Reporting Poster 11. Individuals In Custody Education Records (Offender Orientation Receipt) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Intake Staff 2. Interviews with Random Individuals In Custody <p>Site Review Observations:</p> <ol style="list-style-type: none"> 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 1539 IICs received information on the zero-tolerance policy and how to report at intake, which is equivalent to 13% of the IICs who arrived in the previous twelve months. Further communication with the PCM indicated all IICs go through orientation and are provided a Handbook. 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 63-68 include information on PREA. The information includes: zero tolerance, definitions of sexual abuse, how to prevent sexual abuse, what to do if the IIC has been sexually assaulted, medical information, investigation information, ways to report (including the outside reporting entity) and victim advocacy information. The auditor observed the intake process through a demonstration. IICs are provided a Handbook (available in English and Spanish). The staff show the IIC the pages of the Handbook where PREA information is found. Interviews with the intake staff confirmed that IICs receive information during intake about the zero-tolerance policy and how to report incidents of sexual abuse and sexual harassment. Staff advised they provide the IIC a Handbook and go over how to report and where PREA information is within the Handbook. Interviews with 40 IICs indicated 31 were provided information on the zero tolerance policy and reporting methods. The auditor requested documentation for 71 IICs that arrived in the previous twelve months. 35 documents were provided that outlined IICs were provided the Handbook and orientation.

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 4344 IICs received comprehensive PREA education within 30 days of intake. This is equivalent 99% of those received in the previous twelve months whose length of stay was for 30 days or more. The auditor was provided a demonstration of the

comprehensive PREA education process. The staff on the reception side, which serves as one of the main reception facilities for the IDOC, noted they do not provide comprehensive PREA education. They only provide the Handbook as part of the intake process. The permanent side conducts orientation in the education area. Staff tell IICs that if they feel unsafe to call the PREA hotline number that is stenciled on the wall. Staff advise the IICs of the pages where PREA information is found in the Handbook and that if they have any questions or want more details they can talk to staff for further assistance. Staff noted they do not show a video or provide further information. Interviews with the intake staff noted that IICs receive information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation and the facility's policies and procedures in response to an allegation of sexual abuse or sexual harassment. Staff noted they provide the Handbook and tell the IICs about the PREA hotline and the pages that PREA. Information is found in the Handbook. Staff advised they do not do anything else and that orientation (which includes this education) is completed the day of arrival (reception side) or within seven days of arrival (permanent side). Interviews with 40 IICs indicated 24 were provided information on their right to be free from sexual abuse, their right to be free from retaliation and policies and procedures in response to an allegation of sexual abuse or sexual harassment. The auditor requested documentation for 71 IICs that arrived in the previous twelve months. 35 documents were provided that outlined IICs were provided the Handbook and orientation.

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. Interviews with the intake staff noted all IICs are required to go through orientation. The intake staff noted that IICs receive information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation and the facility's policies and procedures in response to an allegation of sexual abuse or sexual harassment. Staff noted they provide the Handbook and tell the IICs about the PREA hotline and the pages that PREA. Information is found in the Handbook. Staff advised they do not do anything else and that orientation (which includes this education) is completed the day of arrival (reception side) or within seven days of arrival (permanent side). The auditor

requested documentation for 87 total IICs. 39 documents were provided indicating the IICs received the Handbook and orientation. Two of the documents were completed prior to 2013.

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 the PREA Poster, the PREA Reporting Poster, the Handbook and distributed information confirmed that information can be provided in large font, bright colors, can be read to IICs in terminology that they understand and is available in Spanish. Additionally, pages 62-63 of the Handbook provides information on Americans with Disabilities (ADA) including requesting accommodations, telecommunication equipment and sign language information. The auditor requested documentation for three LEP IICs and seven disabled IICS. Two documents for disabled IICs were provided.

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. The auditor requested documentation for 87 total IICs. 39 documents were provided indicating the IICs received the Handbook and orientation.

115.33 (f): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, IIC handbooks or other written formats. 04.01.301, page 7 states that the offender handbook shall include an explanation of reporting procedures and programs and services available to victims or predators of sexual abuse and harassment. A review of the Handbook, PREA Poster and the PREA Reporting Poster confirmed information is accessible to IICs through these avenues. The auditor observed PREA information via the PREA Poster. The PREA Posters were mainly on letter size paper (a few were on legal size paper) in English and Spanish. PREA Posters were observed across from the shower on the reception side, on the walls by the phone on the medical side and on the walls in the "X" house on the permanent side. Posters were not observed in any of the other housing units on the permanent side. The auditor observed the PREA hotline number stenciled on the wall of most of the housing units. The auditor observed that posted information and the stenciled hotline was not visible (location and size) to the majority of the IICs, as they had limited out of cell time. Further, the auditor did not observe the PREA Reporting Posters, with the exception of a few areas.

Based on a review of the PAQ, 04.01.301, 04.01.105, 04.01.111, 05.07.101, Propio Language Services, LLC. information, Video Remote Interpreting information, the Handbook, PREA Poster, PREA Reporting Poster, IIC education documents, the memo related to education during the interim report period, a sample of IIC training documents, observations made during the tour to include the availability of PREA information via posters as well as information obtained during interviews with intake staff and random IICs indicates that this standard requires appears to require corrective action. The auditor was provided a demonstration of the comprehensive PREA education process. The staff on the reception side, which serves as one of the main reception facilities for the IDOC, noted they do not provide comprehensive PREA education. They only provide the Handbook as part of the intake process. The permanent side conducts orientation in the education area. Staff tell IICs that if they feel unsafe to call the PREA hotline number that is stenciled on the wall. Staff advise the IICs of the pages where PREA information is found in the Handbook and that if they have any questions or want more details they can talk to staff for further assistance. Staff noted they do not show a video or provide further information. Interviews with the intake staff noted that IICs receive information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation and the facility's policies and procedures in response to an allegation of sexual abuse or sexual harassment. Staff noted they provide the Handbook and tell the IICs about the PREA hotline and the pages that PREA. Information is found in the Handbook. Staff advised they do not do anything else and that orientation (which includes this education) is completed the day of arrival (reception side) or within seven days of arrival (permanent side). The auditor requested documentation for 71 IICs that arrived in the previous twelve months. 35 documents were provided that outlined IICs were provided the Handbook and orientation. The auditor requested documentation

for 87 total IICs. 39 documents were provided indicating the IICs received the Handbook and orientation. Two of the documents were completed prior to 2013. The auditor requested documentation for three LEP IICs and seven disabled IICs. Two documents for disabled IICs were provided. Posters were not observed in any of the other housing units on the permanent side. The auditor observed the PREA hotline number stenciled on the wall of most of the housing units. The auditor observed that posted information and the stenciled hotline was not visible (location and size) to the majority of the IICs, as they had limited out of cell time. Further, the auditor did not observe the PREA Reporting Posters, with the exception of a few areas.

Corrective Action

The facility will need to revamp their comprehensive PREA education process (at minimum on the reception side). This should include the process currently in place for the agency (video and script) and accommodations for LEP and disabled IICs. Staff should be trained on this process. Confirmation of the training will need to be provided. The auditor will need to complete a phone interview with staff on the updated process. The facility will need to provide the originally requested education documents. A list of IICs received during the corrective action period and a systematic sample of education documents will also need to be provided. All current LEP and disabled IICs will need to be re-educated in an accessible format. Confirmation of this training will need to be provided. A list of LEP and disabled IICs that arrived during the CAP and associated education will need to be provided. All IICs that received education prior to 2013 will need to have updated PREA education. A list and associated training will need to be provided. The facility will need to post PREA information (to include the PREA Reporting Poster information) in locations that IICs can view, to include in accessible formats. Photos of the posted information will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. List of Individuals in Custody that Arrived Prior to 2014
2. List of Individuals in Custody that Arrived During the Corrective Action Period
3. Individual In Custody Education Documents

4. Photos of Posted/Painted PREA Information

Additional Interviews:

1. Interview with Intake Staff

The auditor conducted an interview with intake staff related to the updated PREA education process. The staff advised that the current PREA education process is completed the day of arrival. All IICs received PREA education at intake. The staff verbally read the PREA No Video Script to the IICs. The staff advised the script is four pages and includes information on the zero tolerance policy, rights under PREA, the facility's response to an allegation of sexual abuse or sexual harassment, reporting mechanisms, and victim advocacy information. Staff advised IICs are also provided a Handbook, which contains similar information. The staff noted that LEP IICs receive education through reading of the script in Spanish by a staff member that speaks Spanish. The staff stated they have not had any other languages, but if they did, they could utilize the language service for translation. Further, the staff noted that they would make appropriate accommodations for disabled IICs.

The facility provided a list of IICs that arrived prior to 2014. All IICs, with the exception of two, had updated PREA education completed during the corrective action period. The two that did not have updated education had left the facility and were unable to complete the updated education.

The facility provided a list of IICs that arrived during the corrective action period and over 400 documents confirming PREA education was completed upon arrival. Additionally, documentation was provided for over 25 LEP IIC confirming they received education in an accessible format (signed Spanish acknowledgment forms).

The facility provided over 75 photos of PREA Posters and PREA Reporting Posters displayed at the entrance of each housing unit and outside the showers on the housing unit tiers. Posters were in English and Spanish. Additionally, the photos confirmed that the PREA hotline number was painted on the housing unit walls in numerous locations in large block format.

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

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 01.12.115 Institutional Investigative Assignments 4. Prison Rape Elimination Act (PREA) for Investigators Training Curriculum 5. Investigator Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Investigative Staff <p>Findings (By Provision):</p> <p>115.34 (a): The PAQ indicates that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. 01.12.115, page 2 states that the CAO shall ensure that each individual appointed as an investigator be registered for the next available investigator training program within ten days of temporary or permanent assignment as an investigator. Training topics include but are not limited to: investigative techniques, including interviewing sexual abuse victims; crime scene preservation; collection and preservation of evidence, including sexual abuse evidence collection in a confinement setting; proper use of Miranda and Garrity warnings; criteria and evidence required to substantiate a case for administrative action or prosecution referral; and investigative reporting. The agency utilizes their own training for this standard; PREA for Investigators. Interviews with investigators confirmed both received specialized investigators training via the 40 hour agency training and the NIC training. A review of documentation indicated that seven facility/agency staff were documented with the specialized investigations training.</p> <p>115.34 (b): 01.12.115, page 2 states that the CAO shall ensure that each individual</p>

	<p>appointed as an investigator be registered for the next available investigator training program within ten days of temporary or permanent assignment as an investigator. Training topics include but are not limited to: investigative techniques, including interviewing sexual abuse victims; crime scene preservation; collection and preservation of evidence, including sexual abuse evidence collection in a confinement setting; proper use of Miranda and Garrity warnings; criteria and evidence required to substantiate a case for administrative action or prosecution referral; and investigative reporting. The agency utilizes their own training for this standard; PREA for Investigators. A review of the training curriculum confirmed slides 67-118 include the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. Interviews with the investigators confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case. A review of documentation indicated that seven facility/agency staff were documented with the specialized investigations training. A review of fourteen investigations revealed they were completed by five investigators, four of which had completed the specialized investigator training.</p> <p>115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that seven investigators have completed the specialized training. A review of documentation indicated that seven facility/agency staff were documented with the specialized investigations training.</p> <p>115.34 (d): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, 04.01.301, 01.12.115, PREA for Investigators Training Curriculum, a review of investigator training records as well as interviews with investigators, this standard appears to be compliant.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire

2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 03.03.102 Employee Training
4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)
5. Prison Rape Elimination Act: What Healthcare and Mental Health Providers Need to Know Training Curriculum
6. Wexford Health Prison Rape Elimination Act (PREA) and Implementation Training Curriculum
7. Medical and Mental Health Staff Training Records

Interviews:

1. Interviews with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): The PAQ indicated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. 04.01.301, page 4 states that PC shall develop or approve specialized training modules for all full and part-time medical and mental health care practitioners who work regularly in the facilities. Training shall include: detecting and assessing signs of sexual abuse and sexual harassment; preserving physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations or suspicions of sexual abuse and sexual harassment. The training is conducted via the Prison Rape Elimination Act: What Healthcare and Mental Health Providers Need to Know 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 186 medical and mental health staff and that 100% of these staff received the specialized training. Interviews with medical and mental health care staff indicated they received specialized medical and mental health care training and it included the elements under this provision. The auditor requested documentation for thirteen medical and mental health care staff, however at the issuance of the interim report the documentation had not yet been provided.

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. The auditor requested documentation for thirteen medical and mental health care staff, however at the issuance of the interim report the documentation had not yet been provided.

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. The auditor requested documentation for thirteen medical and mental health care staff, however at the issuance of the interim report the documentation had not yet been provided.

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 indicates this standard appears to require corrective action. The auditor requested documentation for thirteen medical and mental health care staff, however at the issuance of the interim report the documentation had not yet been provided.

Corrective Action

	<p>The facility will need to provide the originally requested documentation. Further corrective action may be required.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Care Staff Training <p>The facility provided the originally requested medical and mental health training. All but three had completed the specialized training. The three missing training were no longer employed at the facility. As such, the facility provided a list of all current medical and mental health care staff and associated training. All medical and mental health care staff had completed day two of cycle training, which includes the specialized medical and mental health care training as well as the PREA training required under 115.31.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.302 Screening for Risk of Victimization and Abusiveness 3. PREA Sexual Abuse and Harassment Prevention and Intervention Program

Manual (PREA Manual)

4. Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494)
5. Individuals In Custody Assessment and Reassessment Documents

Interviews:

1. Interviews with Staff Responsible for Risk Screening
2. Interviews with Random Individuals In Custody
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of File Location

Findings (By Provision):

115.41 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other IICs. 04.01.302, page 2 states screening and assessment shall be documented on the Screening for Potential Sexual Victimization or Sexual Abuse, DOC 0494, or Offender 360 (O360) equivalent, and shall occur: within 24 hours of admission or transfer to any facility and by staff, designated by the CAO, who shall screen each individual in custody for sexually abusive behavior or victimization. It further states that within 72 hours of admission or transfer to any facility and require: clinical Services staff, or other staff designated by the CAO, to supplement the initial screening by considering prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence of sexual abuse by reviewing documents such as, but not limited to, pre-sentence reports, statement of facts, and other material in the master file or O360. Any supplemental findings or concerns will be documented on the DOC 0494 completed in accordance with II.G.1.a. A separate DOC 0494 shall not be required. The auditor was provided a demonstration of the initial risk screening process. The auditor was provided a demonstration of the initial risk screening process. The initial risk assessment is completed one-on-one. Staff use the DOC 0494 to complete the risk assessment. The staff verbally ask each question on the form and offer a mental

health follow-up, when appropriate. Staff conduct a file review to confirm responses and information. Both initial and reassessment staff confirmed that if discrepancies exist between verbal responses and the file review, the information in the file is utilized. Staff utilize staff or language translation services for LEP IICs. ASL is utilized via a zoom type call for disabled IICs. 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 31 IICs that arrived within the previous twelve months indicated 26 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. 04.01.302, page 2 states screening and assessment shall be documented on the Screening for Potential Sexual Victimization or Sexual Abuse, DOC 0494, or Offender 360 (O360) equivalent, and shall occur: within 24 hours of admission or transfer to any facility and by staff, designated by the CAO, who shall screen each individual in custody for sexually abusive behavior or victimization. It further states that within 72 hours of admission or transfer to any facility and require: Clinical Services staff, or other staff designated by the CAO, to supplement the initial screening by considering prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence of sexual abuse by reviewing documents such as, but not limited to, pre-sentence reports, statement of facts, and other material in the master file or O360. Any supplemental findings or concerns will be documented on the DOC 0494 completed in accordance with II.G.1.a. A separate DOC 0494 shall not be required. The PAQ noted that 10376 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. Interviews with 31 IICs that arrived within the previous twelve months indicated 26 were asked questions related to risk of victimization and abusiveness. Most stated they were asked when they first arrived. Interviews with the staff responsible for the risk screening confirmed the risk assessment is completed within 72 hours. The auditor requested documentation for 71 IICs that arrived in the previous twelve months. At the issuance of the interim report none of the requested documentation was provided. Additionally, the auditor requested documents for a total of 87 IICs, a few that arrived prior to the electronic risk assessment. These documents were not provided.

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, prior sex offenses against a child or adult, socioeconomic status and immigrant status/language. IICs are also asked about identified or perceived sexual orientation, gender identity and history or sexual victimization. The IIC is also asked about his/her own perception of their safety at the time of the screening. Each question has appropriate responses that correspond to a number. The numbers are added up at the end of the victimization section and the total number determines where the IIC falls on the continuum. The continuum ranges from not likely, likely, moderately likely to highly likely for vulnerability. The IICs who fall in the highly likely or moderately likely range are then reviewed for the official vulnerable designation. The staff responsible for the risk screening stated that the risk screening is completed via the questions on the DOC 0494. Staff confirmed the form includes the elements under this provision.

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

115.41 (f): The PAQ indicated that the policy requires that the facility reassess each IIC's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the IIC's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 04.01.302, page 2 states screening and assessment shall be documented on the Screening for Potential Sexual Victimization or Sexual Abuse, DOC 0494, or Offender 360 (O360) equivalent, and shall occur no sooner than 15 calendar days, but no later than 30 calendar days of admission or transfer to the facility, each individual in custody, including any individual returned to a Reception and Classification Center as a parole or mandatory supervised release violator, shall be screened again for sexually abusive behavior or victimization based upon any additional, relevant information received by the facility since the initial intake screening. The PAQ noted that 4344 IICs were reassessed within 30 days, which is equivalent to 99% of the IICs who arrived and stayed longer than 30 days. The reassessment is also completed one-on-one. Staff review the IIC information in Offender 360 prior to meeting with the IIC. Staff then ask questions on the DOC 0494. The staff indicated some questions are not asked, such as age, criminal history, etc. as this can be obtained through the file review. Both initial and reassessment staff confirmed that if discrepancies exist between verbal responses and the file review, the information in the file is utilized. Interviews with the staff responsible for the risk screening indicated that IICs are reassessed between fifteen and 30 days after arrival. Interviews with 31 IICs that arrived within the previous twelve months indicated fourteen had been asked questions related to their risk of victimization and abusiveness more than once. The auditor requested documentation for 71 IICs that arrived in the previous twelve months. At the issuance of the interim report none of the requested documentation was provided.

115.41 (g): The PAQ indicated that the policy requires that an IIC's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the IIC's risk of sexual victimization or abusiveness. 04.01.302, page 2 states screening and assessment shall be documented on the Screening for Potential Sexual Victimization or Sexual Abuse, DOC 0494, or Offender 360 (O360) equivalent, and shall occur for all alleged victims and alleged perpetrators at the conclusion of any sexual abuse investigation determined to be substantiated or unsubstantiated. Additionally it states screening and assessment shall be documented on the Screening for Potential Sexual Victimization or Sexual Abuse, DOC 0494, or Offender 360 (O360) equivalent, and shall occur when warranted due to a referral, request, or receipt of additional information that bears on the individual in custody's risk of sexual victimization or abusiveness. 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 31 IICs that arrived within the previous twelve months indicated fourteen had been asked questions related to their risk of victimization and abusiveness more than once. The auditor requested documentation for 71 IICs that arrived in the previous twelve months. At the issuance of the interim report none of

the requested documentation was provided. A review of fourteen investigations indicated none required a reassessment due to incident of sexual abuse.

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. 04.01.302, page 2 states individuals in custody shall not be disciplined for refusing to answer, or not disclosing complete information in response to, questions asked during the screening for potential sexual victimization or sexual abuse. Interviews with the staff responsible for risk screening confirmed that IICs are not disciplined for refusing to answer or for not fully disclosing information any of the risk screening questions.

115.41 (i): 04.01.302, page 2 states the CAO shall ensure staff conducting the risk screenings are provided with an area to conduct the risk screenings which provides a reasonable level of confidentiality while considering the safety and security of the staff conducting the screenings. Further policy states access to information related to sexual abuse occurring in a correctional setting shall be treated as confidential and limited to staff directly related to the assessment, treatment, placement or investigation of the individual in custody to the extent possible while ensuring the safety and security of individuals in custody and staff. Risk screening information is maintained in the electronic Offender 360 program. The auditor had a security staff member pull up the electronic system to see what was able to be viewed. The staff did not have access to the risk screening information. The PCM and staff responsible for risk screening confirmed the agency has outlined who should have access to the risk screening information so that sensitive information is not exploited. The PCM noted that mental health and corrections assessments specialists are those with access as they complete the risk screening.

Based on a review of the PAQ, 04.01.302, 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. The auditor requested documentation for 71 IICs that arrived in the previous twelve months. At the issuance of the interim report none of the requested documentation was provided. Additionally, the auditor requested documents for a total of 87 IICs, a few that arrived prior to the electronic risk assessment. These documents were not provided.

Corrective Action

	<p>The facility will need to provide the originally requested documentation. Further corrective action may be required.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. List of Individuals In Custody that Arrived During the Corrective Action Period 2. Risk Assessments <p>The facility provided part of the originally requested documentation. Based on the documentation provided, the auditor determined that timelines associated with initial risk assessment and reassessment were not being met. As such, corrective action was required.</p> <p>A list of IICs that arrived during the corrective action period and a systematic sample of risk assessments were provided. All 51 initial risk assessment were completed within 72 hours of arrival. 29 of the 51 had a reassessment within 30 days. Those without a reassessment had transferred from the facility prior to the 30 days and as such a reassessment was not conducted.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

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

Interviews:

1. 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. 04.01.302, page 4 states prior to housing an individual in custody identified as a predator with another

individual, the proposed housing assignment shall be reviewed and approved by the CAO in consultation with the facility PREA Compliance Manager. Prior to housing an individual in custody identified as vulnerable with another individual, the proposed housing assignment shall be reviewed and approved by the CAO in consultation with the facility PREA Compliance Manager. Housing an individual in custody identified as vulnerable with an individual in custody identified as a predator shall be prohibited. The interview with the PREA Compliance Manager indicated the information from the risk screening is utilized to determine whether an individual is vulnerable. If deemed vulnerable they ensure placement officers are aware so they can house them appropriately. She stated the information from the risk screening is used to keep vulnerables separate from predators, which may include single cell housing. Interviews with risk screening staff noted that the information from the risk screening is used for placement and to ensure IICs are safe and protected. A review of housing, program and work assignments for predator and vulnerable IICs indicated the high risk victims were not housed with high risk abusers. One predator IIC was in the same unit as one vulnerable IIC, however this was on the reception side where IICs have limited movement and do not have unsupervised out of cell time. The auditor confirmed that predator and vulnerable IICs did not work or program together unsupervised.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each IIC. 04.01.302, page 4 states prior to housing an individual in custody identified as a predator with another individual, the proposed housing assignment shall be reviewed and approved by the CAO in consultation with the facility PREA Compliance Manager. Prior to housing an individual in custody identified as vulnerable with another individual, the proposed housing assignment shall be reviewed and approved by the CAO in consultation with the facility PREA Compliance Manager. Housing an individual in custody identified as vulnerable with an individual in custody identified as a predator shall be prohibited. Interviews with risk screening staff noted that the information from the risk screening is used for placement and to ensure IICs are safe and protected. A review of housing, program and work assignments for predator and vulnerable IICs indicated the high risk victims were not housed with high risk abusers. One predator IIC was in the same unit as one vulnerable IIC, however this was on the reception side where IICs have limited movement and do not have unsupervised out of cell time. The auditor confirmed that predator and vulnerable IICs did not work or program together unsupervised.

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 TAC meetings confirms that housing is reviewed on a case-by-case basis for each IIC. The interview with the PCM indicated housing is determined through Bureau of Identification at the facility and they will house the individual accordingly in a separate unit. She confirmed placement at the facility would take into consideration the IICs health and safety as well as if the placement will present any security or management problems. The interview with the transgender IIC indicated she was asked how they felt about her safety. She further stated that she did not believe LGBTI IICs are placed in one facility, housing unit or wing. It should be noted that male/female housing determination is made at the agency level by the TAC.

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 agency as a whole houses approximately 150 transgender IICs. A review of documentation for transgender IICs confirmed that biannual assessments are completed in January and July via DOC 0700. The auditor requested documentation for two transgender IICs as Stateville. At the issuance of the interim report the documentation had not yet been provided. The PCM stated transgender and intersex IICs are reviewed daily because of the nature of the facility. The staff responsible for the risk screening confirmed that transgender and intersex IICs would be reassessed at least twice per year. The interview with the transgender IIC indicated she was asked how they felt about her safety.

115.42 (e): 04.03.104, page 7 states that decisions shall be made by the TAC on a case-by-case basis with serious consideration given to circumstances including, but not limited to, the following: the offender's perception of whether a male or female facility is safest for him or her, as well as the preferred gender of staff to perform searches. Interviews with the PCM and staff responsible for the risk screening 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 about how she felt about their safety with regard to housing and programming assignments.

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 were single and had half metal barriers or curtains. Interviews 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 transgender and intersex IICs are housed in a separate unit and they get showers within that unit. The interview with the transgender IICs 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 goes 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, confirming that LGBTI IICs were not placed in one dedicated unit or wing.

Based on a review of the PAQ, 04.01.301, 04.01.302, 04.03.104, the PREA Manual, IICs at risk of sexual abusiveness and sexual victimization housing determinations, transgender or intersex IIC house determinations, transgender or intersex biannual assessments, LGBTI IIC housing assignments, observations made during the tour and information from interviews with the PC, PCM, staff responsible for conducting the risk screening and LGBTI IICs, indicates that this standard appears require corrective action. The interview with the PCM indicated housing is determined through Bureau of Identification at the facility and they will house the individual accordingly in a separate unit. he auditor requested documentation for two transgender IICs as Stateville. At the issuance of the interim report the documentation had not yet been provided. The PCM stated transgender and intersex IICs are reviewed daily because of the nature of the facility. The interview with the transgender IIC indicated she was asked how they felt about her safety. The PCM stated transgender and intersex IICs

are housed in a separate unit and they get showers within that unit.

Corrective Action

The facility will need to train appropriate staff on policies and procedures related to transgender and intersex IICs. A copy of the training will need to be provided. The originally requested biannual assessments will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Staff Training
2. Biannual Assessments

The facility conducted training with mental health and the PREA Compliance Manager related to policies and procedures for transgender and intersex IICs under this standard. Staff signatures were provided confirming receipt of the training.

The facility was unable to provide the originally requested biannual assessments. It should be noted that most of the IICs were at the facility less than six months and as such biannual assessments were not required. The facility provided a list of current transgender and intersex IICs and associated biannual assessments. Ten transgender IICs had assessments completed in January and July of 2024. The agency as a whole conducts biannual assessments in January and July for all transgender and intersex IICs across every facility.

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

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 04.01.302 Screening for Risk of Victimization and Abusiveness 4. Administrative Directive 05.15.100 Restrictive Housing 5. Individuals In Custody at High Risk of Victimization Housing Assignments <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Staff who Supervise Individuals In Custody in Segregated Housing <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations in the Segregated Housing Unit <p>Findings (By Provision):</p> <p>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 was one IIC at high risk of victimization that was placed in involuntary segregated housing in the past twelve months for less than 24 hours. Further communication with the PC indicated this was incorrect and that all placements due to risk of victimization are required to be approved through his office and there have been zero IICs placed in involuntary segregated housing for risk of victimization. A review of documentation indicated one IIC was placed in segregated housing due to discipline. 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</p>

providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided and such placement in segregation shall not ordinarily exceed a period of 30 days. 04.01.302, page 4 states an individual in custody identified as vulnerable shall not be housed in restrictive housing for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided. Such placement in restrictive housing shall not ordinarily exceed a period of 30 days. The basis of such placement shall be documented in writing. The interview with the Warden confirmed that 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. A review of housing assignments for current IICs at high risk of sexual victimization indicated zero IICs identified as vulnerable were housed in the segregated housing unit.

115.43 (b): 04.01.302, page 4 states an individual in custody identified as vulnerable shall not be housed in restrictive housing for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided. Such placement in restrictive housing shall not ordinarily exceed a period of 30 days. The basis of such placement shall be documented in writing. The segregated housing unit was observed during the tour. The housing unit had the same physical plant as the other general population housing units on the reception side. A separate recreation area with enclosure was observed. IICs in segregated housing have access to the phones twice a month. They are out of their cell for recreation and showers three to five times a week. The mail and grievance process is the same as those in general population (locked box is rolled through on 3pm-11pm shift). The interview with the staff who supervise IICs in segregated housing indicated IICs placed in involuntary segregated housing would not have access to programs, privileges, education and work opportunities. He confirmed all 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 for longer than 30 days. 04.01.301, page 7 states that an offender identified as vulnerable shall not be housed in a segregated status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of

separation can be provided and such placement in segregation shall not ordinarily exceed a period of 30 days. 04.01.302, page 4 states an individual in custody identified as vulnerable shall not be housed in restrictive housing for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided. Such placement in restrictive housing shall not ordinarily exceed a period of 30 days. The basis of such placement shall be documented in writing. The interview with the Warden confirmed that IICs would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. He noted they find alternative housing immediately as they have plenty of bed space. The interview with the staff who supervise IICs in segregated housing confirmed that IICs would only be placed in involuntary segregated housing until they could find alternative means of separation from likely abusers. He stated he was unsure of the typical timeframe. 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 zero IICs identified as vulnerable were housed in the segregated housing unit.

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

exceed a period of 30 days. The basis of such placement shall be documented in writing. The interview with the staff who supervise IICs in segregated housing confirmed that IICs would be reviewed at least every 30 days for their continued need for placement in involuntary segregated housing. There were no IICs identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

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

Corrective Action

While it does not appear to be the practice of housing high risk IICs in segregated housing, the staff who supervise in segregated housing were unaware of policies and procedures under this standard. Appropriate staff will need to be trained. A copy of the training and confirmation of the training will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Staff Training

A training memorandum was provided that outlined policy, procedure and the requirements under this standard. The training outlined that placement of IICs at high risk of victimization in involuntary segregated housing requires the approval of the agency PC and the agency Director. The training was completed by all Shift Supervisors (Majors and Lieutenants). Staff signatures were provided confirming receipt of the training.

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 3. Memorandum of Understanding with the John Howard Association 4. TRUST Act Memorandum 5. Individual In Custody Orientation Manual (Handbook) 6. PREA Poster 7. PREA Reporting Poster <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff 2. Interviews with Random Individuals In Custody 3. Interview with the PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observation of Posted PREA Reporting Information 2. Testing of Internal Reporting Hotline 3. Testing of the External Reporting Entity <p>Findings (By Provision):</p>

115.51 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for IICs to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other IICs or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. The PREA Manual, page 29 states that offenders shall be encouraged to report allegations to staff at all levels. Offenders shall be provided with avenues of internal reporting, including, but not limited to, a telephone hotline maintained by the Investigations and Intelligence Unit, or by mail to an outside entity (e.g. John Howard Association). Offenders shall be provided information on reporting mechanisms as noted in section 115.33. A review of additional documentation to include the Handbook, PREA Reporting Poster and PREA Poster indicated that they outline methods for reporting. These methods include: telling any staff member; calling the hotline, writing to the PC, to the John Howard Association (outside reporting entity) and/or sending a note, grievance or request slip. The auditor observed PREA information via the PREA Poster. The PREA Posters were mainly on letter size paper (a few were on legal size paper) in English and Spanish. PREA Posters were observed across from the shower on the reception side, on the walls by the phone on the medical side and on the walls in the "X" house on the permanent side. Posters were not observed in any of the other housing units on the permanent side. The auditor observed the PREA hotline number stenciled on the wall of most of the housing units. The auditor observed that posted information and the stenciled hotline was not visible (location and size) to the majority of the IICs, as they had limited out of cell time. Further, the auditor did not observe the PREA Reporting Posters, with the exception of a few areas. The auditor tested the internal reporting mechanisms during the tour. The auditor called the internal PREA hotline on September 9, 2024 from a portable jack phone in a housing unit 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 the same date that the call was received and forwarded to him. The internal PREA hotline is accessible on all phones but does require an IIC number. The auditor also tested the internal written reporting process. The auditor had an IIC assist with submitting a kite on September 9, 2024 via a locked box on the medical side. At the issuance of the interim report the audit had not been provided confirmation that the kite was received. Interviews with 40 IICs confirmed that all were aware of at least one method to report sexual abuse and sexual harassment. IICs stated they can report through the hotline, to staff and in writing. Interviews with seventeen random staff indicated that IICs can report to through staff, via a kite and through the hotline.

115.51 (b): The PAQ stated that the agency provides at least one way for IICs to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ indicated that the facility does not house IICs solely for civil immigration purposes. The agency has an MOU with the John Howard Association. The MOU states John Howard Association will allow IDOC to identify JHA

within IIC orientation materials and prison posting as one way for IICs to report sexual abuse or sexual harassment to an entity that is not part of the agency, and that is able to receive and forward IIC reports of sexual abuse or harassment to Agency official for investigation, allowing the IIC to remain anonymous, upon request. The MOU further provides additional responsibilities for JHA and IDOC. The PREA Manual, page 29 indicates that offenders shall be provided contact information to the John Howard Association to make such reports. This information shall be available in Handbook. A review of the Handbook and PREA Reporting Poster confirmed that IICs can report externally to the John Howard Association. The Handbook (page 55) states that IICs can report through an independent outside entity, the John Howard Association of Illinois (JHA). The Handbook indicates that JHA has privileged mail status. It also states that IICs can remain anonymous and provides direction to state in the letter that the IIC does not want his/her name to be included. The PREA Reporting Poster states that IICs can report via privileged mail to the John Howard Association through the PO Box in Chicago, Illinois. The auditor observed PREA information via the PREA Poster. The PREA Posters were mainly on letter size paper (a few were on legal size paper) in English and Spanish. PREA Posters were observed across from the shower on the reception side, on the walls by the phone on the medical side and on the walls in the "X" house on the permanent side. Posters were not observed in any of the other housing units on the permanent side. The auditor observed the PREA hotline number stenciled on the wall of most of the housing units. The auditor observed that posted information and the stenciled hotline was not visible (location and size) to the majority of the IICs, as they had limited out of cell time. Further, the auditor did not observe the PREA Reporting Posters, with the exception of a few areas. During the tour the auditor observed that IICs drop mail/grievances in rolling locked boxes (reception side), in the locked box at the unit entrance (medical side) or they provide mail/grievances to porters (other IICs) to place in a locked box outside the housing units (permanent side). The interview with the mailroom staff indicated that outgoing mail comes up in green bags that are delivered by the evening shift staff. Regular mail comes up unsealed and staff review the mail. Privileged mail comes sealed and is not read or inspected. The mailroom staff stated that incoming mail is retrieved from the post office. Regular mail is opened and read/inspected. Privileged mail is provided to the 3pm-11pm officer, who opens it in front of the IIC. The auditor also tested the outside reporting mechanism via a letter to the John Howard Association. The process is the same across all facilities and as such the auditor did not complete another test as the process was tested at a prior IDOC facility. The auditor obtained a free (yellow) envelope from commissary. All IICs are provided a certain number of free envelopes. A test letter was sent via the US mail from Dixon Correctional Center on February 27, 2024. The auditor addressed the mail to JHA and noted "privileged mail" on the envelope. The auditor did not have an IIC number and as such a return address stamp was utilized by the facility. While a return name and number is required by IICs, the mail 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 March 6, 2024 (via the JHA Director) that the letter was received and that IICs can remain anonymous when reporting. The interview with the PCM indicated IICs can report

through the PREA hotline and the crisis line. She stated if they report to the crisis line the organization notifies the PC or the facility of the information. Interviews with 40 IICs indicated seventeen were aware of an outside reporting entity (JHA) and nineteen were aware they could anonymously report. While some of the IICs were not aware of the outside reporting mechanism, the information was observed throughout the facility on the PREA Reporting Poster and was contained in the Handbook. The facility does not house IICs detained solely for immigration services and as such this part of the provision is not applicable.

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 to document a verbal report of sexual abuse. Staff indicated if they received a verbal report they complete an incident report (434). Staff stated an incident report can be completed via paper and the forms are available to all staff in staff offices. Staff noted they fill out the information and then turn it into the Shift Supervisor. Interviews with 40 IICs indicated all 40 knew they could report verbally and/or in writing to staff and 21 knew they could report through a third party. Interviews with seventeen random staff confirmed that IICs can report verbally, in writing, anonymously and through a third party. Staff indicated they would document verbal allegations in a written report immediately. A review of fourteen investigative reports indicated nine were reported verbally, three were reported through the hotline, one was reported via grievance and one was reported via a Warden to Warden notification. All fourteen investigations, including those reported verbally, were documented in an incident report by staff receiving the report.

115.51 (d): The PAQ indicates the agency has established procedures for staff to privately report sexual abuse and sexual harassment of IICs. The PAQ indicated that staff are informed of this method through training, the IDOC website and facility posters. The PREA Manual, page 29 states that the agency shall provide a method for staff to privately report sexual abuse and sexual harassment of IICs. Interviews with seventeen random staff indicated fifteen were aware that they could privately report sexual abuse of an IIC.

Based on a review of the PAQ, PREA Manual, memo related to John Howard Association, TRUST Act memo, the Handbook, the PREA Poster, the PREA Reporting Poster, observations during the tour, information from interviews with the PCM,

random IICs and random staff, and the documentation provided related to the auditors test of the outside entity reporting and the internal reporting line, this standard appears to require corrective action. Posters were not observed in any of the other housing units on the permanent side. The auditor observed the PREA hotline number stenciled on the wall of most of the housing units. The auditor observed that posted information and the stenciled hotline was not visible (location and size) to the majority of the IICs, as they had limited out of cell time. Further, the auditor did not observe the PREA Reporting Posters, with the exception of a few areas. During the tour the auditor observed that IICs drop mail in rolling locked boxes (reception side), in the locked box at the unit entrance (medical side) or they provide to porters (other IICs) to place in a locked box outside the housing units (permanent side). The interview with the PCM indicated IICs can report through the PREA hotline and the crisis line. She stated if they report to the crisis line the organization notifies the PC or the facility of the information. Interviews with 40 IICs indicated seventeen were aware of an outside reporting entity (JHA) and nineteen were aware they could anonymously report. Interviews with 40 IICs indicated all 40 knew they could report verbally and/or in writing to staff and 21 knew they could report through a third party.

Corrective Action

The facility will need to post PREA information (to include the PREA Reporting Poster information) in locations that IICs can view, to include in accessible formats. Photos of the posted information will need to be provided. The facility will need to develop a process for IICs to submit written information other than to other IICs and staff. A process memo and confirmation of the process will need to be provided. The facility will need to ensure that IICs are informed of the reporting methods during the education process under 115.33.

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. Confirmation of Internal Reporting Test
2. Photos of Posted/Painted PREA Information
3. Documentation of Closure of Stateville Correctional Center (Permanent Side)

	<p>The facility provided confirmation that the internal written reporting test was received on September 10, 2024. A copy of the kite that was submitted as well as confirmation from the Sergeant who received the kite confirmed the written reporting process is functionable.</p> <p>The facility provided over 75 photos of PREA Posters and PREA Reporting Posters displayed at the entrance of each housing unit and outside the showers on the housing unit tiers. Posters were in English and Spanish. Additionally, the photos confirmed that the PREA hotline number was painted on the housing unit walls in numerous locations in large block format.</p> <p>Documentation was provided related to the closure of Stateville Correctional Center. IICs were transferred permanently from the facility and would not return. As such, corrective action was not required related to IICs submitting written information via a method other than to staff.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.52	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ol style="list-style-type: none">1. Pre-Audit Questionnaire2. Administrative Directive 04.01.114 Local Offender Grievance Procedures3. Individual In Custody Orientation Manual (Handbook)4. Grievance Log5. Sexual Abuse Grievances <p>Interviews:</p> <ol style="list-style-type: none">1. Interviews with Individuals In Custody who Reported Sexual Abuse

Findings (By Provision):

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

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 Handbook noted there was not any information on sexual abuse grievances.

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 Handbook noted there was not any information on sexual abuse grievances.

115.52 (d): The PAQ stated that agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PAQ indicated that there were six sexual abuse grievances filed in the previous twelve months and all six had a response within 90 days. The PAQ further indicated that the agency always notifies an IIC in writing when the agency files for an extension, including notice of the date by which a decision will be made. 04.01.114, page 6 states that the Department shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90 day time period shall not include time consumed by the offender in preparing any administrative appeal. Policy further states that the Department may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The offender shall be notified, in writing, of such extension and provided with a date by which a decision will be made.

Page 6 also states that at any level of the grievance process, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level. Interviews with IICs who reported sexual abuse indicated two of the three were aware they were to be told the outcome of the investigation. One advised he submitted a grievance related to his allegation and he received a response to the grievance within 90 days. The auditor requested documentation related to the sexual abuse grievances. At the issuance of the interim report the documentation had not yet been received.

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 requested documentation related to the sexual abuse grievances. At the issuance of the interim report the documentation had not yet been received.

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 grievance alleging substantial risk of imminent sexual abuse in the previous twelve months. The auditor requested documentation

related to the sexual abuse grievances. At the issuance of the interim report the documentation had not yet been received.

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 were 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 an additional sample of grievances indicates that this standard appears to require corrective action. A review of Handbook noted there was not any information on sexual abuse grievances. The auditor requested documentation related to the sexual abuse grievances. At the issuance of the interim report the documentation had not yet been received.

Corrective Action

The facility will need to update their Handbook to include information sexual abuse grievances. A copy of the updated Handbook will need to be provided as well as confirmation that IICs were provided the updated information. The facility will need to provide the requested sexual abuse grievances. Further corrective action may be required.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Updated Individual In Custody Orientation Manual (Handbook)
2. Sexual Abuse Grievances

	<p>The facility updated the Handbook and added the information related to sexual abuse grievances. Based on the limited time IICs remain at the facility, the auditor did not require redistribution of the updated Handbook. All incoming IICs receive the updated Handbook with sexual abuse grievance information.</p> <p>The facility provided the originally requested grievances. All were forwarded to Internal Affairs for review and investigation. None of the grievances alleged imminent risk of sexual abuse and as such none were deemed an emergency. All grievances had a response to the IIC within the required timeframes, unless the IIC was released or transferred from the facility.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Memorandum of Understanding with Sexual Assault Service Center Guardian Angel Community Service 4. Individual in Custody Orientation Manual (Handbook) 5. PREA Reporting Poster <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Individuals In Custody 2. Interviews with Individuals In Custody who Reported Sexual Abuse <p>Site Review Observations:</p>

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 Sexual Assault Service Center Guardian Angel Community Service indicates that the purpose and scope of the MOU is to establish a joint effort between IDOC and Sexual Assault Service Center Guardian Angel Community Service 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 Stateville 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 indicated there was not information related to outside victim advocacy services. A review of the PREA Reporting Poster confirmed that IICs are provided the mailing address and telephone number to Sexual Assault Service Center Guardian Angel Community Service. The document states that individuals in custody may contact victim advocates for emotional support services related to sexual abuse by contacting a Counselor, Mental Health staff, the PCM or by writing to the Sexual Assault Services Center Guardian Angel Community Service. The PREA Reporting 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. The auditor observed PREA information via the PREA Poster. The PREA Posters were mainly on letter size paper (a few were on legal size paper) in English and Spanish. PREA Posters were observed across from the shower on the reception side, on the walls by the phone on the medical side and on the walls in the "X" house on the permanent side. Posters were not observed in any of the other housing units on the permanent side. The auditor observed that posted information and the stenciled hotline was not visible (location and size) to the majority of the IICs, as they had limited out of cell time. Further, the auditor did not observe the PREA Reporting

Posters, with the exception of a few areas. The auditor tested the victim advocacy hotline during the on-site portion of the audit. An IIC assisted with the call and dialed 1, 2, 999 and then entered his pin number. The call connected to a live staff member from the local rape crisis center. The staff confirmed the hotline is accessible 24 hours a day and that an advocate would provide services to the IIC. The auditor confirmed that calls to the hotline are free, unmonitored and unrecorded. A pin number is required but it is not tracked. IICs are also able to set up a legal call or visit with the organization through medical, mental health or their counselor in addition to the hotline. It should be noted that while the hotline was accessible, this is a new process for the facility and as such IICs had not been provided information on the hotline and services. Interviews with 40 IICs, including those who reported sexual abuse, indicated fourteen were aware of outside victim advocacy services and seven were provided a phone number and mailing address to a local rape crisis center. The agency recently implemented a 999 speed dial for the victim advocacy service. This information was not distributed or posted as the agency had not received approval from the local rape crisis center to implement the speed dial. Further, staff and IICs were unaware of the process for how IICs can contact the victim advocacy service

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 Sexual Assault Service Center Guardian Angel Community Service indicates that the purpose and scope of the MOU is to establish a joint effort between IDOC and Sexual Assault Service Center Guardian Angel Community Service 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 Stateville 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 indicated there was not information related to outside victim advocacy services. A review of the PREA Reporting Poster confirmed that IICs are provided the mailing address and telephone number to Sexual Assault Service Center Guardian Angel Community Service. The document states that individuals in custody may contact victim advocates for emotional support services related to sexual abuse and 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. It further states that calls made from the Individual in Custody Phone System may be monitored and recorded and allegations provided to victim advocates may be forwarded to authorities in accordance with mandatory reporting laws. The auditor observed PREA

information via the PREA Poster. The PREA Posters were mainly on letter size paper (a few were on legal size paper) in English and Spanish. PREA Posters were observed across from the shower on the reception side, on the walls by the phone on the medical side and on the walls in the "X" house on the permanent side. Posters were not observed in any of the other housing units on the permanent side. The auditor observed that posted information and the stenciled hotline was not visible (location and size) to the majority of the IICs, as they had limited out of cell time. Further, the auditor did not observe the PREA Reporting Posters, with the exception of a few areas. During the tour the auditor observed that IICs drop mail/grievances in rolling locked boxes (reception side), in the locked box at the unit entrance (medical side) or they provide mail/grievances to porters (other IICs) to place in a locked box outside the housing units (permanent side). The interview with the mailroom staff indicated that outgoing mail comes up in green bags that are delivered by the evening shift staff. Regular mail comes up unsealed and staff review the mail. Privileged mail comes sealed and is not read or inspected. The mailroom staff stated that incoming mail is retrieved from the post office. Regular mail is opened and read/inspected. Privileged mail is provided to the 3pm-11pm officer, who opens it in front of the IIC. The mailroom staff stated that mail to and from the local rape crisis center is privileged mail. Interviews with 40 IICs, including those who reported sexual abuse, indicated fourteen were aware of outside victim advocacy services and seven were provided a phone number and mailing address to a local rape crisis center. Most stated they were unaware of details but they did receive the information or saw the information posted.

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 Sexual Assault Service Center Guardian Angel Community Service. The MOU was signed October 21, 2021 and the facility maintains a copy of the MOU.

Based on a review of the PAQ, 04.01.301, the MOU with Sexual Assault Service Center Guardian Angel Community Service, the Handbook, the PREA Poster and interviews with random IICs and IICs who reported sexual abuse and this standard appears to require corrective action. A review of the Handbook indicated there was not information related to outside victim advocacy services. Posters were not observed in any of the other housing units on the permanent side. The auditor observed that posted information and the stenciled hotline was not visible (location and size) to the majority of the IICs, as they had limited out of cell time. Further, the auditor did not observe the PREA Reporting Posters, with the exception of a few areas. It should be noted that while the hotline was accessible, this is a new process for the facility and as such IICs had not been provided information on the hotline and services. Interviews with 40 IICs, including those who reported sexual abuse, indicated

fourteen were aware of outside victim advocacy services and seven were provided a phone number and mailing address to a local rape crisis center. The agency recently implemented a 999 speed dial for the victim advocacy service. This information was not distributed or posted as the agency had not received approval from the local rape crisis center to implement the speed dial. Further, staff and IICs were unaware of the process for how IICs can contact the victim advocacy service. During the tour the auditor observed that IICs drop mail in rolling locked boxes (reception side), in the locked box at the unit entrance (medical side) or they provide to porters (other IICs) to place in a locked box outside the housing units (permanent side).

Corrective Action

The facility will need to update the Handbook with appropriate victim advocacy information. A copy of the updated Handbook and confirmation that the information was distributed will need to be provided. The facility will need to post PREA information (to include the PREA Reporting Poster information) in locations that IICs can view, to include in accessible formats. Photos of the posted information will need to be provided. The facility will need to develop a process for IICs to submit written information other than to other IICs and staff. A process memo and confirmation of the process will need to be provided. The facility will need to ensure that IICs are informed of victim advocacy information (including the 999) during the education process under 115.33. Further, the facility should train appropriate staff on the updated victim advocacy process for IICs. Confirmation of the training will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Updated Individual In Custody Orientation Manual (Handbook)
2. Photos of Posted Information
3. Documentation of Closure of Stateville Correctional Center (Permanent Side)

	<p>The facility updated the Handbook and added information related to outside emotional support services. The Handbook was updated to include the mailing address and phone number to Sexual Assault Service Center Guardian Angel Community Service. The Handbook outlined that mail to the local rape crisis center is treated as privileged and calls from the IIC phones are monitored and recorded. The Handbook also advised that IICs can set up a call and/or visit with the local rape crisis center via facility staff and these would be similar to legal calls/visits. The auditor did not require redistribution of the updated Handbook due to the short time IICs stay at the facility. All new incoming IICs receive the updated Handbook.</p> <p>The facility provided over 75 photos of PREA Posters and PREA Reporting Posters displayed at the entrance of each housing unit and outside the showers on the housing unit tiers. Posters were in English and Spanish.</p> <p>Documentation was provided related to the closure of Stateville Correctional Center. IICs were transferred permanently from the facility and would not return. As such, corrective action was not required related to IICs submitting written information/mail via a method other than to staff and/or other IICs (porters).</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 3. PREA Poster <p>Findings (By Provision):</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. During the tour the auditor did not observe third party reporting information in visitation or the front entrance. 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 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.

Based on a review of the PAQ, the PREA Manual, the PREA Poster, and the agency's website this standard appears to require corrective action. During the tour the auditor did not observe third party reporting information in visitation or the front entrance.

Corrective Action

The facility will need to post third party reporting information at the front entrance and in visitation. Photos of the posted information will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Photos of Posted Information

	<p>The facility provided photos of the PREA Reporting Poster and the PREA Poster visible at the front entrance and in visitation. Both posters were in English and Spanish and were on letter and/or legal size paper.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 01.12.105 Reporting of Unusual Incidents 4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 5. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff 2. Interviews with Medical and Mental Health Staff 3. Interview with the Warden 4. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>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,</p>

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

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

115.61 (c): Interviews with medical and mental health care staff confirmed that at the initiation of services with an IIC they disclose limitations of confidentiality and their duty to report. Staff stated they are required to report any knowledge, suspicion or information related an incident of sexual abuse or sexual harassment that occurred in a correctional setting. Three of the four staff members stated that they had become aware of such incidents and they immediately reported the information to the security staff. A review of investigative reports indicated five allegations were verbally reported to a medical or mental health staff member. The medical or mental health staff member verbally notified security and also completed a written incident report related to each allegation.

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 IICs under eighteen. He advised any allegation reported by a vulnerable adult would be handled similar to other reports. It would be provided to the investigation unit and they would make any appropriate notifications.

115.61 (e): 04.01.301, page 8 states that any verbal report or observance of sexual activity shall be treated as possible sexual abuse. Any report or observance of sexual abuse or harassment shall be documented on an Incident Report, DOC 0434, and reported to the facility PCM in accordance with Paragraph II.G.6. All reports shall be investigated accordingly. Page 10 (Paragraph II.G.6) states that any alleged sexual abuse or harassment shall be reported through chain of command as an unusual incident in accordance with 01.12.105. All staff who observe the alleged abuse or harassment or to whom the initial report was made shall complete a DOC 0434 and may be required to be interviewed by an investigator or other staff designated by the Chief Administrative Officer prior to leaving the facility at the end of their shift. The interview with the Warden confirmed that all allegations are reported to the designated facility/agency investigators. A review of fourteen investigative reports indicated nine were reported verbally, one was reported in writing, one was reported via Warden to Warden notification and three were reported via the hotline. All fourteen were forwarded to IA for investigation.

Based on a review of the PAQ, 04.01.301, 01.12.105, the PREA Manual, investigative

	reports and information from interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden, this standard appears to be compliant.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the Warden 3. Interviews with Random Staff <p>Findings (By Provision):</p> <p>115.62 (a): The PAQ indicated that when the agency or facility learns that an IIC is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the IIC (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be immediately provided protection from the alleged abuser and the incident shall be investigated. The PREA Manual, page 33 states that in cases where the alleged perpetrator is another 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</p>

	<p>victim and perpetrator in Special Housing, etc. The PREA Manual further states that if the alleged perpetrator is a staff member, all options for safeguarding the offender shall be considered as described above. Options may include reassignment to another unit or post, or other measures that will effectively separate the staff member from the offender. The PAQ stated that there were zero determinations made in the past twelve months that an IIC was at substantial risk of imminent sexual abuse. The Agency Head stated that when an IIC is deemed at imminent risk of sexual abuse they investigate the allegation and they make sure the IIC is in a safe space. She advised they can move the person to a new housing unit or can transfer to another facility. She further stated they also ensure that the individual receives medical and mental health services. The interview with the Warden indicated they use the risk screening to identify any individuals that may be vulnerable and they house these IICs appropriately (may include single cell). He stated if they deem an IIC at imminent risk of sexual abuse they would take that person to special housing and mental health would conduct frequent visits with the individual. Interviews with random staff indicated if an IIC is deemed at imminent risk they would remove the IIC from the threat and report the information. A review of fourteen investigations indicated there were no IICs deemed at imminent risk. Numerous IICs reported sexual harassment, however none of the incidents noted imminent risk.</p> <p>Based on a review of the PAQ, 04.01.301, PREA Manual, investigative reports and information from interviews with the Agency Head, Warden and random staff, this standard appears to be compliant.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 4. Investigative Reports 5. Warden to Warden Notifications

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 twelve allegations received that an IIC was abused while confined at another facility. The PAQ indicated the response to the allegations included notification of the facility and offering the victim access to medical, mental health and outside support services. The auditor requested documentation related to the Warden to Warden notifications, however at the issuance of the interim report the documentation had not yet been received.

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. The auditor requested documentation related to the Warden to Warden notifications, however at the issuance of the interim report the documentation had not yet been received.

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. The auditor requested documentation related to the Warden to Warden notifications, however at the issuance of the interim report the documentation had not yet been received.

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 seven allegations reported to the facility from another facility in the previous twelve months. The Agency Head stated that when notified by another agency of an allegation within an IDOC facility, the point of contact is the Warden of the facility where the allegation occurred. She advised they would work on their to investigate. The Agency Head advised they have had examples and all were investigated. The interview with the Warden indicated if information is received from another agency/ facility they could conduct an investigation. The Warden noted they had received a notification from Cook County and they investigated the allegation. A review of documentation, to include the investigative log and investigative reports confirmed all seven allegations received from another facility/agency (via a Warden to Warden notification) were forwarded for investigation.

Based on a review of the PAQ, 04.01.301, the PREA Manual, investigative reports, Warden to Warden notifications and interviews with the Agency Head and Warden, this standard appears to require correction action. The auditor requested documentation related to the Warden to Warden notifications, 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. Further corrective action may be required.

	<p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Warden to Warden Notifications <p>The facility provided did not provide the originally requested documentation and as such corrective action was required. The facility provided eight allegations that occurred at another facility, that were reported at Stateville during the corrective action period. Documentation confirmed that all eight allegations had a Warden to Warden notification provided. Seven of the eight notifications were sent within the 72 hour timeframe.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. PREA Checklist 4. Investigative Reports <p>Interviews:</p>

1. Interviews with First Responders
2. Interviews with Random Staff
3. Interviews with Individuals In Custody who Reported Sexual Abuse

Findings (By Provision):

115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse and that the policy requires that, upon learning of an allegation that an IIC was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. It further states that the policy requires that, upon learning of an allegation that an IIC was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be immediately provided protection from the alleged abuser and the incident shall be investigated. The victim shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and be evaluated by mental health or a crisis intervention team member within 24 hours to assess the need for counseling services. Policy further states that staff responding to any allegation of sexual abuse shall take steps to ensure preservation of the area in which the alleged abuse occurred, including requesting the alleged victim and abuser not to take any action that. may destroy physical evidence, including changing clothes, bathing, brushing teeth, urinating, defecating drinking or eating, etc. The PREA Checklist also provides staff with a checklist of duties to ensure is completed post sexual abuse allegation. The PREA Checklist includes the required first responder duties. The PAQ stated there were 25 allegations of sexual abuse in the previous twelve months and seven involved the separation of the alleged victim and abuser. Eight occurred within a timeframe for evidence collection and involved instruction preservation of the crimes scene. None involved asking the victim and abuser not to take action to destroy evidence. The security first responder stated first responder duties include separating the individuals, taking the victim to healthcare and not allowing them to shower, use the restroom, eat, etc. The non-security first responder stated she would separate the individual, notify the Shift Commander and keep the victim with her. Interviews with IICs who reported sexual abuse indicated none involved any immediate first responder duties. Two reported verbally and one reported in writing. All spoke to IA. A review of fourteen investigations indicated seven were sexual abuse. None involved any first responder duties.

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 fourteen allegations of sexual abuse that involved a non-security staff first responder and all fourteen involved the non-security first responder notifying security. The security first responder stated first responder duties include separating the individuals, taking the victim to healthcare and not allowing them to shower, use the restroom, eat, etc. The non-security first responder stated she would separate the individual, notify the Shift Commander and keep the victim with her. Interviews with seventeen random staff indicated ten were aware of first responder duties. A review of the fourteen investigations indicated seven allegations (sexual abuse and sexual harassment) were reported to a non-security first responder. The staff immediately notified security. None involved additional first responder duties.

Based on a review of the PAQ, 04.01.301, investigative reports, the PREA Checklist and interviews with random staff, first responders and IICs who reported sexual abuse, this standard appears to require corrective action. Interviews with seventeen random staff indicated ten were aware of first responder duties.

Corrective Action

The facility will need to train staff on first responder duties. 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:

	<p>1. Training Memorandum on First Responder Duties</p> <p>A training memorandum was provided that outlined first responder duties. The training memorandum was read at roll call for five consecutive days. Shift Supervisor signatures were provided confirming the completed training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Stateville Correctional Center Institutional Directive (ID) 04.01.301 Sexual Abuse and Harassment Prevention and Intervention <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>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 9 state 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</p>

	<p>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 10-11 describe medical and mental health treatment for victims of sexual abuse, pages 12-13 describes the investigative process for allegations of sexual abuse and pages 13-14 describe the facility leaderships responsibilities. The interview with 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>Based on a review of the PAQ, ID 04.01.301 and information from the interview with the Warden, this standard appears to be compliant.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Collective Bargaining Agreements <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20,</p>

	<p>2012, or since the last PREA audit, whichever is later. The interview with the Agency Head confirmed that the agency has entered into or renewed collective bargaining agreements or other agreements since August 20, 2012. She confirmed that the agreements do not limit the agency's ability to remove alleged staff sexual abusers from contact with any IICs pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. 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.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, a sample of collective bargaining agreements and the interview with the Agency Head, this standard appears to be compliant.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. PREA Retaliation Monitor – Staff (DOC 0499) 4. PREA Retaliation Monitor – Offender (DOC 0498) 5. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the Warden 3. Interview with Designated Staff Member Charged with Monitoring Retaliation 4. Interviews with Individuals In Custody who Reported Sexual Abuse

Findings (By Provision):

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

115.67 (b): 04.01.301, pages 11-12 state that for a minimum of 90 days following the initial report of sexual abuse or harassment, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to observe if there are changes that may suggest possible retaliation by offenders or staff. Offender conduct and treatment shall be documented on the PREA Retaliation Monitor – Offender, DOC 0498. The review shall include, but not be limited to, disciplinary reports, housing or programming changes and facility transfers and include periodic status checks to ensure he or she displays no changes that may suggest retaliation. Staff conduct and treatment shall be documented on the PREA Retaliation Monitor – Staff, DOC 0499. The review shall include, but not be limited to, negative performance reviews and reassignments. Interviews with the Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an IIC or staff member expressed fear of retaliation. The Agency Head stated that the agency has a variety of things they can do to protect an individual from retaliation, including changing housing units, transferring to another facility and transferring staff to a different post. Additionally, she indicated they ensure the IIC has access to mental health professional as well as JHA as these provide internal and external ways to report retaliation. The interview with the Warden noted that they have to look at the totality of the circumstances. Based on circumstances they could move living units or change a staff members assignments. He confirmed they can change housing, transfer facilities, remove staff from contact and provide emotional support services. Interviews with the staff who monitor for retaliation indicated their role is to monitor the individuals and meet with the IICs within 30, 60 and 90 days. The staff advised they offer mental health services and they review things monthly to determine if any retaliation is occurring. The staff confirmed they can take protective measures to avoid retaliation through housing changes, facility transfers and removal of staff abusers. Interviews with IICs who reported sexual abuse indicated two felt safe at the facility and one felt protected against retaliation. None noted any specific

retaliation issues related to the reported sexual abuse. A review of fourteen investigation indicated seven were sexual abuse. The auditor requested documentation related to monitoring for retaliation, however at the issuance of the interim report the documentation had not yet been provided.

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 conduct an investigation and discipline, if necessary. Interviews with the staff member responsible for monitoring retaliation indicated they monitors for 90 days and they can extend monitoring another 90 days or indefinitely, depending on the need. Staff noted they review discipline, incident reports involving the IIC, housing changes, job changes, program changes, staff reassignments and staff performance reviews. A review of fourteen investigation indicated seven were sexual abuse. The auditor requested documentation related to monitoring for retaliation, however at the issuance of the interim report the documentation had not yet been provided.

115.67 (d): 04.01.301, pages 11-12 state that for a minimum of 90 days following the initial report of sexual abuse or harassment, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to observe if there are changes that may suggest possible retaliation by offenders or staff. Offender conduct and treatment shall be documented on the PREA Retaliation Monitor – Offender, DOC 0498. The review shall include, but not be limited to, disciplinary reports, housing or programming changes and facility transfers and include periodic status checks to ensure he or she displays no changes that may suggest retaliation. The staff members responsible for monitoring stated they conducts at least three in-person status checks during the 90 day process. A review of fourteen investigation indicated

seven were sexual abuse. The auditor requested documentation related to monitoring for retaliation, however at the issuance of the interim report the documentation had not yet been provided.

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 outlined in provision (b) would be offered to those who cooperate with an investigation or express fear for retaliation. The interview with the Warden noted that they have to look at the totality of the circumstances. Based on circumstances they could move living units or change a staff members assignments. He confirmed they can change housing, transfer facilities, remove staff from contact and provide emotional support services. The Warden indicated that if retaliation is suspected or reported they would conduct an investigation and discipline, if necessary.

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 require corrective action. A review of fourteen investigation indicated seven were sexual abuse. The auditor requested documentation related to monitoring for retaliation, however at the issuance of the interim report the documentation had not yet been provided.

Corrective Action

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

Verification of Corrective Action Since the Interim Audit Report

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

	<p>Additional Documents:</p> <ol style="list-style-type: none"> 1. List of Sexual Abuse Allegations During the Corrective Action Period 2. Monitoring for Retaliation Documents <p>The facility provided part of the originally requested monitoring for retaliation documents. All but one allegations had monitoring for retaliation documented. The monitoring included in person status checks and a review of discipline, housing, job, and program changes. Due to one document missing, the auditor requested additional documentation during the corrective action period.</p> <p>The facility provided a list of sexual abuse allegations reported during the corrective action period. All sexual abuse allegations included necessary monitoring for retaliation. One had monitoring for retaliation completed for the full 90 days, while the remaining had monitoring completed for 30 days or less (due to the IIC being transferred from the facility). All included in person status checks and a review of elements under provision (d). None required monitoring of staff.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 05.15.100 Restrictive Housing 4. Individuals In Custody Victim Housing Assignments <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden

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

Site Review Observations:

1. Observations of the Segregated Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of IICs who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ further indicated that if an involuntary segregated housing assignment is made, the facility affords each such IIC a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ noted there were zero IICs who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 day. 04.01.301, page 7 states that an offender identified as vulnerable shall not be housed in a segregated status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided and such placement in segregation shall not ordinarily exceed a period of 30 days. Page 9 further states that any offender who alleges sexual abuse shall have their housing needs reviewed to determine appropriate placement. If the offender is transferred to another facility, the PCM of the sending facility shall promptly notify the PCM of the receiving facility of the alleged sexual abuse or harassment to ensure the offender receives proper follow-up services. Additionally, 05.15.100, page 6 states that a Restrictive Housing Review Committee (RHRC) shall be established at each facility with restrictive housing. The committee shall review the status of each individual in custody's placement into restrictive housing every seven days for the first 60 days and at least every 30 days thereafter, unless more frequently if clinically indicated. The segregated housing unit was observed during the tour. The housing unit had the same physical plant as the other general population housing units on the reception side. A separate recreation area with enclosure was observed. IICs in segregated housing have access to the phones twice a month. They are out of their cell for recreation and showers three to five times a week. The mail and grievance process is the same as those in general population (locked box is rolled through on 3pm-11pm shift). 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 no alternative means of separation from likely abusers. He confirmed that IICs would only be placed in involuntary segregated housing until an alternative means of

separation from likely abuser(s) could be arranged. The Warden stated they would immediately find alternative housing as they have ample bed space. The Warden noted they have not had to utilize segregated housing for those who report sexual abuse. The interview with the staff who supervise IICs in segregated housing indicated IICs placed in involuntary segregated housing would not have access to programs, privileges, education and work opportunities. He confirmed all restrictions would be documented. The staff who supervise IICs in segregated housing confirmed that IICs would only be placed in involuntary segregated housing until they could find alternative means of separation from likely abusers. He stated he was unsure of the typical timeframe to find alternative housing. He further advised they review those involuntary segregated housing at least every 30 days for continued placement. The auditor requested documentation for seven victims of sexual abuse, however at the issuance of the interim report the documentation had not yet been provided.

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. The interview with the staff who supervise IICs in segregated housing indicated IICs placed in involuntary segregated housing would not have access to programs, privileges, education and work opportunities. He confirmed all restrictions would be documented. The staff who supervise IICs in segregated housing confirmed that IICs would only be placed in involuntary segregated housing until they could find alternative means of separation from likely abusers. He stated he was unsure of the typical timeframe to find alternative housing. The auditor requested documentation for seven victims of sexual abuse, however at the issuance of the interim report the documentation had not yet been provided.

Corrective Action

The facility will need to provide the originally requested documentation. Further corrective action may be required. The staff who supervise in segregated housing were unaware of policies and procedures under this standard. Appropriate staff will need to be trained. A copy of the training and confirmation of the training will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

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

	<p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Victim Housing Documents 2. Staff Training <p>The facility provided the originally requested victim housing documents. All victim remained in general population after the report of sexual abuse, confirming none were placed in involuntary segregated housing.</p> <p>A training memorandum was provided that outlined policy, procedure and the requirements under this standard. The training outlined that placement of IICs who report sexual abuse in involuntary segregated housing requires the approval of the agency PC and the agency Director. The training was completed by all Shift Supervisors (Majors and Lieutenants). Staff signatures were provided confirming receipt of the training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 01.12.120 Investigations of Unusual Incidents 4. Administrative Directive 01.12.101 Employee Criminal Misconduct 5. Administrative Directive 01.12.112 Preservation of Physical Evidence 6. Administrative Directive 01.12.125 Uniform Investigative Reporting System 7. Administrative Directive 01.12.115 Institutional Investigative Assignment

8. Memorandum of Understanding with the Illinois State Police/Office of Executive Inspector General

9. Investigative Reports

10. Investigator Training Records

Interviews:

1. Interviews with Investigative Staff

2. Interview with the Warden

3. Interview with the PREA Coordinator

4. Interview with the PREA Compliance Manager

5. Interviews with Individuals In Custody who Reported Sexual Abuse

Findings (By Provision):

115.71 (a): The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. The initial investigative report shall be provided to the Chief Administrative Officer within 24 hours of the onset of the investigation. Policy further states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. 01.12.120, page 1 states the CAO shall ensure that an internal investigation is conducted by facility staff, or by staff assigned by the Chief of Investigations and Intelligence, on each unusual incident reported, if it is determined that further facts are required. Page 2 states that the facility investigation shall include, but not be limited to: obtaining statements from all involved individuals; obtaining statements from all known and any possible witnesses; securing and preserving all weapons; securing and preserving any other evidence; determining if all policies and procedures were followed; determining the quality of offender and staff supervision; conferring with local State Attorney to determine if criminal prosecution is warranted and referring individuals to the prosecuting authority for criminal prosecution, when warranted. 01.12.101, 01.12.105, 01.12.115, 01.12.112 and 01.12.125 all outline different elements to the investigative process for the agency. The investigators 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. A review of fourteen investigations indicated all were initiated promptly (three were not completed promptly), twelve were thorough and thirteen were objective.

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. A review of documentation indicated that seven facility/agency staff were documented with the specialized investigations training. A review of fourteen investigations revealed they were completed by five investigators, four of which had completed the specialized investigator training.

115.71 (c): 04.01.301, page 10 states that for reports of sexual abuse, the crime scene shall always be protected and investigators shall collect and tag evidence from the scene in accordance with established procedures. Evidence collected shall be submitted to the State Police within ten business days of receipt. 01.12.120, page 1 states the CAO shall ensure that an internal investigation is conducted by facility staff, or by staff assigned by the Chief of Investigations and Intelligence, on each unusual incident reported, if it is determined that further facts are required. Page 2 states that the facility investigation shall include, but not be limited to: obtaining statements from all involved individuals; obtaining statements from all known and any possible witnesses; securing and preserving all weapons; securing and preserving any other evidence; determining if all policies and procedures were followed; determining the quality of offender and staff supervision; conferring with local State Attorney to determine if criminal prosecution is warranted and referring individuals to the prosecuting authority for criminal prosecution, when warranted. 01.12.101, 01.12.105, 01.12.115, 01.12.112 and 01.12.125 all outline different elements to the investigative process for the agency. The interview with the facility investigator indicated after first responder duties have been completed he starts to collect evidence and interview those involved. He advised he ensures the cell is secure and then he starts his interview. He then reviews video and collects any physical evidence. Further, the facility investigator stated he would be responsible for collecting all evidence including, physical, DNA, video, statements and interviews. He advised they recently started credibility assessments which include a review of prior complaints. The agency investigator stated the initial investigative step would be to gather and preserve any evidence. He further stated he would remain objective during the investigation and base credibility on a case-by-case basis. He stated he would conduct a complete and thorough investigation. This is done through gathering and preserving direct and circumstantial evidence, including physical. DNA and any available video monitoring data. He confirmed he would interview the alleged victims, suspected perpetrators and any witnesses and he would review prior complaints and reports of sexual abuse involving the perpetrator. A review of fourteen investigations indicated all fourteen included interviews, four involved a review of evidence and

seven had a review of prior complaints. It should be noted that agency recently implemented credibility assessments, which the auditor took into account. All investigation completed after February 2024 included a review of prior complaints.

115.71 (d): The interview with the facility investigator indicated they consult with prosecutors prior to conducting any compelled interviews. The agency investigator confirmed that before they conduct any compelled interviews they would consult with prosecutors. A review of investigative reports confirmed none of the investigations involved compelled interviews.

115.71 (e): 04.01.301, page 10 states that alleged victims of sexual abuse shall not be required to submit to truth telling verification examinations such as voice stress analysis or polygraph exam as part of or as a condition of the investigation. Interviews with investigators confirmed that the agency does not require IIC victims of sexual abuse to submit to a polygraph tests or any other truth-telling devices in order to proceed with an investigation. Further the facility investigator stated that everyone is credible and they take everything at face value. The agency investigator stated that credibility is assessed on an individual basis and is not determined by a person's status. Interviews with IICs who reported sexual abuse confirmed none of the three were required to take a polygraph test.

115.71 (f): 01.12.120, page 3 states that the supervisor of the internal investigation team shall submit an initial report, verbal or written, to the CAO within 48 hours of the incident and shall submit a final written report utilizing the Report of Investigation, DOC 0262, within ten working day from the conclusion of the investigation. The interview with the facility investigator confirms administrative investigations are documented in a written report and the report includes: interviews, evidence, the original statement, a credibility assessment and the conclusion. The facility investigator stated that during an investigation he reviews whether staff messed anything up or not, and if they did they would be disciplined appropriately. The agency 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. A review of investigations confirmed they were documented in a written report and included information on the initial allegation; information on the victim, suspect, witnesses; statements/interviews; evidence reviewed; facts and findings.

115.71 (g): 01.12.120, page 3 states that the supervisor of the internal investigation team shall submit an initial report, verbal or written, to the CAO within 48 hours of the incident and shall submit a final written report utilizing the Report of Investigation, DOC 0262, within ten working day from the conclusion of the investigation. There were zero criminal investigation completed during the previous twelve months. There

was one criminal investigation completed by the agency prior to the previous twelve months. The interview with the agency 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. A review of investigations noted there were zero criminal investigations during the previous twelve months.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution. 04.01.301, page 11 states that upon conclusion of the investigation, if applicable, the case shall be reviewed with the appropriate State's Attorney for possible referral for prosecution. The PAQ noted there were zero allegations referred for prosecution since the last PREA audit. The interview with the agency investigator indicated that all criminal investigations are typically referred for prosecution, especially those that are substantiated. The facility investigator stated investigation are referred for criminal prosecution when there is enough evidence to substantiate the investigation. A review of documentation indicated there were zero criminal investigations completed and zero investigations referred for prosecution.

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

115.71 (j): The interview with the facility investigator confirmed that if a staff member terminates employment or an IIC departs the facility, the investigation would continue. The interview with the agency 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.

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 they remained informed of the progress of external investigation through the IDOC external investigation team. The PCM stated that the facility would remain informed of the progress of outside investigation through the Intel unit. The interview with the facility investigator indicated when an outside agency investigates he helps with whatever they may need. The agency 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 investigator, indicate that this standard appears to require corrective action. A review of fourteen investigations revealed they were completed by five investigators, four of which had completed the specialized investigator training.

Corrective Action

The facility will need to provide the missing investigator training record.

Recommendation

The auditor highly recommends that the agency train investigators on identifying potential witnesses and interviewing those in the area or that may be potential witnesses in order to complete through investigations.

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:

	<p>1. Investigator Training</p> <p>The facility provided the originally requested investigator training. The investigator completed the specialized training in September 2022.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Prison Rape Elimination Act (PREA) for Investigators Training Curriculum 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Investigative Staff <p>Findings (By Provision):</p> <p>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</p>

	<p>of evidence). Interviews with investigators confirmed they utilize a preponderance of the evidence to substantiate an administrative investigation. A review of fourteen investigations indicated one was closed unfounded and thirteen were closed unsubstantiated. All investigations reviewed illustrated appropriate findings based on evidence.</p> <p>Based on a review of the PAQ, 04.01.301, PREA Investigators Training Curriculum, investigative reports and information from the interviews with the investigators, this standard appears to be compliant.</p>
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115.73 Reporting to inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 4. Investigative Reports 5. Victim Notification Memorandums <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interviews with Investigative Staff 3. Interviews with Individuals In Custody who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>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</p>

informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. 04.01.301, page 10 states that the alleged victim will be notified, in writing, of the outcome of the investigation. The PAQ stated there were 24 completed sexual abuse investigation in the previous twelve months and all 24 had a verbal or written victim notification. Interviews with the Warden and the investigators confirmed that IICs are informed of the outcome of the investigation into their allegation. Interviews with IICs who reported sexual abuse indicated two were aware that they were to be informed of the outcome of the investigation. Two of the three stated they were advised in verbally and/or in writing. A review of fourteen investigations indicated seven were sexual abuse. All seven had a victim notification.

115.73 (b): The PAQ indicate that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the IIC of the outcome of the investigation. The PAQ stated there were zero investigations completed by an outside agency in the previous twelve months and both involved a written or verbal notification. 04.01.301, page 10 states that the alleged victim will be notified, in writing, of the outcome of the investigation. A review investigations with the previous twelve months indicated that all were completed by facility/agency investigators and as such, notifications under this provision were not applicable.

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

sexual abuse within the facility. The PREA Manual further states that an assessment shall be completed to determine if actions described above are warranted in accordance with section 115.65. The actions may not be appropriate in all cases. Offenders shall be notified only if there is a link between the listed actions in this section and an incident of sexual abuse. The timing of such notifications shall not interfere with any pending criminal or administrative investigations. Interviews with IICs who reported sexual abuse indicated that all three were a staff-on-IIC allegation and did not involve any notifications under this provision. A review of the fourteen investigations indicated three were staff-on-IIC sexual abuse allegations. All three were unsubstantiated. None required any notifications under this provision.

115.73 (d): The PAQ indicated following an IIC's allegation that he or she has been sexually abused by another IIC in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PREA Manual, page 40 states that following an IIC's allegation that he or she has been sexually abused by another IIC, the agency shall subsequently inform the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Interviews with IICs who reported sexual abuse indicated none were IIC-on-IIC allegations. A review of fourteen investigative reports indicated four were IIC-on-IIC sexual abuse allegations. One was unfounded and three were unsubstantiated and as such no notifications were provided under this provision.

115.73 (e): The PAQ indicated the agency has a policy that all notifications to IICs described under this standard are documented. 04.01.301, page 10 states that the alleged victim will be notified, in writing, of the outcome of the investigation. The PAQ stated there were nineteen notifications made pursuant to this standard. Further communication with the PCM indicated there all 74 completed investigations notification(s) under this standard. A review of fourteen investigations indicated seven were sexual abuse. All seven had a victim notification.

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

Based on a review of the PAQ, 04.01.301, the PREA Manual, investigative reports, victim notification memos and information from interviews with the Warden and the investigator, this standard appears to be compliant.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 03.01.120 Employee Review Hearing 4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 5. Investigative Reports <p>Findings (By Provision):</p> <p>115.76 (a): The PAQ indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 04.01.301, page 11 states that all terminations for violating the agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PREA Manual, page 41 states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. A review of investigative reports from the previous twelve months indicated there were zero substantiated staff-on-IIC sexual abuse allegations and sexual harassment allegations.</p> <p>115.76 (b): The PREA Manual, page 41 states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. It further states that administrative discipline shall be conducted using the Employee Review Hearing Process and the collective bargaining agreement. Any decision made on the proposal shall be in accordance with all applicable laws, rules and regulations. The PAQ indicated there were zero staff members who violated the sexual abuse or sexual harassment policies in the previous twelve months and one staff member who was terminated (or resigned prior to termination) for violating the agency's sexual abuse or sexual harassment policies. A review of investigative reports from the previous twelve months indicated there were zero substantiated staff-on-IIC sexual abuse allegations and sexual harassment allegations.</p>

	<p>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 from the previous twelve months indicated there were zero substantiated staff-on-IIC sexual abuse allegations and sexual harassment allegations.</p> <p>115.76 (d): The PAQ indicated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. 04.01.301, page 11 states that all terminations for violating the agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PAQ indicated there was zero staff member 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 from the previous twelve months indicated there were zero substantiated staff-on-IIC sexual abuse allegations and sexual harassment allegations.</p> <p>Based on a review of the PAQ, 04.01.301, 03.01.120, the PREA Manual and investigative reports, this standard appears to be compliant.</p>
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115.77 Corrective action for contractors and volunteers	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire

2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program

3. Investigative Reports

Interviews:

1. Interview with the Warden

Findings (By Provision):

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

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 individual would be placed on a stop order until an investigation is concluded. He confirmed they can 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	Disciplinary sanctions for inmates
	<p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 427 376">Documents:</p> <ol data-bbox="256 409 1422 813" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Illinois Administrative Code 20.504 4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 5. Investigative Reports <p data-bbox="256 925 411 958">Interviews:</p> <ol data-bbox="256 992 1007 1104" style="list-style-type: none"> 1. Interview with the Warden 2. Interviews with Medical and Mental Health Staff <p data-bbox="256 1216 587 1249">Findings (By Provision):</p> <p data-bbox="256 1350 1481 1854">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 were eight administrative findings of IIC-on-IIC sexual abuse and zero criminal findings of IIC-on-IIC sexual abuse. Further communication with the PC indicated none were substantiated and this question was entered in error. A review of investigative reports confirmed there were zero substantiated IIC-on-IIC sexual abuse investigations.</p> <p data-bbox="256 1955 1461 2078">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,</p>

medical and mental health state, if the offender was determined to be mentally ill, the extent and degree of participation in the commission of the offense and the offender's prior disciplinary record. The Warden advised if an IIC is found to have violated the sexual abuse or sexual harassment policies he/she would go through administrative discipline. He stated he/she could also be convicted criminally. 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. A review of investigative reports confirmed there were zero substantiated IIC-on-IIC sexual abuse investigations.

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 offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. It further stated that they require the offending IIC to participate in such interventions as a condition of access to programming or other benefits. Interviews with medical and mental health staff indicated that they would offer mental health services to the alleged perpetrator and that they do not require participation in order to gain access to any other benefits or programs.

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.

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 founds within Illinois Administrative Code 507, Administration of Discipline.

	<p>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.</p> <p>Based on a review of the PAQ, 04.01.301, 20.507, the PREA Manual, investigative reports, and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.302 Screening for Risk of Victimization and Abusiveness 3. Standard Operating Procedural (SOP) Manual for Mental Health 4. Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494) 5. Medical/Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Staff Responsible for Risk Screening 2. Interviews with Medical and Mental Health Staff 3. Interviews with Individuals In Custody who Disclose Sexual Victimization at Risk Screening <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Risk Screening Area

2. Observation of Individuals In Custody Medical and Classification Files

Findings (By Provision):

115.81 (a): The PAQ indicated that all IICs at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. 04.01.302, page 3 states if the screening indicates the individual in custody has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff conducting the screening shall ensure the individual is offered a follow-up meeting with a mental health practitioner. The offer shall be documented on the DOC 0494 or the O360 equivalent. If the offer of a follow-up meeting with a mental health practitioner is accepted, a Mental Health Services Referral, DOC 0387, shall be completed, and the follow-up meeting shall occur within 14 days of the screening in accordance with 04.04.101. Individuals in custody who had been offered mental health follow-up and accepted the follow-up on the initial screening outlined in II.G.1.b., do not need to be offered mental health follow-up on subsequent screenings. The PAQ noted that 100% of those IICs who reported prior victimization were seen within fourteen days by medical or mental health. Interviews with the staff responsible for the risk screening indicated that IICs are offered a follow-up with medical or mental health care staff within two weeks. Interviews with five IICs who disclosed prior victimization during the risk screening indicated one of the five was provided a follow-up with mental health care staff. The auditor requested documentation for six IICs who disclosed prior sexual victimization during the risk screening. At the issuance of the interim report the documentation had not yet been provided.

115.81 (b): The PAQ indicated that all prison IICs who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. 04.01.302, page 3 states if the screening indicates the individual in custody has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff conducting the screening shall ensure the individual is offered a follow-up meeting with a mental health practitioner. The offer shall be documented on the DOC 0494 or the O360 equivalent. If the offer of a follow-up meeting with a mental health practitioner is accepted, a Mental Health Services Referral, DOC 0387, shall be completed, and the follow-up meeting shall occur within 14 days of the

screening in accordance with 04.04.101. Individuals in custody who had been offered mental health follow-up and accepted the follow-up on the initial screening outlined in II.G.1.b., do not need to be offered mental health follow-up on subsequent screenings. The PAQ noted that 100% of those IICs who reported prior perpetration were seen within fourteen days by medical or mental health. Interviews with the staff responsible for the risk screening indicated that IICs identified during the risk screening with prior sexual abusiveness would be offered a follow-up with mental health within two weeks. The auditor requested documentation for four IICs who were identified with prior sexual abusiveness. At the issuance of the interim report the documentation had not yet been provided.

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

115.81 (d): The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners, however it stated that the information is only shared with staff to assist with security and management decisions. 04.01.302, page 2 states access to information related to sexual abuse occurring in a correctional setting shall be treated as confidential and limited to staff directly related to the assessment, treatment, placement or investigation of the individual in custody to the extent possible while ensuring the safety and security of individuals in custody and staff.

Medical and mental health records are all paper. The records area is staffed 7am-11pm Monday through Friday. The records door is locked when not staffed. Records staff advised that only medical and mental health care staff have access to medical records after hours. Risk screening information is maintained in the electronic Offender 360 program. The auditor had a security staff member pull up the electronic system to see what was able to be viewed. The staff did not have access to the risk screening information. Investigative files are paper and electronic. Only Internal Affairs (IA) staff have access to the investigations in the electronic database. Paper files are also maintained in IA's locked office.

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

of physical or sexual abuse. Interviews with medical and mental health staff indicate that three of the four would obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. Staff stated they do not house anyone under eighteen at the facility.

Based on a review of the PAQ, 04.01.302, SOP Manual for Mental Health, DOC 0494, medical and mental health documents, information from interviews with staff who perform the risk screening, medical and mental health care staff and IICs who disclosed victimization during the risk screening indicate that this standard requires corrective action. Interviews with five IICs who disclosed prior victimization during the risk screening indicated one of the five was provided a follow-up with mental health care staff. The auditor requested documentation for six IICs who disclosed prior sexual victimization during the risk screening. At the issuance of the interim report the documentation had not yet been provided. The auditor requested documentation for four IICs who were identified with prior sexual abusiveness. At the issuance of the interim report the documentation had not yet been provided.

Corrective Action

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

Recommendation

The auditor highly recommends that medical and mental health staff review policy on obtaining consent before reporting sexual abuse that did not occur in an institutional setting.

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:

	<ol style="list-style-type: none"> 1. List of Individuals In Custody that Arrived During the Corrective Action Period 2. Risk Screening Documents 3. Medical and Mental Health Documents <p>The facility provided a list of IICs that arrived during the corrective action period and a systematic sample of risk screening documents. Of the sample, three disclosed prior sexual victimization and accepted follow-up mental health services. One IIC was provided services within fourteen days, one was provided services past the fourteen days and one was not provided services. As such, additional corrective action was required.</p> <p>The facility provided documentation for ten IICs, five that had both prior sexual victimization and prior sexual abusiveness and five that had only prior sexual victimization. All ten accepted follow-up mental health services. All ten were provided the follow-up services. Eight of the ten received the services within fourteen days.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Medical and Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Medical and Mental Health Staff 2. Interviews with First Responders

3. Interviews with Individuals In Custody who Reported Sexual Abuse

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that IIC victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature of scope of services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further indicates that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. 04.01.301, page 8 states that any offender who alleges to a be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. The health services areas were observed during the tour. "X" housing unit included a medical area with large windows that did not afford privacy. The reception side health services included exam rooms, treatment rooms, an ancillary area, observation cells and a reception space. Exam and treatment rooms had windows and none provided full privacy. The ancillary room had a door with a window and a curtain. The health services area on the permanent side included holding cells, an urgent care, clinical rooms (i.e. dialysis, dental, podiatry, etc.) and an infirmary. The urgent care area included bays with curtains that provided adequate privacy. Interviews with medical and mental health care staff confirmed that IICs receive timely and unimpeded access to emergency medical treatment and crisis intervention service. Staff stated services are provided once they are notified. Staff confirmed service are based on professional judgement. Interviews with IICs who reported sexual abuse indicated two of the three were provided medical and/or mental health services. A review of documentation for seven sexual abuse investigations indicated five were provided medical and/or mental health services. One IIC was not at the facility when the allegation was reported.

115.82 (b): 04.01.301, page 8 states that any offender who alleges to a be a victim of sexual abuse shall be referred to health services for examination, treatment and

evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. Page 9 (Paragraph II.G.5) further states that treatment shall be provided by a certified SAFE or SANE at a local emergency room and that the medical examination provided by Department facilities shall include a general physical examination for recent sexual abuse. The security first responder stated first responder duties include separating the individuals, taking the victim to healthcare and not allowing them to shower, use the restroom, eat, etc. The non-security first responder stated she would separate the individual, notify the Shift Commander and keep the victim with her. A review of documentation for seven sexual abuse investigations indicated five were provided medical and/or mental health services. One IIC was not at the facility when the allegation was reported.

115.82 (c): The PAQ indicated that IIC victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. 04.01.301, page 9 states that a general physical examination for recent sexual abuse shall include, but not be limited to: a blood test (RPR for Syphilis); culture smears for seminal fluid, Gonorrhea, Chlamydia and other Sexually Transmitted Diseases (STD) as appropriate; Hepatitis C antibody test and Hepatitis B surface antigen and antibody blood test and an HIV test and counseling shall be offered. Interviews with IICs who reported sexual abuse indicated that none involved penetration or touching that would require information and access to sexually transmitted infection prophylaxis. Interviews with medical and mental health care staff confirmed that IICs receive timely information and access to emergency contraception and sexually transmitted infection prophylaxis. A review of documentation for seven sexual abuse investigations indicated five were provided medical and/or mental health services. One IIC was not at the facility when the allegation was reported. None involved an allegation that required prophylaxis.

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, observation made during the tour and information from interviews with medical and mental health care staff, first responder and IICs who reported sexual abuse indicates that this standard appears to require corrective action. The health services areas were observed. "X" housing unit included a medical area with large windows that did not afford privacy. The reception side health services included exam rooms, treatment rooms, an ancillary area, observation cells and a reception space. Exam and

	<p>treatment rooms had windows and none provided full privacy.</p> <p>Corrective Action</p> <p>The facility will need to make appropriate modifications to provide privacy in medical areas. Photos of the modifications will need to be provided.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Photos of Health Care Barriers 2. Documentation of Closure of Stateville Correctional Center (Permanent Side) <p>The facility provided photos of the mobile barrier (curtain) to be utilized in exam and treatment rooms when additional privacy is needed.</p> <p>The facility provided documentation confirming that Stateville Correctional Center, the permanent side, was closed indefinitely and IICs would not be returning to the facility. As such, modifications were not required in the "X" housing unit medical area.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	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. Medical and Mental Health Documents

Interviews:

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

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

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. The health services areas were observed during the tour. "X" housing unit included a medical area with large windows that did not afford privacy. The reception side health services included exam rooms, treatment rooms, an ancillary area, observation cells and a reception space. Exam and treatment rooms had windows and none provided full privacy. The ancillary room had a door with a window and a curtain. The health services area on the permanent side included holding cells, an urgent care, clinical rooms (i.e. dialysis, dental, podiatry, etc.) and an infirmary. The urgent care area included bays with

curtains that provided adequate privacy. A review of documentation for seven sexual abuse investigations indicated five were provided medical and/or mental health services. One IIC was not at the facility when the allegation was reported. The auditor requested documentation for six IICs who disclosed prior sexual victimization during the risk screening. At the issuance of the interim report the documentation had not yet been provided.

115.83 (b): 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. Interviews with IICs who reported sexual abuse indicated that one was provided follow-up services with medical and/or mental health. 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 review of documentation for seven sexual abuse investigations indicated five were provided medical and/or mental health services. One IIC was not at the facility when the allegation was reported.

115.83 (c): The facility provides access to medical and mental health staff on-site and also transports IICs to the local hospital for treatment that is not available at the facility. All medical and mental health care staff are required to have the appropriate licensure and credentials. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care. A review of documentation for seven sexual abuse investigations indicated five were provided medical and/or mental health services. One IIC was not at the facility when the allegation was reported.

115.83 (d): The PAQ updated information indicated 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.

115.83 (e): The PAQ updated information indicated that this provision does not apply as the facility does not house female IICs. 04.10.301, page 10 states female victims of sexual abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the sexual abuse, such victims shall receive timely and comprehensive information about and timely access to all lawfully pregnancy-related medical services. The PREA Manual, page 45 states that if pregnancy results

from the conduct described in paragraph (d) of this section (sexually abusive vaginal penetration), such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. It further states that Department healthcare providers shall deliver comprehensive prenatal counseling and care for pregnant female offenders.

115.83 (f): The PAQ indicated that IIC victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. 04.01.301, page 9 states that a general physical examination for recent sexual abuse shall include, but not be limited to: a blood test (RPR for Syphilis); culture smears for seminal fluid, Gonorrhea, Chlamydia and other Sexually Transmitted Diseases (STD) as appropriate; Hepatitis C antibody test and Hepatitis B surface antigen and antibody blood test and an HIV test and counseling shall be offered. Interviews with IICs who reported sexual abuse indicated that none involved penetration or touching that would require information and access to testing for sexually transmitted infections. A review of documentation for seven sexual abuse investigations indicated five were provided medical and/or mental health services. One IIC was not at the facility when the allegation was reported. None involved an allegation that required testing for STIs.

115.83 (g): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 04.01.301, page 9 states that offenders shall not be charged a co-payment for medical treatment, including forensic medical examinations, obtained for alleged sexual abuse. Interviews with IICs who reported sexual abuse indicated none were required to pay for medical or mental health services.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known IIC-on-IIC abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. The PREA Manual, page 46 states that all prisons shall attempt to conduct a mental health evaluation of all known IIC-on-IIC abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Interviews with medical and mental health staff indicated all perpetrators are referred to mental health after the allegation and they provide or attempt to provide services then. There were zero substantiated IIC-on-IIC sexual abuse allegations in the previous twelve months.

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. The health services areas were observed. "X" housing unit included a medical area with large windows that did not afford privacy. The reception side health services included exam rooms, treatment rooms, an ancillary area, observation cells and a reception space. Exam and treatment rooms had windows and none provided full privacy. The auditor requested documentation for six IICs who disclosed prior sexual victimization during the risk screening. At the issuance of the interim report the documentation had not yet been provided.

Corrective Action

The facility will need to make appropriate modifications to provide privacy in medical areas. Photos of the modifications will need to be provided. The facility will need to provide the originally requested documentation. Further corrective action may be required.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. List of Individuals In Custody that Arrived During the Corrective Action Period
2. Risk Screening Documents
3. Medical and Mental Health Documents
4. Photos of Health Care Barriers
5. Documentation of Closure of Stateville Correctional Center (Permanent Side)

The facility provided a list of IICs that arrived during the corrective action period and a systematic sample of risk screening documents. Of the sample, three disclosed prior sexual victimization and accepted follow-up mental health services. One IIC was provided services within fourteen days, one was provided services past the fourteen days and one was not provided services. As such, additional corrective action was required.

	<p>The facility provided documentation for ten IICs, five that had both prior sexual victimization and prior sexual abusiveness and five that had only prior sexual victimization. All ten accepted follow-up mental health services. All ten were provided the follow-up services.</p> <p>The facility provided photos of the mobile barrier (curtain) to be utilized in exam and treatment rooms when additional privacy is needed.</p> <p>The facility provided documentation confirming that Stateville Correctional Center, the permanent side, was closed indefinitely and IICs would not be returning to the facility. As such, modifications were not required in the "X" housing unit medical area.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Investigative Reports 4. Sexual Abuse Incident Reviews (DOC 0593) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager

3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): The PAQ indicated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 04.01.301, page 11 states that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ stated there were 24 criminal and/or administrative investigation of alleged sexual abuse completed at the facility excluding only unfounded incidents. A review fourteen investigations indicated seven were sexual abuse and six required a sexual abuse incident review. The auditor requested documentation for the six sexual abuse incident reviews, however at the issuance of the interim report the documentation had not yet been provided.

115.86 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The PAQ further stated that in the past twelve months there were 25 sexual abuse incident review completed within 30 days of the conclusion of the investigation. 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 fourteen investigations indicated seven were sexual abuse and six required a sexual abuse incident review. The auditor requested documentation for the six sexual abuse incident reviews, however at the issuance of the interim report the documentation had not yet been provided.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. 04.01.301, page 11 states that the review team, at minimum, shall include: Assistant Chief Administrative Officer; Shift Commander or Lieutenant; a representative from Internal Affairs; the PCM, a representative from medical and a representative from mental health. The interview with the Warden confirmed that the facility has a sexual abuse incident review team and the team is made of upper level management, line supervisors, investigators, medical and mental health care staff. A review fourteen investigations indicated seven were sexual abuse and six required a sexual abuse incident review. The auditor requested documentation for the six sexual abuse incident reviews,

however at the issuance of the interim report the documentation had not yet been provided.

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. Interviews with the Warden, PCM and sexual abuse incident review team member confirmed that the facility completes sexual abuse incident reviews and the reviews include the required elements under this provision. The Warden stated that they use the information from the sexual abuse incident reviews to identify any trends and to identify any issues. The PCM advised she is part of the sexual abuse incident review team and the only trend she has noticed is the prevalence of sexual harassment allegations compared to sexual abuse allegations. She advised once the report is submitted, if there are any issues noted, they make appropriate corrections. A review fourteen investigations indicated seven were sexual abuse and six required a sexual abuse incident review. The auditor requested documentation for the six sexual abuse incident reviews, however at the issuance of the interim report the documentation had not yet been provided.

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 fourteen investigations indicated seven were sexual abuse and six required a sexual abuse incident review. The auditor requested documentation for the six sexual abuse incident reviews, however at the issuance of the interim report the documentation had not yet been provided.

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 fourteen investigations indicated seven were sexual abuse and six required a sexual abuse incident review. The auditor requested documentation for the six sexual abuse incident reviews, however at the issuance of the interim report the documentation had not yet been provided.

Corrective Action

	<p>The facility will need to provide the originally requested documentation. Further corrective action may be required.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. List of Sexual Abuse Allegations During the Corrective Action Period 2. Sexual Abuse Incident Review <p>The facility provided part of the originally requested documentation. Of the sexual abuse incident reviews provided, all were a checklist only and did not contain any incident specific narrative related to the review. Further, those provided were completed after the 30 days. As such, additional corrective action was required.</p> <p>The facility provided a list of sexual abuse allegations reported during the corrective action period. All completed sexual abuse investigations included a sexual abuse incident review. All were completed within 30 days of the conclusion of the investigation. All also included some narrative related to elements under provision (d). The auditor recommends that further narrative be included with more detailed/ thorough information.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.87	Data collection
	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 Checklist
4. Investigative Reports
5. Annual PREA Report
6. Survey of Sexual Victimization

Findings (By Provision):

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

	<p>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.</p> <p>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.</p> <p>Based on a review of the PAQ, 04.01.301, investigative reports, the PREA Checklist, the Survey of Sexual Victimization and the Annual PREA Report this standard appears to be compliant.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program

3. Annual PREA Report

Interviews:

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

Findings (By Provision):

115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 04.01.301, pages 12-13 state that the Chief Administrative Officer and the facility PCM shall conduct an annual evaluation of the Sexual Abuse and Harassment Prevention and Intervention Program at their respective facility and submit to the PC a written report of the findings. The report should at minimum include: a review of each incident of sexual abuse or harassment that occurred during the reporting period; program and procedural changes implemented based on recommendations of the review team; training needs to ensure future safety and security; record of referrals to outside community resources; record of referrals for post-release service and statistical data. Policy further states that upon receipt of the reports from each facility, the agency PC shall assess the overall effectiveness of the Department's Sexual Abuse and Harassment Prevention and Intervention Program and submit a written report to the Director that has at minimum: statistical data and corrective action by facility; aggregated incident based sexual abuse or harassment data for the Department; perceived areas of concern and recommended or implemented improvements; a comparison of the current year's statistical data and corrective action with those of previous reporting periods; and an assessment of the Department's progress in addressing sexual abuse or harassment overall. 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 data is collected and that the consistent review allows for improvement of policies and procedures. She advised they also use it to create and work through corrective action plans, such as retraining staff. The Agency Head confirmed that they take corrective action on an ongoing basis. She advised the PC is really big on corrective action and being in the facilities to review and make sure issues are identified and corrective action is implemented. The PC confirmed that the

agency reviews data that is collected in order to assess and improve the effectiveness of the sexual abuse prevention, detection and response policies. He stated the Agency Head approves the report and that the information is published on the agency website. He further stated that trends are analyzed and appropriate corrective action is taken based off of this information. The interview with the PCM indicated facility data is utilized to review any shortcomings.

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

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

115.88 (d): The PAQ indicated that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the

	<p>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>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 4. Annual PREA Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.89 (a): The PAQ indicated that the agency ensures that incident-based and</p>

	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Based on a review of the PAQ, 04.01.301, the Annual PREA Report, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Findings (By Provision):</p> <p>115.401 (a): The facility is part of the Illinois Department of Corrections. All facilities were audited in the previous three-year audit cycle and audit report are found on the agency's website.</p> <p>115.401 (b): The facility is part of the Illinois Department of Corrections. The Department has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the third year of the three-year cycle.</p> <p>115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents and was permitted to conduct private interviews.</p> <p>115.401 (n): The facility provided photos of the audit announcement posted around the facility six weeks prior to the audit. During the tour the auditor observed the audit announcement on yellow letter size paper in English and Spanish. The announcements were posted in common areas and housing units in on the reception side and the medical side. Audit announcements were observed in common areas only on the permanent side. It should be noted that IICs on the reception side have limited out of cell time and as such the announcements were not visible to them. The audit noticed advised the IICs that correspondence with the auditor would remain confidential unless the IIC reported information such as sexual abuse, harm to self or harm to others. The IICs were able to send correspondence via privileged</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.403 (f): The agency has audit reports published to their website for all audits completed during the previous three, three year audit cycles.</p>

Appendix: Provision Findings**115.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
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Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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115.11 (b) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Has the agency employed or designated an agency-wide PREA Coordinator?	yes
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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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
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115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
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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
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115.12 (a) Contracting with other entities for the confinement of inmates

If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
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115.12 (b) Contracting with other entities for the confinement of inmates

Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes
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	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

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

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	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
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

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

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

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

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

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with 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
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

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

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

	Garrrity 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
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	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.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	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?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of 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
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	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?	
115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	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.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	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
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	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
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	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
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

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

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

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	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
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	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
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

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

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	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?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

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

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

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

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

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	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?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

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

(f)	
	<div data-bbox="320 185 1273 555"> <p>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.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>