

# PREA Facility Audit Report: Final

**Name of Facility:** Western Illinois Correctional Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 07/06/2023

**Date Final Report Submitted:** 01/28/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kendra Prisk	<b>Date of Signature:</b> 01/28/ 2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Prisk, Kendra
<b>Email:</b>	2kconsultingllc@gmail.com
<b>Start Date of On-Site Audit:</b>	05/24/2023
<b>End Date of On-Site Audit:</b>	05/25/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Western Illinois Correctional Center
<b>Facility physical address:</b>	2500 Route 99 South, Mount Sterling, Illinois - 62353
<b>Facility mailing address:</b>	

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

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Brittany Greene
<b>Email Address:</b>	Brittany.Greene@illinois.gov
<b>Telephone Number:</b>	217-773-4441

<b>Facility PREA Compliance Manager</b>
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<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Kathy Ashcraft
<b>Email Address:</b>	kathy.ashcraft@illinois.gov
<b>Telephone Number:</b>	217-773-4441

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	2123
<b>Current population of facility:</b>	1739
<b>Average daily population for the past 12 months:</b>	1546
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	19-86
<b>Facility security levels/inmate custody levels:</b>	Medium

<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	355
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	277
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	112

**AGENCY INFORMATION**

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

**Agency Chief Executive Officer Information:**

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

**Agency-Wide PREA Coordinator Information**

<b>Name:</b>	Ryan Nottingham	<b>Email Address:</b>	ryan.nottingham@illinois.gov
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**Facility AUDIT FINDINGS**

**Summary of Audit Findings**

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

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

**Number of standards exceeded:**

1

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

**Number of standards met:**

35

**Number of standards not met:**

9

- 115.13 - Supervision and monitoring
- 115.21 - Evidence protocol and forensic medical examinations
- 115.22 - Policies to ensure referrals of allegations for investigations
- 115.35 - Specialized training: Medical and mental health care
- 115.41 - Screening for risk of victimization and abusiveness
- 115.52 - Exhaustion of administrative remedies
- 115.72 - Evidentiary standard for administrative investigations
- 115.81 - Medical and mental health screenings; history of sexual abuse
- 115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-05-24
2. End date of the onsite portion of the audit:	2023-05-25

#### 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 Brown County Satellite Office

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	2123
15. Average daily population for the past 12 months:	1546
16. Number of inmate/resident/detainee housing units:	20
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	1728
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	18
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	4
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	4
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	64
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	3
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	18

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>4</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>4</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>37</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>355</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>113</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>40</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>20</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input checked="" type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The following inmates were selected from the housing units: three from 1A, three from 1B, one from 1C, three from 1D, one from 2A, three from 2B, four from 2C, four from 2D, three from 3A, two from 3B, one from 3C, three from 3D, one from 4B, one from 4C, one from 4D, four from the work camp, two from segregated housing, one from healthcare and one from receiving.</p>



<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>37 of the inmates interviewed were male and four were transgender female. Seventeen of the inmates interviewed were black, ten were white, nine were Hispanic, and five were another race/ethnicity. With regard to age, one was between eighteen and 25; eighteen were 26-35; thirteen were 36-45; five were 46-55 and four were 56 or older. 21 of the inmates interviewed were at the facility less than a year, sixteen were there between a year and five years, three were there six to ten years and one was at the facility over ten years.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>21</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>

<b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	2
<b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	3

<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>5</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>3</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed housing assignments for high risk inmates and those that reported sexual abuse.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>

<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>71. Enter the total number of RANDOM STAFF who were interviewed:</b>	16
<b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
<b>If "Other," describe:</b>	Gender
<b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	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. Five staff were interviewed from first shift, seven were from second shift and four were from third shift. With regard to the demographics of the random staff interviewed; fifteen were male, one was female and all sixteen were white. Eight were Correctional Officers, four were Sergeants, one was a Lieutenant and three were Majors.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
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.	

<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	25
<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

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

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No



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

The on-site portion of the audit was conducted on May 24-25, 2023. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interview as well as documentation to review. The auditor conducted a tour of the facility on May 24, 2023. The tour included all areas associated with the facility to include; housing units, laundry, warehouse, intake, visitation, education, religious services, vocation, maintenance, food service, health services, recreation, industries, clothing, commissary, front entrance and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted throughout the facility. Housing units had the PREA Reporting Posters on red letter size paper in English and Spanish. The PREA Reporting Posters were observed in housing units on the walls and in the hallways. The PREA Reporting Posters contained information on zero tolerance, reporting methods (including the outside reporting entity) and victim advocacy. The PREA Posters (PREA and End the Silence) were also observed in the housings units and common areas on legal size paper in English and Spanish. The PREA Posters had bright colors and included information on the zero tolerance policy and reporting via the hotline or to staff. Informal conversation with staff and inmates confirmed that the PREA information has been posted for a while. Additionally during the tour the auditor had an inmate illustrate what information was available on the tablet system. The auditor observed that the PREA Administrative Directive was added to the tablet system on November 9, 2021. Additionally, the auditor observed the tablet

had a copy of the PREA standards.

Third party reporting information was observed in visitation, administration and the front entrance via the PREA Poster (End the Silence) and the PREA Reporting Poster. Both Posters were in English and Spanish on bright colored paper. The PREA Posters were larger (legal size paper) while the PREA Reporting Posters were on letter size paper. The PREA Posters provided information on reporting via the hotline and to any staff member while the PREA Reporting Posters included the same information as well as information on how to report to the PREA Coordinator and John Howard Association.

During the tour the auditor confirmed the facility follows a staffing plan. There were numerous security staff in each housing building. Program, work and education areas included non-security staff and either a positioned or roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. The auditor confirmed that the physical plant of the housing units provided an adequate line of sight. The facility did not appear to be overcrowded and staffing appeared to be adequate based on the population. During the tour the auditor observed a blind spot in the maintenance area. Informal conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds every 30 minutes and supervisors make rounds once or twice per shift. Informal conversation with inmates indicated staff make rounds all the time and they see the Lieutenant and Major once in a while and the Sergeant all the time. During the tour the auditor confirmed there were cameras in housing units and in work, program and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas.

Cameras are viewed/monitored by internal affairs and administrative level staff.

During the tour the auditor observed that general population housing units provided privacy through cell doors with a small window and shower curtains. The health care unit provided privacy through solid doors, doors with small windows and a door with a tinted window. The segregated housing unit and receiving unit provided privacy through cell doors with a small window and bar stock doors. The auditor observed that the receiving unit shower was positioned differently than the segregated housing unit shower and as such the bar stock was visible from the officer's station. The auditor viewed the strip search area in visitation and confirmed that it provided privacy through a solid door. The strip search area in intake also provided privacy through a door. Strip searches in the segregated housing unit are conducted in the showers and provide privacy based on placement. A review of video monitoring technology confirmed there were zero cross gender viewing issues identified. Additionally, there were zero cross gender viewing issues identified with mirror placement. With regard to the opposite gender announcement, the auditor heard the announcement made upon entry into each of the housing unit. The announcement was made verbally and over the loudspeaker in each unit. The agency also has a paging system for the deaf and hard of hearing inmates where the announcement can be sent out to their watches. Informal conversation with staff indicated that female staff make an announcement when entering housing units and individuals in custody have privacy when showering, using the restroom and changing their clothes. Informal conversation with inmates indicated that they have privacy when showering, using the restroom and changing their clothes and female staff make an announcement when they enter units.

Medical and mental health records are all paper and the records area is staffed 8am-4pm Monday through Friday. The records door is locked when not staffed and only medical and mental health care staff have access to the room. Records staff stated the key to medical records is restricted and security staff do not have access. Risk screening information is maintained in the electronic Offender 360 program and in the inmate file. The auditor had a security staff member pull up the electronic system to see what was able to be viewed. The staff was able to view the questions and the response of each inmate's risk assessment. The auditor observed that the inmate records room is staffed Monday through Friday 8am-4pm. The inmate records room is locked when not staffed and has restricted access. The inmate file is available to medical and mental health care staff, the Warden, Internal Affairs and Intel. Investigative files are paper and electronic. Only investigative staff have access to the investigations in the electronic database. Paper files are maintained in Internal Affairs.

During the tour the auditor observed that inmates are able to place outgoing mail in any of the locked boxes around the facility, including in the housing units. None of the drop boxes were specific to sexual abuse or sexual harassment allegations or information. The interview with the mailroom staff indicated that outgoing mail is collected from the housing units. Regular mail comes up unsealed and is scanned/read by staff. The mailroom staff stated that legal mail comes up sealed and they do not open it to scan/read. The mailroom staff stated that regular incoming mail is opened and they scan/read to look for any contraband. Incoming legal mail is logged and provided to the second shift to distribute to inmates. The mailroom staff stated that legal mail is opened by the inmate in front of the staff. The mailroom staff stated that mail to and from JHA and the rape

crisis center is treated like legal/privileged mail.

The auditor tested the internal reporting mechanisms during the tour. The auditor called the internal PREA hotline on May 24, 2023 and left a message to test functionality. Inmates are advised to select English or Spanish upon contact with the hotline. Initial phone instructions are provided in English and Spanish, however the hotline instructions/directions are only available in English. The auditor received confirmation from the PC on May 24, 2023 that the call was received and forwarded to him. The internal PREA hotline is accessible on all phones but does require an individual in custody number. The auditor also tested the internal written reporting process. The auditor had an individual in custody assist with submitting a grievance on May 24, 2023. The individual assisted with filling out the appropriate sections of the grievance and the auditor placed the grievance in the locked box in the housing unit. On May 25, 2023 the auditor received a copy of the grievance indicating it was received by staff and provided to the PCM.

The auditor also tested the outside reporting mechanism via a letter to the John Howard Association at a prior IDOC audit. The auditor obtained an envelope and sent a letter to the John Howard Association on January 10, 2023. The auditor obtained assistance from an inmate to utilize his name and number on the return address. The letter was placed in the outgoing US mail box by the inmate. While a return name and number is required, the mail staff do not open this mail and as such inmates are able to remain anonymous within the letter. The John Howard Association is utilized for numerous services and they are not just an organization to report sexual abuse. The auditor received confirmation on January 20, 2023 that the letter was received by the John Howard Association. A copy of the letter that was mailed was forwarded back to

the auditor as well as the confirmation from John Howard Association staff that the inmate can remain anonymous.

Additionally during the tour, the auditor asked staff to demonstrate how they submit a written report. Staff indicated if they received a verbal report they would complete a written report via a 434 (Incident Report). The staff stated that 434s are in each housing unit and the document is filled out by hand. The staff stated they sign and date the report and give it to the Sergeant or Lieutenant. The staff further confirmed that they can bypass the Chain of Command and give the incident report to the Shift Commander if they want to remain private.

The auditor tested the third party reporting mechanism on January 22, 2023. The auditor called the PREA hotline as outlined on the agency website. The hotline is the same hotline utilized for the inmate population. The auditor received confirmation from the PREA Coordinator on January 23, 2023 that the message was received and forwarded to him to handle. He indicated he would provide the information to the facility for investigation if it was a report of sexual abuse or sexual harassment.

The auditor observed the intake process through a demonstration. All inmates arrive from another IDOC facility and have previously been provided PREA information and education. Inmates arriving at Western Illinois have orientation completed in one of the classrooms of the education building. The Handbook is provided in English or Spanish and staff go over information in the Handbook. The staff illustrated that they have a script that is utilized for orientation, which includes a discussion on the zero tolerance policy, definitions of sexual abuse and sexual harassment, examples, how to prevent sexual abuse and sexual harassment, what to do if sexually abused and how to report (internal

and external mechanisms). The staff stated for LEP inmates they first ask if any other inmates can speak or interpret the information and if there are not any they utilize the Spanish speaking counselor. The staff indicated for disabled inmates they have two peer orientation mentors that assist and they also have access to American Sign Language interpreters.

The auditor was provided a demonstration of the initial risk assessment. The initial risk screening is completed in a confidential setting one-on-one. The staff utilize the paper DOC 0494 form and write the individual in custody responses on the form. The paper document is placed in the inmate's file. The staff demonstrated that they give the DOC 0494 form to the inmate to complete. The staff stated information is self-reported and they do not go look at other information to see if responses are adequate (i.e. criminal history). Additionally, the auditor was provided a demonstration of the reassessment process. Staff complete the reassessment in person in a confidential office setting a week or so after the inmate arrives.

Staff complete the reassessment on the paper DOC 0494 form. The staff ask all the questions on the form and then review information in Offender 360 to confirm if information is accurate. The staff stated that they utilize information that is accurate from the file for the risk assessment if the self-reported information is not the same.

The auditor was unable to test the access to victim advocacy services during the on-site portion of the audit. Individuals in custody can add the victim advocacy number to their call list and call through the inmate phones, which are monitored and/or recorded. Individuals in custody are also able to set up a legal call or visit through the counselor. The individual in custody would request the confidential call and the staff member would set up the call. While this is a more confidential method for

speaking to the victim advocate than in the housing unit with numerous other individuals in custody surrounding them, the process is not known individuals in custody. The PCM advised the individual in custody would set up the call or visit through the counselor who would contact her. She stated she would then contact the rape crisis center to set up the call. The call would be completed in the counselor's office and staff would step out to ensure they have privacy. Individuals in custody are also able to contact the local rape crisis center via written correspondence.

During inmate interviews the auditor utilized a staff translator. Staff translated for two Spanish speaking inmates. During prior IDOC audits the auditor utilized Propio for language translation for the LEP inmate interviews. The auditor was provided a telephone number and access code to obtain services. Additionally during a prior IDOC audit the auditor utilized Propio for American Sign Language translation. The auditor was provided a website and access code and had American Sign Language provided over the computer.

### Documentation Sampling

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

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

Yes

No



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

During the audit the auditor requested personnel and training files of staff, inmate 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 39 personnel and/or training files that included five staff hired within the past twelve months, two contractors hired within the previous twelve months and three staff promoted within the previous twelve months. The sample included eight contractors, five volunteers and four medical and mental health care staff.

Inmate Files. A total of 46 inmate files were reviewed. 25 inmate files were of those that arrived within the previous twelve months, three were LEP inmates, seven were disabled inmates, four were transgender or intersex inmates and twelve were identified with prior sexual victimization and/or a history of prior abusiveness.

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

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 the sexual abuse and sexual harassment allegations as well as the incident report log and additional incident reports.

Investigation Files. There were eleven

allegations reported during the previous twelve months. The auditor reviewed all eleven investigations. All eleven were administrative investigations. The auditor also reviewed one criminal investigation completed prior to the twelve month period. The criminal investigation was referred for prosecution.

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

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

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

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

	<b># of sexual abuse allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual abuse</b>	3	0	3	0
<b>Staff-on-inmate sexual abuse</b>	4	0	4	0
<b>Total</b>	7	0	7	0

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	1	0	1	0
<b>Staff-on-inmate sexual harassment</b>	3	0	3	0
<b>Total</b>	4	0	4	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	3	0
<b>Staff-on-inmate sexual abuse</b>	0	0	4	0
<b>Total</b>	0	0	7	0

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	1
<b>Staff-on-inmate sexual harassment</b>	0	1	2	0
<b>Total</b>	0	1	2	1

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

**Sexual Abuse Investigation Files Selected for Review**

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

8

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>3</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>5</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>4</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	3
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No text provided.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No



## Non-certified Support Staff

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

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

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

The audited facility or its parent agency

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

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

Other

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

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

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

Interviews:

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

Findings (By Provision):

115.11 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The PAQ also stated that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment and that the policy includes definitions on prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in prohibited behaviors. The PAQ further stated that the policy includes a description of agency strategies and response to reduce and prevent sexual abuse and sexual harassment of inmates. The agency policy, AD 04.01.301 outlines the agency's strategies on preventing, detecting and responding to sexual abuse and include definitions of prohibited behavior. Page 1 states that the agency has a zero tolerance policy. In addition ID 04.01.301, outlines the facility specific procedures on preventing, detecting and responding to sexual abuse and sexual harassment. Page 2 (both policies) provide the definitions of prohibited behaviors and page 12 outlines sanctions for those who have participated in prohibited behaviors. In addition to AD and ID 04.01.301, the agency has numerous other policies that address portions of sexual abuse prevention, detection and response strategies. The policies include: 01.02.103, 04.03.104, 05.01.113, 04.01.105, 04.01.111, 05.07.101, 01.12.120, 01.12.112, 01.12.101, 01.12.115, 01.01.101, 01.02.101, 04.01.122, 03.03.102, 05.15.100, 04.01.114, 03.01.120, SOP Manual for Mental Health and Illinois Administrative Code 20.504. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC and PCM, training (staff, volunteers and contractors), staffing, intake/risk screening, inmate 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 inmate 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 of Programs. 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 of Programs. The interview with the PREA Compliance Manager indicated she felt she did not have enough time to manage all of her PREA related responsibilities. She stated she coordinates the facilities efforts to comply with PREA through committee meetings and through delegation. She stated they assign committee members to things such as monitoring for retaliation. The PCM indicated if she identifies an issue complying with a PREA standard she would bring it up during the committee meeting and they would identify a resolution to take to the Warden for approval. During the site review, the interview with the PCM and a review of documentation the auditor determined that the PCM was unaware of many of the policies and procedures related to PREA and the PREA standards (addressed under each specific standard).

Based on a review of the PAQ, AD 04.01.301, ID 04.01.301, 01.02.103, 04.03.104, 05.01.113, 04.01.105, 04.01.111, 05.07.101, 01.12.120, 01.12.112, 01.12.101,

01.12.115, 01.01.101, 01.02.101, 04.01.122, 03.03.102, 05.15.100, 04.01.114, 03.01.120, SOP Manual for Mental Health, Illinois Administrative Code 20.504, the PREA Manual, the agency organizational chart, the facility organizational chart and information from interviews with the PC and PCM, this standard appears to require corrective action. The interview with the PREA Compliance Manager indicated she felt she did not have enough time to manage all of her PREA related responsibilities. During the site review, the interview with the PCM and a review of documentation the auditor determined that the PCM was unaware of many of the policies and procedures related to PREA and the PREA standards (addressed under each specific standard).

#### Corrective Action

The facility will need to provide training to the PCM on all elements of the PREA standards as well as all agency/facility policies and procedures related to PREA. A copy of the training will need to be provided to the auditor. Further, the facility will need to establish a procedure to ensure that the PCM has enough time to manage all of her PREA related responsibilities (i.e. providing a staff member to assist or reducing other non-PREA related duties). A memo will need to be provided to the auditor on the determined process.

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

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

#### Additional Documents:

1. PREA Compliance Manager Orientation Guide
2. PREA Process Training Documents
3. PREA Advanced Training
4. Assignment of PREA Compliance Manager

The facility provided documentation indicating that two staff had been assigned to PREA Compliance at the facility. One staff is designated as the PREA Compliance Manager and the second is assigned to assist the PREA Compliance Manager. The

	<p>document outlined that the two staff were trained on policy, procedure and duties. Further, the facility provided training documents, including the PCM Orientation Guide and the PREA Process, that were utilized for the staff training. The two staff also completed the PREA Advanced Training provided by the agency.</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
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Contracts for Confinement of Inmates</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency’s Contract Administrator</li> </ol> <p>Findings (By Provision):</p> <p>115.12 (a): The PAQ indicated that the agency has entered into or renewed two contracts for the confinement of inmates 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”.</p> <p>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</p>

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.

115.13	Supervision and monitoring
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 01.02.103 Duty Administrative Officer, Back-up Duty Administrative Officer and Required Inspection Tours</li> <li>4. Staffing Plan</li> <li>5. Staffing Plan Review</li> <li>6. Deviations from the Staffing Plan (Daily Rosters)</li> <li>7. Documentation of Unannounced Rounds</li> </ol>



Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.13 (a): The PAQ indicated that the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates 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 inmates against sexual abuse and sexual harassment. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: generally accepted correctional practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant including blind-spots or areas where staff or offenders may be isolated, the composition of the offender population, the number and placement of supervisory staff, institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated that the staffing plan is based on 1546 inmates and the average daily population over the previous twelve months has been 1546. The facility employs 355 staff. Security staff mainly make up three shifts; 7:00am-3:00pm, 3:00pm-11:00pm and 11:00pm-7:00am. 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. During the tour the auditor confirmed the facility follows a staffing plan. There were numerous security staff in each housing building. Program, work and education areas included non-security staff and either a positioned or roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. The auditor confirmed that the physical plant of the housing units provided an adequate line of sight. The facility did not appear to be overcrowded and staffing appeared to be adequate based on the population. During the tour the auditor observed a blind spot in the maintenance area. Informal conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds every 30 minutes and supervisors make rounds once or twice per shift. Informal conversation with inmates indicated staff make rounds all the time and they see the Lieutenant and Major once in a while and the Sergeant all the time. During the tour the auditor confirmed there were cameras in housing units and in work, program and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. Cameras are viewed/monitored by internal affairs and administrative level staff. The interview with the Warden confirmed that the facility has a staffing plan that includes adequate levels to protect inmates from sexual abuse. The Warden stated that the facility is short staffed but that they mandate a lot of overtime in order to cover the staffing plan posts. He stated when posts are closed there are not individuals authorized in those areas. The Warden confirmed video monitoring is part of the staffing plan and that the plan is documented in the electronic drive. The Warden confirmed that all elements under this provision are considered in the staffing plan. He stated they try to prioritize the location and needs of staffing and they try to develop plans based on safety, security and the needs of the incarcerated individuals. He stated they try to keep a balance of staffing and video monitoring to ensure coverage of all areas. He stated the physical plant of the "X" houses are the same so staffing is the same in those units. He further stated overall staffing is based on medium custody level individuals and that there are additional staff on day shift when more movement and programming occurs. The Warden stated they check for compliance with the staffing plan through audits and a review of the daily roster for each shift. The interview with the PCM indicated there was already a staffing plan in place and so what they did in 2022 and 2023 was get the committee together and review the staffing plan. The PCM stated there is a member on the committee from each area so they can review elements under their prevue and they make revisions to the plan based on that review. The PCM confirmed there are more staff on day shift due to program and movement and the facility is staffed based on medium level security individuals.

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 on the daily roster. A review of nine 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 September 28, 2022. 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 inmate population, programs occurring on each shift, incidents of sexual abuse and other relevant factors. The staffing plan was previously reviewed on June 2, 2021. 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. The auditor requested unannounced rounds for five specific days during the audit period. At the issuance of the interim report all the requested documentation was not yet received. The

interviews with intermediate-level or higher-level staff confirm that they make unannounced rounds and that they document the unannounced rounds. The staff stated they document the unannounced rounds in the shift office book (DAO book) and in the housing unit log books. The staff indicated they try to ensure staff don't notify one another when they are making unannounced rounds by staggering the times and going different direction each time. Staff stated there is no way to completely prevent it, but they do vary time and location to try.

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. During the tour the auditor observed a blind spot in the maintenance area. The auditor requested unannounced rounds for five specific days during the audit period. At the issuance of the interim report all the requested documentation was not yet received.

#### Corrective Action

The facility will need to alleviate the blind spot and provide photos of the modification. The facility will need to provide the requested documentation related to unannounced rounds.

#### 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. Unannounced Rounds

The facility provided photos of mirrors that were placed in maintenance. The photos confirmed that the mirrors alleviated the blind spots.

	<p>The facility provided the originally requested documentation related to unannounced rounds. A review of the documentation indicated that unannounced rounds were not consistently being made across each shift in each housing unit in a manner that would identify and deter sexual abuse and sexual harassment. Specifically, the 11pm-7am shift unannounced rounds were consistently not being completed. The auditor requested additional unannounced rounds during the corrective action period to show corrective action. The facility provided documentation and while unannounced rounds were completed across all shifts, the 11pm-7am shift rounds were not made in a manner that would identify and deter sexual abuse and sexual harassment (once or twice a month). Further the unannounced rounds on the other two shift were also not documented as being consistent, but were more frequent than rounds made on the 11pm-7am shift. The facility indicated that Zone Supervisors make rounds daily on each shift, however the auditor was unable to confirm this was the process with the provided documentation.</p> <p>Based on the documentation provided, the facility has not corrected this standard and as such this standard has not been met.</p>
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<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Public Act 99-628</li> <li>3. Memorandum from Legal Counsel</li> </ol> <p>Findings (By Provision):</p> <p>115.14 (a): The PAQ and the memo from Legal Counsel indicated that no youthful inmates are housed at Western Illinois 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</p>

seventeen year old offenders are to be admitted into the penitentiary system at an Illinois Department of Juvenile Justice facility and later subject to permanent transfer to IDOC pursuant to 730 ILCS 5/3-10-7€ after attaining the age of eighteen.

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

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

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

<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 04.03.104 Evaluation, Treatment and Correctional Management of Transgender Offenders</li> </ol>

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 Inmates
3. Interviews with Transgender and/or Intersex Inmates

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 inmates. 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 inmates, absent exigent circumstances and the facility does not restrict female inmates' 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 inmate 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. There were zero female inmates at the facility.

Interviews with sixteen random staff indicated fourteen were not aware of a time that a transgender female was restricted from going somewhere because there was not a female to conduct a search. Interviews with three transgender indicated that two were never searched by a staff member of the opposite gender. One transgender inmate stated she had not gone through the transgender designation process with the state yet so she was still searched by males. The auditor confirmed that the individual was referred and would be reviewed during the next TAC meeting. Further one individual stated she was restricted from going to healthcare to have a separate shower because there was not a female staff member to search her. She stated this occurred one time.

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 inmates. 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 inmates 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 inmate 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 general population housing units provided privacy through cell doors with a small window and shower curtains. The health care unit provided privacy through solid doors, doors with small windows and a door with a tinted window. The segregated housing unit and receiving unit provided privacy through cell doors with a small window and bar stock doors. The auditor observed that the receiving unit



shower was positioned differently than the segregated housing unit shower and as such the bar stock was visible from the officer's station. The auditor viewed the strip search area in visitation and confirmed that it provided privacy through a solid door. The strip search area in intake also provided privacy through a door. Strip searches in the segregated housing unit are conducted in the showers and provide privacy based on placement. A review of video monitoring technology confirmed there were zero cross gender viewing issues identified. Additionally, there were zero cross gender viewing issues identified with mirror placement. With regard to the opposite gender announcement, the auditor heard the announcement made upon entry into each of the housing unit. The announcement was made verbally and over the loudspeaker in each unit. The agency also has a paging system for the deaf and hard of hearing inmates where the announcement can be sent out to their watches. Informal conversation with staff indicated that female staff make an announcement when entering housing units and individuals in custody have privacy when showering, using the restroom and changing their clothes. Informal conversation with inmates indicated that they have privacy when showering, using the restroom and changing their clothes and female staff make an announcement when they enter units. All sixteen random staff interviewed stated that inmates have privacy when showering, using the restroom and changing clothes through curtains. 37 of the 41 inmates interviewed indicated they had never been naked in front of a staff member of the opposite gender and have privacy when using the restroom, showering and changing their clothes. The inmates stated that they have privacy through curtains and doors. Fourteen of the 41 inmates stated that staff of the opposite gender announce when they enter inmate housing units. Thirteen of the sixteen staff stated that opposite gender staff announce their presence when entering an inmate housing unit. A few staff stated it is not done all the time, a few staff stated there are signs posted and a few staff indicated it is done at the beginning of the shift.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate'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 sixteen random staff indicated that ten were aware of an agency policy that prohibits strip searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. Interviews with three transgender inmates confirmed that none believed they were searched for the sole purpose of determining their genital status. It should be noted that one stated she is searched quite frequently and sometimes feels it's inappropriate.

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 sixteen random staff indicated thirteen had received training on how to conduct cross-gender pat down searches and searches of a transgender and intersex inmates. The auditor requested documentation for sixteen staff training records. At the issuance of the interim report the auditor had received three staff training records.

Based on a review of the PAQ, 04.01.301, 04.03.104, 05.01.113 a random sample of staff training records, observations made during the tour, as information from interviews with random staff and random inmates indicates this standard appears to require further corrective action. The auditor observed that the receiving unit shower was positioned differently than the segregated housing unit shower and as such the bar stock was visible from the officer's station. Fourteen of the 41 inmates stated that staff of the opposite gender announce when they enter inmate housing units. Thirteen of the sixteen staff stated that opposite gender staff announce their presence when entering an inmate housing unit. A few staff stated it is not done all

the time, a few staff stated there are signs posted and a few staff indicated it is done at the beginning of the shift. The auditor requested documentation for sixteen staff training records. At the issuance of the interim report the auditor had received three staff training records.

#### Corrective Action

The facility will need to make modifications to the receiving housing unit shower. Photos of the modification will need to be provided. The facility will need to train all staff on the opposite gender announcement. Confirmation of the training will need to be provided. Further the facility will need to provide the requested training documents.

#### Recommendation

The auditor recommends that the facility train staff on the prohibition under provision (e).

#### 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. Staff Training

The facility provided photos of the receiving unit shower that illustrated the shower had a curtain and an additional barrier was added to the handcuff port to provide additional privacy.

Training documentation was provided that illustrated that the opposite gender

	<p>announcement policy and procedure was covered during Department Head meetings and was covered during security staff roll call training from December 8-12, 2023 across all three shifts.</p> <p>The facility also provided the originally requested training documentation. All staff were documented with training during cycle training on cross gender searches and searches of transgender and intersex individuals.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 04.01.105 Facility Orientation</li> <li>4. Administrative Directive 04.01.111 ADA Accommodations</li> <li>5. Administrative Directive 05.07.101 Reception and Classification Process</li> <li>6. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> <li>7. Video Remote Interpreting Information</li> <li>8. Language Interpretation Procedure - Propio Language Services, LLC.</li> <li>9. Individuals In Custody Orientation Manual (Handbook)</li> <li>10. PREA Posters</li> <li>11. PREA Reporting Poster</li> </ol>

Interviews:

1. Interview with the Agency Head
2. Interviews with Inmates with Disabilities
3. Interviews with LEP Inmates
4. 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 inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 04.01.301, pages 7-8 state that the Department shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to offender who have limited reading skills. 04.01.111, pages 3-4 indicate that the CAO shall ensure offenders are provide with information regarding ADA disability accommodations and shall establish procedures for offender access to teletypewriter (TTY) and Video Remote Interpreting (VRS) equipment. The policy also indicates that the CAO shall find alternative notification methods for auditory announcements (tactile paging system). 05.07.101, page 2 states that all videos used during orientation shall include closed captioning subtitles and closed captioning utilizing American Sign Language which has been reviewed for accuracy of the interpretation by the Illinois Deaf and Hard of Hearing Commissioner or a qualified interpreter. The policy further states that the department shall reserve the first row of seats during orientation for offenders who are disabled. A review of PREA Posters, the PREA Reporting Poster and the Handbook confirmed that information can be provided in large font and bright colors and can be read to inmates in terminology that they understand. Additionally, pages 44-45 of the Handbook provide information on Americans with Disabilities (ADA) including requesting accommodations, telecommunication equipment and sign language information. During the tour the auditor observed PREA information posted throughout the facility. Housing units had the PREA Reporting Posters on red letter size paper in English and Spanish. The PREA Reporting Posters were observed in housing units on the walls and in the hallways. The PREA Reporting Posters contained information on zero tolerance, reporting methods (including the outside reporting entity) and victim advocacy. The PREA Posters (PREA and End the Silence) were also observed in the housings units and

common areas on legal size paper in English and Spanish. The PREA Posters had bright colors and included information on the zero tolerance policy and reporting via the hotline or to staff. Informal conversation with staff and inmates confirmed that the PREA information has been posted for a while. Additionally during the tour the auditor had an inmate illustrate what information was available on the tablet system. The auditor observed that the PREA Administrative Directive was added to the tablet system on November 9, 2021. Additionally, the auditor observed the tablet had a copy of the PREA standards. The interview with the Agency Head confirmed that the agency has an Administrative Directive, 04.01.111 ADA Accommodations and Propio Language Service Contact that establishes procedures to provide inmates with disabilities and inmates who are limited English Proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The Agency Head stated that orientation/educational materials are available in Spanish and that orientation is also available via video with the use of American Sign Language and Spanish translation. The interview further indicated that offenders have the ability to participate in interactive dialogue with staff if further clarification is warranted. Interviews with five disabled inmates and two LEP inmates indicated three were provided information in a format that they could understand. Most stated they never received any information at all. Two of the three that received information in a format they could understand stated it was just the posters on the wall.

115.16 (b): The PAQ indicates that the agency has established procedures to provide inmates 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 inmate. The company has interpretation services for over 600 languages. A review of PREA Posters, 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 posted throughout the facility. Housing units had the PREA Reporting Posters on red letter size paper in English and Spanish. The PREA Reporting Posters were observed in housing units on the walls and in the hallways. The PREA Reporting Posters contained information on zero tolerance, reporting methods (including the outside reporting entity) and victim advocacy. The PREA Posters (PREA and End the

Silence) were also observed in the housings units and common areas on legal size paper in English and Spanish. The PREA Posters had bright colors and included information on the zero tolerance policy and reporting via the hotline or to staff. Informal conversation with staff and inmates confirmed that the PREA information has been posted for a while. Additionally during the tour the auditor had an inmate illustrate what information was available on the tablet system. The auditor observed that the PREA Administrative Directive was added to the tablet system on November 9, 2021. Additionally, the auditor observed the tablet had a copy of the PREA standards. During inmate interviews the auditor utilized a staff translator. Staff translated for two Spanish speaking inmates. During prior IDOC audits the auditor utilized Propio for language translation for the LEP inmate interviews. The auditor was provided a telephone number and access code to obtain services. Additionally during a prior IDOC audit the auditor utilized Propio for American Sign Language translation. The auditor was provided a website and access code and had American Sign Language provided over the computer. Interviews with five disabled inmates and two LEP inmates indicated three were provided information in a format that they could understand. Most stated they never received any information at all. Two of the three that received information in a format they could understand stated it was just the posters on the wall.

115.16 (c): The PAQ indicated that agency policy prohibits use of inmate interpreters, inmate readers, or other type of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties, or the investigation of the inmate's allegation. The PAQ further stated the agency/facility documents the limited circumstances and that there were zero instances where an inmate 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 sixteen random staff indicated six were aware of a policy that prohibits utilizing inmate interpreters, readers or other types of inmate assistants for sexual abuse allegations. Interviews with five disabled inmates and two LEP inmates indicated that three were provided information in a format that they could understand. None of the inmates indicated that a translator, interpreter, reader or other assistant was utilized.

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 Handbook, observations made during the tour to include the PREA Posters as well as interviews with the Agency Head, random staff, inmates with disabilities and LEP inmates indicates that this standard requires corrective action.

Interviews with sixteen random staff indicated six were aware of a policy that prohibits utilizing inmate interpreters, readers or other types of inmate assistants for sexual abuse allegations. It should be noted that while only three of the seven inmates interviewed indicated they received information in a format they could understand, the facility has applicable resources, policies and procedures to accommodate. As such, this is related to provision 115.33 and will be documented under that standard.

Corrective Action

The facility will need to provide training to staff related to the policy under provision (c). A copy of the training will need to be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Staff Training

The facility provided a training memorandum related to the policy prohibiting the use of inmate interpreters, readers or assistants and the available resources to utilize for LEP and disabled inmates, that was read for five consecutive days during roll call from December 8-12, 2023.

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

<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 01.02.107 Background Investigations
3. Administrative Directive 03.02.100 Administrative Review of Personnel or Service Issues
4. Administrative Directive 03.02.108 Standards of Conduct
5. PREA Preemployment Self Report DOC 0450
6. PREA Questionnaire for Institutional Employers DOC 0589
7. Arrest Tracking Process Memorandum
8. Personnel Files of Staff
9. Contractor Background Files

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. 03.02.100, page 3 states that the Department shall not hire, promote or enlist the services of any employee, contractual or otherwise, who may have contact with offenders and: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution as defined in 42 U.S.C. 1997; has been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats or force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. The auditor requested personnel documents for five staff hired in the previous twelve months and two contractors hired in the previous twelve months. At the issuance of the interim report none of the requested documentation was provided.

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

115.17 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. 01.02.107, pages 2-3 state that background investigations shall be completed on person prior to employment or prior to placement in safety sensitive position and on person who provide services for the Department. There shall be two levels of background investigations: a computer criminal history check which include a check of an individual's criminal history through the Law Enforcement Agencies Data System (LEADS) and a complete background investigation which includes a check of LEADS and nine other database queries. Policy indicates a complete background investigation is required for all applicants prior to employment, employees, contractual employees and interns. The policy also indicates that the DOC 0450 is also required for the background investigation. A review of the DOC 0589 confirms that the PREA Questionnaire for Institutional Employers is sent to all prior institutional employers and contains four questions including if the individual was involved in a substantiated sexual abuse allegation and/or a sexual harassment allegation and/or if the individual resigned during a pending investigation of sexual abuse and/or a pending investigation of sexual harassment. The PAQ indicated there were 42 people hired in the past twelve months that may have contact with inmates and all 42 had a criminal background records check completed. The auditor requested personnel documents for five staff hired in the previous twelve months. At the issuance of the interim report none of the requested documentation was provided. The interview with Human Resource staff confirmed that the Background Investigation Unit (BIU) performs a background check on all request for background investigations sent by facilities. In addition, the BIU performs a check of IDOC Intel, work discipline and any PREA related incidents for all employees promoting to Shift Supervisor or a promotion in a Merit Compensation position. The Human Resource staff also stated that they check IDOC Intel and work discipline for employees that have answered "Yes" on the DOC 0450 (PREA self-disclosure). All contractors who have routine access to individuals in custody go through the background process.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. The PAQ indicated did not indicate the number of contracts at the facility within the past twelve months where criminal background record checks were conducted on all staff covered under the contract. 01.02.107, pages 2-3 state that background investigations shall be completed on person prior to employment or prior to placement in safety sensitive position and on person who provide services for the Department. There shall be two levels of background investigations: a computer criminal history check which include a check of an individual's criminal history through the Law Enforcement Agencies Data System (LEADS) and a complete background investigation which includes a check of LEADS and nine other database queries. Policy indicates a complete background investigation is required for all applicants prior to employment, employees, contractual employees and interns. The policy also indicates that the DOC 0450 is also required for the background investigation. The auditor requested personnel documents for two contractors hired in the previous twelve months. At the issuance of the interim report none of the requested documentation was provided. The Human Resource staff confirmed that all contractors who have routine access to individuals in custody go through the background process.

115.17 (e): The PAQ indicated that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, 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 auditor requested personnel documents for five staff hired in the previous twelve months and three staff promoted over the previous twelve months. At the issuance of the interim report none of the requested documentation was provided. The Human Resource staff stated that when an individual applies for employment with IDOC they are required to fill out the DOC 0031, Applicant Information Sheet (AIS). There are numerous questions within the AIS that asks about visiting, corresponding with and living with IDOC offenders. Additionally, the applicant is asked about any contact with Law Enforcement. Applicants and promoting employees are also required to complete the DOC 0450 (PREA self-report). The Human Resource staff member confirmed that staff have a continuing affirmative duty to disclose any previous misconduct. The staff indicated that policy of Standards of Conduct require the employee to disclose misconduct.

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

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

Based on a review of the PAQ, 01.02.107, 03.02.100, 03.02.108, DOC 0450, DOC 0589, the Arrest Tracking Process Memorandum, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to require corrective action. The auditor requested personnel documents for five staff hired in the previous twelve months and two contractors hired in the previous twelve months. At the issuance of the interim report none of the requested documentation was provided. The auditor requested personnel documents for three staff promoted over the previous twelve months. At the issuance of the interim report none of the requested documentation was provided.

#### Corrective Action

The facility will need to provide the requested documentation.

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

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

#### Additional Documents:

1. Staff Criminal Background Record Checks
2. Contractor Criminal Background Record Checks
3. DOC 0450 for Hired and Promoted Staff

The facility provided the originally requested documentation. All staff and contractors were documented with a criminal background records check prior to hire/enlisting their services. None of the newly hired staff selected had prior institutional employment. Additionally, all newly hired staff and the three staff promoted had the DOC 0450 completed prior to hire or promotion.

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

**115.18 Upgrades to facilities and technologies**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire

Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. The interview with the Agency Head indicated that the agency has a zero tolerance and that PREA is taken seriously. He stated that they take safety into consideration when planning or making any substantial modifications. The Agency Head indicated they utilize a multi-facet approach to ensure that everyone at the table is able to discuss any issues or items related to building and modification. He further stated they the agency looks at housing for vulnerable populations to ensure safety. The interview with the Warden confirmed there were no substantial expansions or modifications to the existing facility since the last PREA audit. During the tour the auditor confirmed that there were no modifications to the existing facility.

115.18 (b): The PAQ stated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later. Further communication with the PCM indicated this was incorrectly marked and that the facility has not updated or installed video monitoring technology since the last PREA audit. The facility did provide a list of cameras throughout the facility. A review of documentation confirmed the facility had a plethora of cameras in housing units and common areas. 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 inmates from sexual abuse. He stated that the agency has increased their video monitoring technology and has updated older technology. He indicated that video monitoring is utilized to review and investigate and also to assist with monitoring. He further stated that they review video after an allegation but they also use video monitoring in a proactive approach. The Warden confirmed that when installing or updating video monitoring technology they consider how that technology will protect inmates from sexual abuse. The Warden stated that they have to negotiate placement of video monitoring technology with the Union and all cameras that have been installed were based on past incidents and corrective action. He confirmed that they place cameras in higher risk areas. During the tour the auditor confirmed there were cameras in housing units and in work, program and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. Cameras are viewed/monitored by internal affairs and administrative level staff.

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

<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	Documents: <ul style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> </ul>

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 Brown County Satellite Office
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 Inmates 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 sixteen random staff indicated that ten were aware of and understood the protocol for obtaining usable physical evidence. Additionally, thirteen of the sixteen 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 inmates. 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 inmates 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 was one forensic medical examination completed during the previous twelve months. Documentation confirmed that the victim was provided a forensic medical examination at Blessing Hospital and the evidence was forwarded to the State Police for processing. The auditor contacted Blessing 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 Brown County Satellite Office, which was signed on September 13, 2021. The MOU states the purpose and scope of the MOU is to establish a joint effort between IDOC and Brown County Satellite Office to make available to inmates access to an outside entity to provide emotional support services related to sexual abuse, including crisis intervention and sexual assault counseling. The MOU further states that it is understood that face-to-face emotional support will be provided in as confidential a manner as possible or emotional support would be provided through confidential, unmonitored, unrecorded phone calls and shall comply with 735 ILCS 5/8-802.1 "Confidentiality of Statements Made to Rape Crisis Personnel". A review of investigations indicated seven were sexual abuse. Three of the inmates were not at the facility at the time of report (reported via Warden to Warden notification). The other four victims were not documented with access to a victim advocate. The interview with the PCM indicated that the facility provides victim advocates during the forensic medical examination. She stated these are completed at the hospital and they have advocates at the hospital to provide accompaniment services. The PCM further stated that for investigatory interviews they do not have an advocate to accompany inmate victims. Further she stated that Blessing Hospital will have a victim advocate from Brown County Satellite Office to provide accompaniment and the Shift Supervisor factors that in when they are planning for the hospital process. Interviews with inmates who reported sexual abuse indicated that none of the six were able to contact anyone after the report of sexual abuse and none were afforded access to a victim advocate.

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 Brown County Satellite Office 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 inmate. It is expected that the

treatment hospital will contact a local rape crisis center as may be specified within a memorandum of understanding or other agreement between the treatment hospital's local rape crisis center pursuant to SASETA. IDOC will allow an inmate transported to a treatment hospital for medical forensic services to access crisis intervention and medical advocacy while at the treatment hospital. If the PCM is on duty, and as time and circumstances allow, the PCM shall provide notice to the appropriate rape crisis center of an inmate being transported to a treatment hospital for medical forensic services to allow for an advocate to be dispatched earlier than when the hospital calls upon arrival. The MOU further states that after the forensic services is performed, IDOC will inform the inmate how to contact the rape crisis center so that the inmate can independently decide whether to avail himself or herself of additional rape crisis services. A review of investigations indicated seven were sexual abuse. Three of the inmates were not at the facility at the time of report (reported via Warden to Warden notification). The other four victims were not documented with access to a victim advocate, including the victim who was transported for a forensic medical examination. The interview with the PCM indicated that the facility provides victim advocates during the forensic medical examination. She stated these are completed at the hospital and they have advocates at the hospital to provide accompaniment services. The PCM further stated that for investigatory interviews they do not have an advocate to accompany inmate victims. Further she stated that Blessing Hospital will have a victim advocate from Brown County Satellite Office to provide accompaniment and the Shift Supervisor factors that in when they are planning for the hospital process. Interviews with inmates who reported sexual abuse indicated that none of the six were able to contact anyone after the report of sexual abuse and none were afforded access to a victim advocate.

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 inmate. 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 Brown County Satellite Office 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 Brown County Satellite Office, 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 inmate who reported sexual abuse indicates that this standard appears to require corrective action. The interview with the PCM indicated that the facility provides victim advocates during the forensic medical examination. She stated these are completed at the hospital and they have advocates at the hospital to provide accompaniment services. The PCM further stated that for investigatory interviews they do not have an advocate to accompany inmate victims. Further she stated that Blessing Hospital will have a victim advocate from Brown County Satellite Office to provide accompaniment and the Shift Supervisor factors that in when they are planning for the hospital process. Interviews with inmates who reported sexual abuse indicated that none of the six were able to contact anyone after the report of sexual abuse and none were afforded access to a victim advocate. A review of investigations indicated seven were sexual abuse. Three of the inmates were not at the facility at the time of report (reported via Warden to Warden notification). The other four victims were not documented with access to a victim advocate.

#### Corrective Action

The facility will need to develop a process for affording victims of sexual abuse access to victim advocates under provision (d) and (e). All staff will need to be trained on the process. Confirmation of the training will need to be provided. The facility will need to provide a list of sexual abuse allegations reported during the corrective action plan and corresponding documentation related to affording victim advocates.

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

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

#### Additional Documents:

1. Staff Training
2. List of Sexual Abuse Allegations During the Corrective Action Period
3. Victim Advocacy Documentation

The facility provided staff training documentation related to this standard which addressed the requirement of affording access to a victim advocate during the forensic medical examination. This is done by the hospital as a requirement under State law. The training did not discuss the other situations where victim advocates should be afforded (i.e. investigatory interviews and after a report of sexual abuse). Additionally, the training was not provided to appropriate staff who handle/coordinate these services. A second training memorandum was provided that outlined these services further, however the training was done at the completion of the corrective action period and the examples provided during the corrective action period did not show this process corrected.

The facility provided a list of sexual abuse allegations reported during the corrective action period. There were four sexual abuse allegations reported, none of which indicated the victim was afforded access to a victim advocate outside of those offered at the hospital under State law. Three additional documents were provided for sexual abuse allegations reported during the corrective action period. Two were completed correctly, but were via Warden to Warden notification and were completed at Menard and not at Western Illinois. The one that was completed at Western Illinois was not completed correctly and did not document the afforded access to a victim advocate.

A review of training and documentation illustrated that the facility did not correct this standard during the corrective action period and as such the standard is not met.

115.22	Policies to ensure referrals of allegations for investigations
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 01.12.120 Investigations of Unusual Incidents</li> <li>4. Memorandum of Understanding with the Illinois State Police/Office of Executive Inspector General</li> <li>5. Investigative Reports</li> </ol>

Interviews:

1. Interview with the Agency Head
2. Interview 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 fourteen allegations reported within the previous twelve months. All fourteen resulted in an administrative investigation and twelve were referred for criminal investigation. The PAQ stated of the investigations over the previous twelve months, two were still open. A review of the investigative log indicated there were eleven allegations reported during the previous twelve months, seven were sexual abuse and four were sexual harassment. All eleven allegations were referred for investigation and had an administrative investigation completed. The auditor reviewed all eleven investigation and confirmed all were documented with a completed investigation via an investigative report. The auditor reviewed one allegation made prior to the previous twelve months that involved a completed agency criminal investigation. The interview with the Agency Head confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. He stated the agency has a policy/manual and that all allegation are investigated. He indicated that when an allegation is reported through any of the available channels it is reported to the PCM who then reports it to intel staff. Intel staff complete an investigation and if deemed substantiated it is forwarded for criminal charges. The Agency Head stated that the agency takes all allegations seriously and they prosecute to the fullest extent.

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

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 inmate.

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 inmate.

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

The auditor originally determined during the interim report period that this standard appeared to be compliant, however during the corrective action period documentation was provided that refuted this finding. Grievance documentation required under Standard 115.52 was provided to the auditor. Allegations of sexual abuse and sexual harassment were identified in the numerous grievances provided. The grievance responses indicated that the allegations were forwarded for investigation. The auditor requested investigation numbers and a sample of those investigations during the corrective action period. The facility was unable to provide the requested information and confirmed that these allegations were not investigated. Thus the auditor determined that an administration and/or criminal investigation was not completed for all allegations of sexual abuse or sexual harassment. The auditor requested the grievance log during the corrective action period to determine if this issue was corrected. The grievance log was not provided until after the corrective action period was complete and as such the auditor was unable to determine if the identified issue was corrected. As such, based on a review of the PAQ, 04.01.301, 01.12.120, the MOU with the Illinois State Police, investigative reports, the agency's website, information obtained via interviews with the Agency Head and the investigator and documentation reviewed during the corrective action period, this standard appears to not be met.

115.31	Employee training
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents: <ol style="list-style-type: none"><li>1. Pre-Audit Questionnaire</li><li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li><li>3. Administrative Directive 03.03.102 Employee Training</li><li>4. Administrative Directives 01.01.101 Administrative Directives</li><li>5. Administrative Directive 01.02.101 Staff Meeting</li></ol>



6. PREA Pre-Service Orientation Training Curriculum
7. PREA – Individual in Custody Sexual Assault Prevention and Intervention Curriculum
8. Transgender and Non-Binary Individuals in Custody Setting – A Guide to Rehabilitation, Safety Management and Care
9. Supervising Individuals in Custody in the IDOC Women’s Division
10. Sample of Staff Training Records

Interviews:

1. Interviews with Random Staff

Findings (By Provision):

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

Rehabilitation, Safety Management and Care video. The auditor requested training records for sixteen staff. At the issuance of the interim report three staff training records were received showing they completed PREA training. Interviews with sixteen random staff confirmed that all sixteen had received PREA training. Staff stated they receive training annually and all required components under this provision are discussed during the PREA training.

115.31 (b): The PAQ indicated that training is tailored to the gender of inmate 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. Western Illinois Correctional Center houses adult male inmates 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 inmates 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 training records for sixteen staff. At the issuance of the interim report three staff training records were received showing all three had received PREA training at least every two years.

115.31 (d): The PAQ indicated that the agency documents that employees who may have contact with inmates 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 training records for sixteen staff. At the issuance of the interim report three staff training records were received showing they completed PREA training.

Based on a review of the PAQ, 04.01.301, 03.03.102, 01.01.101, 01.02.101, PREA Pre-Service Orientation Training Curriculum, PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum, Transgender and Non-Binary Individuals in Custody Setting - A Guide to Rehabilitation, Safety Management and Care training, Supervising Individuals in Custody in the IDOC Women's Division, a review of a sample of staff training records as well as interviews with random staff indicates that this standard appears to require corrective action. The auditor requested training records for sixteen staff. At the issuance of the interim report three staff training records were received showing they completed PREA training. The auditor requested training records for sixteen staff. At the issuance of the interim report three staff training records were received showing all three had received PREA training at least every two years.

#### Corrective Action

The facility will need to provide the requested training documents.

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

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

#### Additional Documents:

1. Staff Training

The facility provided the originally requested staff training documents. All staff were documented with PREA training that last two years.

	Based on the documentation provided, the facility has corrected this standard and it appears to be compliant.
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115.32	Volunteer and contractor training
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 04.01.122 Volunteer Services</li> <li>4. Administrative Directive 03.03.102 Employee Training</li> <li>5. Volunteer Services Handbook</li> <li>6. PREA Pre-Service Orientation Training Curriculum</li> <li>7. PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum</li> <li>8. Contractor Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Volunteers or Contractors who have Contact with Inmates</li> </ol> <p>Findings (By Provision):</p> <p>115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates 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;</p>

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 did not indicate the number of contractors and volunteers with training. A review of the PREA Pre-Service Orientation Training Curriculum and the PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum confirms that the trainings discuss responsibilities under the agency's sexual abuse and sexual harassment policy. A review of the Volunteer Handbook confirms that page 19 includes information on the zero tolerance, how to report and red flags. The auditor requested training documents for eight contractors and five volunteers. At the issuance of the interim report only three contractor training documents were provided showing they completed PREA training. The interviews with the two 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 available for interview.

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

PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum confirms that the trainings discuss responsibilities under the agency's sexual abuse and sexual harassment policy. A review of the Volunteer Services Handbook confirms that page 19 includes information on the zero tolerance, how to report and red flags. The auditor requested training documents for eight contractors and five volunteers. At the issuance of the interim report only three contractor training documents were provided showing they completed PREA training. The two contractors confirmed they received training on PREA, which covered the zero tolerance policy and how/who to report the information to. Both stated they attend annual cycle training at the facility and they go through PREA during the training. One contractor stated they also do online training while the other stated they get monthly online training as well as training upon hire. During the on-site portion of the audit there were zero volunteers available for interview.

115.32 (c): The PAQ indicated that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. 03.03.102, page 6 states that certificates or other verification of training received shall be provided to the Training Coordinator. The certificates or verification of training shall include all information required on the DOC 0200. Additionally, all newly hired staff are required to complete the Acknowledgement of Participation which indicates that the staff has read and understood 04.01.301. Additionally, 04.01.122, page 3 states that individual volunteer files shall include training documentation including documented orientation and any additional training. Training documentation shall be signed and dated by the volunteer along with the Volunteer Coordinator. The auditor requested training documents for eight contractors and five volunteers. At the issuance of the interim report only three contractor training documents were provided showing they completed PREA training.

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

Corrective Action

The facility will need to provide the requested documents.

	<p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. Contractor Training</li> <li>2. Volunteer Training</li> </ol> <p>The facility provided the originally requested contractor and volunteer training documents. All contractors and volunteers were documented with PREA training.</p> <p>Based on the documentation provided, the facility has corrected this standard and it appears to be compliant.</p>
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<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 04.01.105 Facility Orientation</li> <li>4. Administrative Directive Administrative Directive 04.01.111 ADA Accommodations</li> <li>5. Administrative Directive 05.07.101 Reception and Classification Process</li> <li>6. Video Remote Interpreting Information</li> <li>7. Language Interpretation Procedure – Propio Language Services, LLC.</li> </ol>

8. Individuals In Custody Orientation Manual (Handbook)
9. PREA Posters
10. PREA Reporting Poster
11. Inmate Training Records (Offender Orientation Receipt)

Interviews:

1. Interview with Intake Staff
2. Interviews with Random Inmates

Site Review Observations:

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

Findings (By Provision):

115.33 (a): The PAQ indicated that inmates 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 940 inmates received information on the zero-tolerance policy and how to report at intake, which is equivalent to 100% of the inmates who arrived in the previous twelve months. 04.01.301, page 7 states that during the admission and orientation process, offenders shall be provided with a presentation regarding the Department's Sexual Abuse and Harassment Prevention and Intervention Program, including reporting procedures and available services and the zero tolerance policy. Offenders shall be informed that victims need not name their attacker to receive medical and mental health services. The policy further states that the offender handbook shall include an explanation of reporting procedures and programs and services available to victims or predators of sexual abuse and harassment. A review of the Handbook confirmed that pages 47-52 include information on PREA. The information includes: zero tolerance, definitions of sexual abuse, how to prevent sexual abuse, what to do if the inmate has been sexually assaulted, medical information, investigation information, ways to report (including the outside reporting entity) and victim advocacy information. During the tour the auditor observed the intake process through a demonstration. All inmates arrive from another IDOC facility and have previously been provided PREA information and education. Inmates arriving at Western Illinois have orientation completed in one of the classrooms of the education building. The Handbook is provided in English or



Spanish and staff go over information in the Handbook. The staff illustrated that they have a script that is utilized for orientation, which includes a discussion on the zero tolerance policy, definitions of sexual abuse and sexual harassment, examples, how to prevent sexual abuse and sexual harassment, what to do if sexually abused and how to report (internal and external mechanisms). The staff stated for LEP inmates they first ask if any other inmates can speak or interpret the information and if there are not any they utilize the Spanish speaking counselor. The staff indicated for disabled inmates they have two peer orientation mentors that assist and they also have access to American Sign Language interpreters. The interview with intake staff confirmed inmates receive information the zero tolerance policy and how to report incident of sexual abuse and sexual harassment upon arrival at the facility. She stated inmates receive information during orientation and that every inmate goes through orientation within seven days of arrival. She stated they try to complete it within 48 hours of arrival though typically. Interviews with 41 inmates indicated that 28 were provided information on the agency's sexual abuse and sexual harassment policies. Inmates stated the information is available on the television and through the tablet. A review of 25 inmate files of those that arrived within the previous twelve months indicated 21 had received information at intake.

115.33 (b): 04.01.301, page 7 states that during the admission and orientation process, offenders shall be provided with a presentation regarding the Department's Sexual Abuse and Harassment Prevention and Intervention Program, including reporting procedures and available services and the zero tolerance policy. Offenders shall be informed that victims need not name their attacker to receive medical and mental health services. The policy further states that the offender handbook shall include an explanation of reporting procedures and programs and services available to victims or predators of sexual abuse and harassment. The PAQ indicated that 818 inmates received comprehensive PREA education within 30 days of intake. This is equivalent 100% of those received in the previous twelve months whose length of stay was for 30 days or more. During the tour, the auditor observed the intake process through a demonstration. All inmates arrive from another IDOC facility and have previously been provided PREA information and education. Inmates arriving at Western Illinois have orientation completed in one of the classrooms of the education building. The Handbook is provided in English or Spanish and staff go over information in the Handbook. The staff illustrated that they have a script that is utilized for orientation, which includes a discussion on the zero tolerance policy, definitions of sexual abuse and sexual harassment, examples, how to prevent sexual abuse and sexual harassment, what to do if sexually abused and how to report (internal and external mechanisms). The staff stated for LEP inmates they first ask if any other inmates can speak or interpret the information and if there are not any they utilize the Spanish speaking counselor. The staff indicated for disabled inmates they have two peer orientation mentors that assist and they also have access to American Sign Language interpreters. The interview with intake staff indicated that inmates are provided information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting sexual abuse and

sexual harassment and the agency/facility's policies and procedures in response to an allegation of sexual abuse and sexual harassment. She stated this information is provided during orientation, which is completed within seven days of arrival. She stated inmates are provided a copy of the Handbook (in English or Spanish) and that she has a script that she reads that discusses zero tolerance, definitions, examples, how to prevent sexual abuse, what to do if sexually abused and how to report (including JHA). Interviews with 41 inmates indicated that fifteen 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. Most of the inmates stated they were provided the information when they first arrived at the facility. A review of 25 inmate files of those received in the previous twelve months indicated 21 received comprehensive PREA education.

115.33 (c): The PAQ indicated that all current inmates 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 inmates 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. A review of 46 total inmate files indicated 38 were documented with being provided comprehensive PREA education. One of the inmates was documented with PREA education prior to 2013. The interview with intake staff indicated that inmates are provided information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting sexual abuse and sexual harassment and the agency/facility's policies and procedures in response to an allegation of sexual abuse and sexual harassment. She stated this information is provided during orientation, which is completed within seven days of arrival. She stated inmates are provided a copy of the Handbook (in English or Spanish) and that she has a script that she reads that discusses zero tolerance, definitions, examples, how to prevent sexual abuse, what to do if sexually abused and how to report (including JHA).

115.33 (d): The PAQ indicated that inmate PREA education is available in formats accessible to all inmates, 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 inmate. The company has interpretation services for over 600 languages. A review of PREA Posters, the Handbook and distributed information confirmed that information can be provided in large font, bright colors, can be read to inmates in terminology that they understand and is available in Spanish. Additionally, pages 44-45 of the Handbook provides information on Americans with Disabilities (ADA) including requesting accommodations, telecommunication equipment and sign language information. A review of seven disabled inmate files and three LEP inmate files indicated that eight had signed that they received and understood the PREA information. One of the disabled inmates had completed PREA education prior to 2013 and all three LEP inmates had signed English acknowledgment forms.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. 04.01.105, page 2 states that at the conclusion of the orientation program, each offender shall be requested to sign an Offender Orientation Receipt, DOC 0291, indicating he or she has participated in the orientation program and has obtained a copy of the manual. A review of 46 total inmate files indicated 38 were documented with being provided comprehensive PREA education. The 38 inmates signed an acknowledgment confirming they 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, inmate 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 Posters and the PREA Reporting Poster confirmed information is accessible to inmates through these avenues. During the tour the auditor observed PREA information posted throughout the facility. Housing units had the PREA Reporting Posters on red letter size paper in English and Spanish. The PREA Reporting Posters were observed in housing units on the walls and in the hallways. The PREA Reporting Posters contained information on zero tolerance, reporting methods (including the outside reporting entity) and victim advocacy. The PREA Posters (PREA and End the Silence) were also observed in the housing units and common areas on legal size paper in English and Spanish. The PREA Posters had bright colors and included information on the zero tolerance policy and reporting via the hotline or to staff. The auditor observed that Posters in the segregated housing unit were near the entrance door, an area that those in the housing unit do not have access to routinely. Informal conversation with staff and inmates confirmed that the PREA information has been posted for a while. Additionally during the tour the auditor had an inmate illustrate what information was available on the tablet system. The auditor observed that the PREA Administrative Directive was added to the tablet system on November 9, 2021. Additionally, the auditor observed the tablet had a copy of the PREA standards.

Based on a review of the PAQ, 04.01.301, 04.01.105, 04.01.111, 05.07.101, Propio Language Services, LLC. information, Video Remote Interpreting information, the Handbook, PREA posters, inmate education documents, the memo related to education during the interim report period, a sample of inmate 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 inmates indicates that this standard requires corrective action. Interviews with 41 inmates indicated that fifteen 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. Most of the inmates stated they were provided the information when they first arrived at the facility. A review of 25 inmate files of those that arrived within the previous twelve months indicated 21 had received information at intake and comprehensive PREA education. A review of 46 inmate files indicated 38 were documented with being provided comprehensive PREA education. One of the inmates was documented with PREA education prior to 2013. A review of seven disabled inmate files and three LEP inmate files indicated that eight had signed that they received and understood the PREA information. One of the disabled inmates had completed PREA education prior to 2013 and all three LEP inmates had signed English acknowledgment forms. The auditor observed that Posters in the segregated housing unit were near the entrance door, an area that those in the housing unit do not have access to routinely.

Corrective Action

The facility will need to ensure all inmates receive information at intake and comprehensive PREA education. The facility will need to provide the requested documents. If not available, the facility will need to provide education to those missing education and those who received education prior to 2013. A copy of the education documents will need to be provided. Additionally, the facility will need to provide education to LEP and disabled inmates in an accessible format. A copy of the education documents, to include documentation of accommodations will need to be provided. The facility will also need to provide a list of inmates received during the corrective action plan and provide education documents for every fifteenth inmate on the list. The facility will also need to relocate the PREA Posters in segregated housing and provided photos confirming the appropriate placement.

#### 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. Inmate Education Document
2. List of Inmates Received During the Corrective Action Period
3. List of Inmates that Arrived Prior to 2013
4. Process and Training Memorandum on LEP/Disabled Inmates
5. LEP and Disabled Inmate Education Documents
6. Photos of PREA Information in Segregated Housing

The originally requested inmate education documents were provided and indicated that all inmates received PREA education. All but one had the education completed within 30 days of arrival. Additionally, the facility provided a list of inmates that were received at the facility during the corrective action period and associated inmate education documents for a systematic sample. 38 of the 39 were documented with PREA education. The one inmate without education was no longer at the facility. All 38 inmates had the education completed within 30 days of arrival.

	<p>The facility provided a list of inmates that arrived at the facility prior to 2013 and associated updated education documents confirming the individuals were re-educated during the corrective action period.</p> <p>A process/training memo was provided that indicated LEP and disabled inmates would receive education through the Spanish PREA education video with Spanish subtitles. Staff signatures were provided confirming they received and understood the training on the updated inmate education process. Three LEP inmate documents were provided confirming they were re-educated during the corrective action period. All three signed a Spanish acknowledgment form. Two additional LEP inmates were identified during the corrective action period with the list of inmates that arrived during the corrective action period sample under Standard 115.41. Both had English forms signed. The facility re-educated the inmates and provided the Spanish acknowledgment forms.</p> <p>Photos were provided confirming that PREA Posters were placed at the front, back and middle of the segregated housing unit wing.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.34</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 01.12.115 Institutional Investigative Assignments</li> <li>4. Prison Rape Elimination Act (PREA) for Investigators Training Curriculum</li> <li>5. Investigator Training Records</li> </ol> <p>Interviews:</p>

## 1. Interview with Investigative Staff

### Findings (By Provision):

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

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

	<p>Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case.</p> <p>115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that five investigators have completed the specialized training. A review of documentation indicated that five facility staff were documented with the specialized investigations training. A review of twelve investigations revealed they were completed by three investigators, all of which had completed the specialized investigator training.</p> <p>115.34 (d): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, 04.01.301, 01.12.115, PREA for Investigators Training Curriculum, a review of investigator training records as well as the interview with the investigator, indicates that this standard appears to be compliant.</p>
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<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 03.03.102 Employee Training</li> <li>4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> <li>5. Prison Rape Elimination Act: What Healthcare and Mental Health Providers Need to Know Training Curriculum</li> <li>6. Wexford Health Prison Rape Elimination Act (PREA) and Implementation Training Curriculum</li> <li>7. Medical and Mental Health Staff Training Records</li> </ol>



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 33 medical and mental health staff and that 100% of these staff received the specialized training. The auditor requested training documents for four medical and mental health care staff. At the issuance of the interim report none of the requested training was provided. Interviews with medical and mental health care staff indicated they have received training but it was not specialized. One staff stated she gets annual training at the facility and it included all elements under this provision. The second staff member stated she did not remember what elements were covered as she had the training a while ago. She knows that her job is not to figure out what happened but to follow up with them, take allegations seriously and always report the information.

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 training documents for

four medical and mental health care staff. At the issuance of the interim report none of the requested training was 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 training documents for four medical and mental health care staff. At the issuance of the interim report none of the requested training was 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 indicate this standard requires corrective action. The auditor requested training documents for four medical and mental health care staff. At the issuance of the interim report none of the requested training was provided. Interviews with medical and mental health care staff indicated they have received training but it was not specialized. One staff stated she gets annual training at the facility and it included all elements under this provision. The second staff member stated she did not remember what elements were covered as she had the training a while ago. She knows that her job is not to figure out what happened but to follow up with them, take allegations seriously and always report the information.

#### Corrective Action

The facility will need to provide the requested training documents. Additionally, the facility will need to make sure all medical and mental health care staff complete an

	<p>updated specialized medical and mental health training to ensure they are aware of the elements under this provision. Confirmation of the training will need to be provided.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. Medical and Mental Health Staff Training</li> </ol> <p>The facility provided the originally requested training documents. All were documented with training under 115.31 or 115.32. Two of the specialized training documents provided were inadequate as the specialized training was not completed during cycle training until July 2022 (training provided was from 2021). The auditor requested the updated training documents during the corrective action period, however the documentation was not received. As such, the auditor was unable to confirm that all full and part-time medical and mental health care staff that work regularly in the facility received the specialized medical and mental health care training.</p> <p>Based on the documentation provided, the facility has not corrected this during the corrective action period and as such this standard is not met.</p>
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<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> </ol>

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. Inmate Assessment and Reassessment Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interviews with Random Inmates
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 Where Inmate Files are Located

Findings (By Provision):

115.41 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. 04.01.301, page 6 states that staff shall make a reasonable effort to ensure the screening and assessment is conducted in consideration of sound confidentiality and sensitivity to the offender. Screening and assessment shall be documented on the Screening for Potential Sexual Victimization or Sexual Abuse, DOC 0494, or an electronic equivalent and shall occur ordinarily within 24 hours of admission or transfer to any facility by staff designated by the Chief Administrative Officer who shall screen each offender for sexually abusive behavior or victimization. Policy further states that the ordinarily within 72 hours of admission or transfer to any facility clinical services staff review the pre-sentence report, statement of facts and other materials in the master file for sexually abusive behavior and victimization. Concerns shall be forwarded to the PCM. Mental health professionals will also inquire whether the offender has been a victim of sexual abuse in the past. The interview with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness upon arrival at the facility. Interviews with 24 inmates that arrived within the previous twelve months indicated sixteen were asked questions related to risk of victimization

and abusiveness. The auditor was provided a demonstration of the initial risk assessment. The initial risk screening is completed in a confidential setting one-on-one. The staff utilize the paper DOC 0494 form and write the individual in custody responses on the form. The paper document is placed in the inmate's file. The staff demonstrated that they give the DOC 0494 form to the inmate to complete. The staff stated information is self-reported and they do not go look at other information to see if responses are adequate (i.e. criminal history).

115.41 (b): The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. 04.01.301, page 6 states that staff shall make a reasonable effort to ensure the screening and assessment is conducted in consideration of sound confidentiality and sensitivity to the offender. Screening and assessment shall be documented on the Screening for Potential Sexual Victimization or Sexual Abuse, DOC 0494, or an electronic equivalent and shall occur ordinarily within 24 hours of admission or transfer to any facility by staff designated by the Chief Administrative Officer who shall screen each offender for sexually abusive behavior or victimization. Policy further states that the ordinarily within 72 hours of admission or transfer to any facility clinical services staff review the pre-sentence report, statement of facts and other materials in the master file for sexually abusive behavior and victimization. Concerns shall be forwarded to the PCM. Mental health professionals will also inquire whether the offender has been a victim of sexual abuse in the past. The PAQ noted that 913 inmates were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received a risk screening within 72 hours. A review of 25 files of those that arrived in the previous twelve months indicated eighteen had an initial risk assessment completed. Sixteen of the eighteen were within 72 hours. Interviews with 24 inmates that arrived within the previous twelve months indicated sixteen were asked questions related to risk of victimization and abusiveness. Most stated they were asked when they first arrived. The interview with the staff responsible for the risk screening confirmed the risk assessment is completed within 72 hours. She indicated she completes it immediately.

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 inmates 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 inmate falls on the continuum. The continuum ranges from not likely, likely, moderately likely to highly likely for both vulnerable and predatory. The inmates who fall in the highly likely or moderately likely range are then reviewed for the official vulnerable or predatory designation. The DOC 0949 also states that the evaluator may refer an individual in custody on the continuum, but if the individual falls into the likely or not likely range, a rationale for the referral should be documented.

115.41 (d): A review of the Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494) indicates that the tool has two sections; vulnerability and predatory. The vulnerability section includes general information such as age, height, weight, number of incarcerations, non-violent or violent criminal history, disabilities (developmental, mental illness and physical), education level, socioeconomic status and immigrant status/language. Inmates are also asked about identified or perceived sexual orientation, gender identity and history of sexual victimization. The inmate 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 inmate falls on the continuum. The continuum ranges from not likely, likely, moderately likely to highly likely for vulnerability. The inmates who fall in the highly likely or moderately likely range are then reviewed for the official vulnerable designation. The staff responsible for the risk screening stated that the initial risk screening is completed via the DOC 0494 and they ask all the questions on the form. The staff stated the responses are tallied and that it determines if they are predator or vulnerable. If someone is highly likely to be predator or vulnerable they are referred to Clinical Services for the designation. The staff stated she provides the form to the inmate to complete and that the information is self-report as she will not have the file or any information in front of her to confirm. The staff indicated the form asks about history of victimization, prior incarcerations, mental illness, developmental disability, physical disability, sexual orientation, gender identify, prior institutional sexual abuse, sex offenses in the community, domestic violence and assault. The auditor probed the risk screening staff related to other factors and she confirmed that all the required factors in provisions (d) and (e) were included.

115.41 (e): A review of the Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494) indicates information including, history of sexual abusive behavior, criminal history of sexual abuse in the community, history of domestic violence, security threat group affiliation and history of 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 inmate falls on the continuum. The continuum ranges from not likely, likely, moderately likely to highly likely for predatory. The inmates 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 stated the responses are tallied and that it determines if they are predator or vulnerable. If someone is highly likely to be predator or vulnerable they are referred to Clinical Services for the designation. The staff stated she provides the form to the inmate to complete and that the information is self-report as she will not have the file or any information in front of her to confirm. The staff indicated the form asks about history of victimization, prior incarcerations, mental illness, developmental disability, physical disability, sexual orientation, gender identify, prior institutional sexual abuse, sex offenses in the community, domestic violence and assault. The auditor probed the risk screening staff related to other factors and she confirmed that all the required factors in provisions (d) and (e) were included.

115.41 (f): The PAQ indicated that the policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 04.01.301, page 6 states that within 30 days of admission or transfer to the facility, each offender, including any offender returned to Reception and Classification as a parole or mandatory supervised release violator, shall be screened again for sexually abusive behavior or victimization and potentially predator or vulnerable offender identification based upon any additional, relevant information received by the facility since the intake screening. The PAQ noted that 818 inmates were reassessed within 30 days, which is equivalent to 100% of the inmates who arrived and stayed longer than 30 days. The interview with the staff responsible for the risk screening indicated that inmates are reassessed by Clinical Services. Clinical Services staff stated they have to complete the reassessment within 30 days, but they typically see them within a week of arrival. During the tour the auditor was provided a demonstration of the reassessment process. Staff complete the reassessment in person in a confidential office setting a week or so after the inmate arrives. Staff complete the reassessment on the paper DOC 0494 form. The staff ask all the questions on the form and then review information in Offender 360 to confirm if information is accurate. The staff stated that they input information that is accurate from the file if the self-reported information is not the same. Interviews with 24 inmates that arrived within the previous twelve months indicated four had been asked questions related to their risk of victimization and abusiveness more than once. They stated they were asked a few weeks later or they were unsure of the timeframe. A review of 25 inmate files of those that arrived in the previous twelve months indicated fifteen had a reassessment completed. Thirteen were within the 30 day timeframe. Four of the thirteen were completed a week after the initial was completed.

115.41 (g): The PAQ indicated that the policy requires that an inmate'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 inmate's risk of sexual victimization or abusiveness. 04.01.301, page 6 states screening and assessment shall occur when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. The interview with staff responsible for the risk screening confirmed that inmates are reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. Interviews with 24 inmates that arrived within the previous twelve months indicated four had been asked questions related to their risk of victimization and abusiveness more than once. They stated they were asked a few weeks later or they were unsure of the timeframe. A review of 25 inmate files of those that arrived in the previous twelve months indicated fifteen had a reassessment completed. A review of investigations indicated two were sexual abuse allegations that were unsubstantiated and would necessitate a possible change to the risk assessment related to prior sexual victimization. At the issuance of the interim report the auditor had not received documentation that either victim was reassessed.

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

115.41 (i): 04.01.301, page 6 states that staff shall make a reasonable effort to ensure the screening and assessment is conducted with consideration of sound confidentiality and sensitivity to the offender. The interview with the PREA Coordinator indicated that the agency has outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. He stated screening information is provided on a need-to-know basis to make informed placement decisions as well as predator/vulnerable designations. The PCM stated that Clinical Services has staff that are designated to complete the risk screenings and those would be the staff with access to the information. She further stated that the paper copy would go to records and records staff would have access to that information. The staff responsible for risk screening stated that the forms (DOC 0494) are not accessible to everyone. She stated they go from her to Clinical Services. Clinical Services then stated they place the form in the inmate's file. Risk screening information is maintained in the electronic Offender 360



program and in the inmate file. The auditor had a security staff member pull up the electronic system to see what was able to be viewed. The staff was able to view the questions and the response of each inmate's risk assessment. The auditor observed that the inmate records room is staffed Monday through Friday 8am-4pm. The inmate records room is locked when not staffed and has restricted access. The inmate file is available to medical and mental health care staff, the Warden, Internal Affairs and Intel.

Based on a review of the PAQ, 04.01.301, the PREA Manual, DOC 0494, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard requires corrective action. The auditor was provided a demonstration of the initial risk assessment. The initial risk screening is completed in a confidential setting one-on-one. The staff utilize the paper DOC 0494 form and write the individual in custody responses on the form. The paper document is placed in the inmate's file. The staff demonstrated that they give the DOC 0494 form to the inmate to complete. The staff stated information is self-reported and they do not go look at other information to see if responses are adequate (i.e. criminal history). A review of 25 files of those that arrived in the previous twelve months indicated eighteen had an initial risk assessment completed. Sixteen of the eighteen were within 72 hours. A review of 25 inmate files of those that arrived in the previous twelve months indicated fifteen had a reassessment completed. Thirteen were within the 30 day timeframe. Four of the thirteen were completed a week after the initial was completed. Interviews with 24 inmates that arrived within the previous twelve months indicated four had been asked questions related to their risk of victimization and abusiveness more than once. They stated they were asked a few weeks later or they were unsure of the timeframe. A review of investigations indicated two were sexual abuse allegations that were unsubstantiated and would necessitate a possible change to the risk assessment related to prior sexual victimization. At the issuance of the interim report the auditor had not received documentation that either victim was reassessed. The staff responsible for the risk screening stated she provides the risk form to the inmate to complete and that the information is self-report as she will not have the file or any information in front of her to confirm. The interview with the staff responsible for the risk screening indicated that inmates are reassessed by Clinical Services. Clinical Services staff stated they have to complete the reassessment within 30 days, but they typically see them within a week of arrival. Risk screening information is maintained in the electronic Offender 360 program and in the inmate file. The auditor had a security staff member pull up the electronic system to see what was able to be viewed. The staff was able to view the questions and the response of each inmate's risk assessment.

Corrective Action

The facility will need to revamp their risk assessment process. Staff should be trained on the process as well as policies and procedures related to initial and 30 day risk assessments. The facility will need to provide confirmation of the training. During the corrective action period the facility will need to provide a list of inmates that arrived as well as initial and reassessments for every fifteenth inmate on the list. The facility will also need to provide a list of all sexual abuse allegations reported during the corrective action period and associated reassessments due to incident of sexual abuse. Further, the facility will need to modify the access to the risk screening information and provide confirmation of the restriction.

#### 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 Inmates Received During the Corrective Action Period
2. Inmate Risk Assessments
3. Staff Training
4. 04.01.302 – Screening for Risk of Victimization and Abusiveness
5. List of Sexual Abuse Allegations During Corrective Action Period
6. Offender 360 Restricted Access Documentation

The agency created a policy related to risk assessments during the corrective action period, 04.01.302. The agency policy, page 2 outlines that a risk assessment (DOC 0494) is required to be completed for all alleged victims and alleged perpetrators at the conclusion of any sexual abuse investigation determined to be substantiated or unsubstantiated. Additionally, the policy outlines that the process for initial and reassessments, including timelines and the requirement of verbally asking the questions on the DOC 0494 and reviewing information in the file to confirm responses. Staff were provided training via the updated policy and a training memo from the Warden. Staff signatures were provided confirming staff completed the training.

Two inmates that did not have a risk assessment completed (based on auditor documentation review) had a risk assessment completed during the corrective action period. Documentation was provided confirming the risk assessment was completed.

A list of inmates received during the corrective action period and a systematic sample of risk assessments were provided to the auditor. Five of the inmates were missing an initial risk assessment and reassessment. The auditor requested a second updated list of inmates that arrived from the first sample to the current date. The facility provided the list and a systematic sample. One was missing an initial risk assessment and two were missing a reassessments. The remaining inmates had an initial risk assessment within 72 hours and a reassessment within 30 days. Further review by the auditor indicated that the systematic sample was not systematic (every fifteenth inmate was the systematic sample selected). The auditor requested an additional twelve documents related to initial risk assessments and reassessments. All twelve had an initial risk assessment completed within 72 hours and a reassessment completed within 30 days.

A list of sexual abuse allegations reported during the corrective action period was provided to the auditor. There were four sexual abuse allegations reported, none of which had a reassessment completed after incident of sexual abuse. The facility provided three risk assessments illustrating that three of the inmates were reassessed, however the risk assessments provided were from when the inmate was transferred to a new facility and were not completed due to incident of sexual abuse at Western Illinois Correctional Center.

The facility provided documentation indicating that the agency implemented security roles for the Offender 360 risk screening information. The agency restricted access to only a few security roles and all other staff are required to request access to the risk screening information through the agency PC. The PC also provided screenshots of different staff's views in Offender 360. The auditor confirmed the staff did not have access to the risk screening.

Based on the documentation provided the facility has not corrected this standard during the corrective action and as such this standard is not met.

<b>115.42</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 04.03.104 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 Inmates 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 Inmates
5. Interviews with Transgender Inmates

Site Review Observations:

1. Location of Inmate 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 inmates at high risk of being

sexually victimized from those at high risk of being sexually abusive. 04.01.301, page 6 states that any indication of sexually abusive behavior, victimization or potential victimization in a correctional setting identified at a Reception and Classification Center or any assigned facility shall be referred to the facility PREA Compliance Manager. The PCM shall promptly review any referrals to assess whether an offender should be identified as a predator or vulnerable offender using the DOC 0494 and make recommendations regarding safety consideration and treatment or counseling needs. Page 7 further states that an offender identified as vulnerable shall not be housed with an offender identified as a predator. Prior to housing an offender identified as vulnerable or an offender identified as a predator, the proposed housing assignment shall be reviewed and approved by the Chief Administrative Officer in consultation with the facility PCM. A review of housing, program and work assignments for predator and vulnerable individuals confirmed that they were not housed in the same unit together and they did not work or program together. The interview with the PREA Compliance Manager indicated she does not play a big role in how risk assessment information is utilized. She stated when they have their committee meetings, placement staff, the Assistant Warden and Clinical Services all talk about individual placement assignments. She stated placement staff will initially make housing decision based on the risk screening information. Further she indicated placement will use the risk screening information to appropriately house predator and vulnerable status individuals and keep separate from individuals. The interview with the staff responsible for the risk screening indicated that information from the risk screening is utilized for placement. She stated the predator or vulnerable designation affects who the individual can be celled with and whether they need to be single celled.

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

115.42 (c): The PAQ indicated that the agency/facility makes housing and program

assignments for transgender or intersex inmates in the facility on a case-by-case basis. 04.03.104, page 7 indicates that transgender, intersex and gender incongruent offenders shall not be assigned to gender-specific facilities based solely on their external genital anatomy. The Transgender Administrative Committee (TAC) shall make individualized determinations about how to ensure the safety of each offender including considering transfer from one gender-specific facility to an opposite gender facility and specifically the gender of staff which will perform searches of the offender. The determination shall consider, on a case-by-case basis, whether specific placement ensure the offender's health and safety, and whether the placement would present management or security concerns. The agency as a whole houses approximately 150 transgender inmates. Currently the agency houses nine transgender female inmates at female facilities and zero transgender male inmates at male facilities. The review of meeting minutes for four TAC meetings confirms that housing is reviewed on a case-by-case basis for each inmate. The interview with the PCM indicated that she was unaware of how transgender and intersex housing and program assignments were made and she believed they were treated equally like everyone else. She stated as far as housing, the facility factors in the predator or vulnerable designation, the same as every other individual. The PCM confirmed that placement would take into consideration the safety of the inmate and the presentation of any security or management problems. Interviews with three transgender inmates indicated that two were asked how they felt about their safety. All three further stated that they did not believe LGBTI inmates 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 inmates. A review of documentation for eleven transgender inmates confirmed that all eleven were documented with biannual assessments via DOC 0700. These were completed by the TAC. The auditor requested four additional biannual assessments for transgender individuals at Western Illinois. At the issuance of the interim report the documentation had not yet been received. The PCM stated she was unaware of how often placement and programming assignments for transgender and intersex inmates were reviewed. The staff responsible for the risk screening confirmed that transgender and intersex inmates would be reassessed at least twice per year. She stated they do many assessments on transgender and intersex inmates.

115.42 (e): 04.03.104, page 7 states that decisions shall be made by the TAC on a case-by-case basis with serious consideration given to circumstances including, but not limited to, the following: the offender's perception of whether a male or female facility is safest for him or her, as well as the preferred gender of staff to perform

searches. The interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates' views with respect to their safety are given serious consideration. Interviews with three transgender inmates indicated two were asked about how they felt about their safety with regard to housing and programming assignments. It should be noted that one inmate had not gone through the TAC for transgender designation. The auditor confirmed that she was on the list to be reviewed by the TAC in July.

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 had privacy through curtains, doors with windows, solid doors and bar stock. The showers in the health services unit were observed to have a solid door or a door with a tinted window. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are afforded the opportunity to shower separately. The staff responsible for the risk screening stated they can shower in Health Care or they can shower on the unit when everyone else is locked down. The PCM stated that transgender and intersex inmates are given the opportunity to shower when other inmates are not on the housing wing. She stated they have a memo that specifies their time and they sign it and get a copy. Interviews with three transgender inmates indicated that all three have been afforded the opportunity to shower separately. All three stated they can shower in health services.

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 inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. The interview with the PC confirmed that the agency is not subject to a consent decree and that there is not a dedicated facility for LGBTI inmates. He further stated placement decisions are made to ensure the safety and security of all individuals in custody. Facility, housing unit and cell assignments are made on a case by case basis and housing individuals strictly by gender identity or sexual orientation is prohibited. The PCM confirmed that the agency does not have a consent decree and that LGBTI inmates are not placed in dedicated facilities, units or wings solely because of their identification or status. Interviews with two LGB inmates and three transgender inmates indicated that all five did not feel the facility places LGBTI inmates in dedicated facilities, units, or wings solely on the basis of such identification or status. A review of housing assignments for LGBTI inmates confirmed that they were spread across numerous different housing units at the facility, confirming that LGBTI inmates were not placed in one

dedicated unit or wing at Western Illinois.

Based on a review of the PAQ, 04.01.301, 04.03.104, the PREA Manual, inmates at risk of sexual abusiveness and sexual victimization housing determinations, transgender or intersex inmate house determinations, transgender or intersex biannual assessments, LGBTI inmate housing assignments, observations made during the tour and information from interviews with the PC, PCM, staff responsible for conducting the risk screening and LGBTI inmates, indicates that this standard appears to require corrective action. The auditor requested four additional biannual assessments for transgender individuals at Western Illinois. At the issuance of the interim report the documentation had not yet been received. The interview with the PCM indicated that she was unaware of how transgender and intersex housing and program assignments were made and she believed they were treated equally like everyone else. She stated as far as housing, the facility factors in the predator or vulnerable designation, the same as every other individual. The PCM stated she was unaware of how often placement and programming assignments for transgender and intersex inmates were reviewed.

#### Corrective Action

The facility will need to provide the requested biannual assessments. Further the facility will need to train the PCM and any other applicable staff on the policies and procedures under this provision. A copy of the training will need to be provided.

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

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

#### Additional Documents:

1. Staff Training
2. Biannual Risk Assessments

The facility provided training with staff related to housing of transgender and intersex



	<p>individuals, biannual assessments, separate showers for transgender and intersex individuals and ensuring transgender and intersex individuals' views with respect to their safety are given serious consideration. Staff signatures were provided confirming the training.</p> <p>The facility provided the originally requested transgender inmate biannual assessments. All were documented with biannual assessments (January and July).</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 05.15.100 Restrictive Housing</li> <li>4. Inmates at High Risk of Victimization Housing Assignments</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Warden</li> <li>2. Interview with Staff who Supervise Inmates in Segregated Housing</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations in the Segregated Housing Unit</li> </ol> <p>Findings (By Provision):</p>

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of 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. The PAQ noted that there were zero inmates at high risk of victimization that were placed in involuntary segregated housing in the past twelve months. 04.01.301, page 7 states that an offender identified as vulnerable shall not be housed in a segregated status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided and such placement in segregation shall not ordinarily exceed a period of 30 days. The interview with the Warden confirmed that agency policy prohibits placing inmates 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 form likely abusers. A review of housing assignments for current inmates at high risk of sexual victimization indicated one individual identified as vulnerable was housed in segregated housing, however it was not due to risk of victimization, but rather disciplinary reasons.

115.43 (b): During the tour the auditor observed that the segregated housing unit consisted of a wing of cells and an officers area. The housing unit had a separate outdoor recreation area and group room. Inmates in segregated housing are provided group daily and recreation and showers every other day Phones are accessible to inmates in segregated housing once every 30 days. Mail and grievances are provided to security staff or a counselor who then places it in a locked box. The interview with the staff who supervise inmates in segregated housing indicated that if the individual was placed in segregated housing they would not have access to programs, privileges, education or work opportunities. He stated they would have access to groups through mental health, recreation and showers. There were no inmates 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 inmates at risk of sexual victimization who were assigned to involuntary segregated housing due to their risk of sexual victimization. 04.01.301, page 7 states that an offender identified as vulnerable shall not be housed in a segregated status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided and such placement in segregation shall not ordinarily exceed a period of 30 days. The interview with the Warden confirmed that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely

abuser(s) could be arranged. He stated the facility has a receiving unit that they can utilize in lieu of segregated housing. He stated if they had to use segregated housing it would typically be for 24 hour or less, unless it was a weekend, and then it may be until staff return on Monday. The interview with the staff who supervise inmates in segregated housing confirmed that inmates would only be placed in involuntary segregated housing until they could find alternative means of separation from likely abusers. He stated he did not believe it would take long to find alternative housing. He indicated if there was nothing to place them in segregated housing for and they had an open bed in receiving they would place the individual in receiving so they would not lose any privileges. There were no inmates 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 inmates 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 inmate's safety and the reason why alternative means of separation could not be arranged. A review of housing assignments for current inmates at high risk of sexual victimization indicated one individual identified as vulnerable was housed in segregated housing, however it was not due to risk of victimization, but rather disciplinary reasons.

115.43 (e): The PAQ indicate that if an inmate 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 inmate 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. The interview with the staff who supervise inmates in segregated housing confirmed that inmates would be reviewed at least every 30 days for their continued need for placement in involuntary segregated housing. There were no inmates 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, 05.15.100, high risk inmate housing assignments, observations from the facility tour as well as information from the interviews with the Warden and staff who supervise inmates in segregated housing indicates this standard appears to require corrective action. The interview with the

staff who supervise inmates in segregated housing indicated that if the individual was placed in segregated housing they would not have access to programs, privileges, education or work opportunities. He stated they would have access to groups through mental health, recreation and showers.

Corrective Action

While staff advised they would utilize receiving rather than segregated housing typically, staff should be trained on the policy, procedure and process under this standard. A copy of the training will need to be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Staff Training

The facility provided staff training that was completed that outlined the requirements under this standard. Staff signatures were provided confirming staff received and understood the training.

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

115.51	Inmate reporting
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

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

Interviews:

1. Interviews with Random Staff
2. Interviews with Random Inmates
3. Interview with the PREA Compliance Manager

Site Review Observations:

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

Findings (By Provision):

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

include: telling any staff member; calling the hotline, writing to the PC, to the John Howard Association (outside reporting entity) and/or sending a note, grievance or request slip. During the tour the auditor observed PREA information posted throughout the facility. Housing units had the PREA Reporting Posters on red letter size paper in English and Spanish. The PREA Reporting Posters were observed in housing units on the walls and in the hallways. The PREA Reporting Posters contained information on zero tolerance, reporting methods (including the outside reporting entity) and victim advocacy. The PREA Posters (PREA and End the Silence) were also observed in the housings units and common areas on legal size paper in English and Spanish. The PREA Posters had bright colors and included information on the zero tolerance policy and reporting via the hotline or to staff. Additionally during the tour the auditor had an inmate illustrate what information was available on the tablet system. The auditor observed that the PREA Administrative Directive was added to the tablet system on November 9, 2021. The auditor tested the internal reporting mechanisms during the tour. The auditor called the internal PREA hotline on May 24, 2023 and left a message to test functionality. Inmates are advised to select English or Spanish upon contact with the hotline. Initial phone instructions are provided in English and Spanish, however the hotline instructions/directions are only available in English. The auditor received confirmation from the PC on May 24, 2023 that the call was received and forwarded to him. The internal PREA hotline is accessible on all phones but does require an individual in custody number. The auditor also tested the internal written reporting process. The auditor had an individual in custody assist with submitting a grievance on May 24, 2023. The individual assisted with filling out the appropriate sections of the grievance and the auditor placed the grievance in the locked box in the housing unit. On May 25, 2023 the auditor received a copy of the grievance indicating it was received by staff and provided to the PCM. Interviews with 41 inmates confirm that all 41 were aware of at least one method to report sexual abuse and sexual harassment. Most inmates indicated that they would report through a staff member, a grievance or through the hotline. Interviews with sixteen random staff indicate that inmates can report to staff, through the hotline and via a grievance

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ indicated that the facility does not house inmates solely for civil immigration purposes. The agency has an MOU with the John Howard Association. The MOU states John Howard Association will allow IDOC to identify JHA within inmate orientation materials and prison posting as one way for inmates to report sexual abuse or sexual harassment to an entity that is not part of the agency, and that is able to receive and forward inmate reports of sexual abuse or harassment to Agency official for investigation, allowing the inmate to remain anonymous, upon request. The MOU further provides additional responsibilities for JHA and IDOC. The PREA Manual, page 29 indicates that offenders shall be provided contact information to the John Howard Association to make such reports. This information shall be available in Handbook. A review of the Handbook and PREA Reporting Poster confirmed that inmates can report externally to the John Howard Association. The

Handbook (pages 50-51) states that inmates can report through an independent outside entity, the John Howard Association of Illinois (JHA). The Handbook indicates that JHA has privileged mail status. It also states that inmates can remain anonymous and provides direction to state in the letter that the inmate does not want his/her name to be included. The PREA Reporting Poster states that inmates can report via privileged mail to the John Howard Association through the PO Box in Chicago, Illinois. During the tour the auditor observed PREA information posted throughout the facility. Housing units had the PREA Reporting Posters on red letter size paper in English and Spanish. The PREA Reporting Posters were observed in housing units on the walls and in the hallways. The PREA Reporting Posters contained information on zero tolerance, reporting methods (including the outside reporting entity) and victim advocacy. During the tour the auditor observed that inmates are able to place outgoing mail in any of the locked boxes around the facility, including in the housing units. None of the drop boxes were specific to sexual abuse or sexual harassment allegations or information. The interview with the mailroom staff indicated that outgoing mail is collected from the housing units. Regular mail comes up unsealed and is scanned/read by staff. The mailroom staff stated that legal mail comes up sealed and they do not open it to scan/read. The mailroom staff stated that regular incoming mail is opened and they scan/read to look for any contraband. Incoming legal mail is logged and provided to the second shift to distribute to inmates. The mailroom staff stated that legal mail is opened by the inmate in front of the staff. The mailroom staff stated that mail to and from JHA is treated like legal/privileged mail. The auditor previously tested the outside reporting entity during the on-site portion of another IDOC audit. Because the mail process and JHA process is the same across all IDOC facilities, the auditor did not send another letter. The auditor also tested the outside reporting mechanism via a letter to the John Howard Association at a prior IDOC audit. The auditor obtained an envelope and sent a letter to the John Howard Association on January 10, 2023. The auditor obtained assistance from an inmate to utilize his name and number on the return address. The letter was placed in the outgoing US mail box by the inmate. While a return name and number is required, the mail staff do not open this mail and as such inmates are able to remain anonymous within the letter. The John Howard Association is utilized for numerous services and they are not just an organization to report sexual abuse. The auditor received confirmation on January 20, 2023 that the letter was received by the John Howard Association. A copy of the letter that was mailed was forwarded back to the auditor as well as the confirmation from John Howard Association staff that the inmate can remain anonymous. The interview with the PCM indicated they have visiting Chaplains that come in for services and inmates are able to reach out to them to report as an outside reporting entity. She further stated they have access to report to the support services organization which is victim advocacy. The PCM indicated that outside vendors (such as Chaplains) are provided training and during the training they are advised to report any sexual abuse or sexual harassment to the Shift Supervisor. She stated as far as the victim advocacy service and reporting back to the facility, they have not had a lot of luck with the organization and they have never had any outside contact with them. Interviews with 41 inmates indicated 27 were aware of an outside reporting entity (JHA) and 20 were aware they could anonymously report. While some of the inmates 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 inmates 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 they submit a written report. Staff indicated if they received a verbal report they would complete a written report via a 434 (Incident Report). The staff stated that 434s are in each housing unit and the document is filled out by hand. The staff stated they sign and date the report and give it to the Sergeant or Lieutenant. The staff further confirmed that they can bypass the Chain of Command and give the incident report to the Shift Commander if they want to remain private. Interviews with 41 inmates indicate that 40 knew they could report verbally and/or in writing to staff and 40 knew they could report through a third party. It should be noted that numerous inmates advised they could report to staff, but that they would not report to them because they did not trust staff. Inmates made numerous comments related to retaliation by staff member and staff being involved in a "brotherhood". Interviews with sixteen random staff confirmed that inmates can report verbally, in writing, anonymously and through a third party. Staff indicated they would document verbal allegations in a written report immediately, or as soon as possible. A review of investigative reports indicated three were reported via Warden to Warden notification, one was reported via the hotline, four were reported verbally and three were reported through an unknown avenue (auditor was unable to determine based on information in the investigative report). All eleven investigation however included incident reports from staff involved, including the four staff who verbally received the initial allegation from the inmate, to ensure the information was documented and referred for investigation.

115.51 (d): The PAQ indicates the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. 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 inmates. Interviews with sixteen staff indicated that all sixteen were aware that they could privately report sexual abuse of an inmate.

Based on a review of the PAQ, PREA Manual, memo related to John Howard



Association, TRUST Act memo, the Handbook, the PREA Poster, observations during the tour, information from interviews with the PCM, random inmates and random staff, and the documentation provided related to the auditors test of the outside entity reporting and the internal reporting line, this standard appears to require corrective action. The interview with the PCM indicated they have visiting Chaplains that come in for services and inmates are able to reach out to them to report as an outside reporting entity. She further stated they have access to report to the support services organization which is victim advocacy. The PCM indicated that outside vendors (such as Chaplains) are provided training and during the training they are advised to report any sexual abuse or sexual harassment to the Shift Supervisor. She stated as far as the victim advocacy service and reporting back to the facility, they have not had a lot of luck with the organization and they have never had any outside contact with them. Interviews with 41 inmates indicated 27 were aware of an outside reporting entity (JHA) and 20 were aware they could anonymously report.

#### Corrective Action

The facility will need to educate staff and inmates on the outside reporting entity. Confirmation of the training/education will need to be provided to the auditor.

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

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

#### Additional Documents:

1. Staff Training
2. Photos of PREA Reporting Posters

The facility provided staff training, including to the PCM, that outlined that JHA is the outside reporting entity and that inmates can remain anonymous when reporting to JHA. The training was distributed through Department Heads. Additionally, the training memo advised that the information would be discussed with inmates during inmate orientation. Staff signatures were provided confirming the training was received and understood.

	<p>The facility provided photos confirming that the PREA Reporting Posters (which contains the external reporting entity information) were placed throughout the facility, including in each housing unit. The PREA Reporting Posters were placed around the facility in both English and Spanish on bright colored paper.</p> <p>Inmates are advised of JHA through the Handbook. The Handbook advises that JHA is the external reporting entity and inmates can remain anonymous when reporting but must indicate that they want to remain anonymous in the body of the letter.</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><b>Auditor Overall Determination:</b> Does Not Meet Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.114 Local Offender Grievance Procedures</li> <li>3. Individuals In Custody Orientation Manual (Handbook)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Inmates who Reported Sexual Abuse</li> </ol> <p>Findings (By Provision):</p> <p>115.52 (a): 04.01.114 is the policy related to grievance procedures for inmates. The PAQ indicated that the agency is not exempt from this standard.</p> <p>115.52 (b): The PAQ indicated that agency policy or procedure allows an inmate to</p>

submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The PAQ further indicated that inmates are required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Further communication with the PC indicated that this was an error and that inmates are not required to use the informal grievance process. 04.01.114, page 2 states that offender grievances related to allegations of sexual abuse shall not be subject to any filing time frame. Policy further states that offender grievances involving alleged incidents of sexual abuse shall be exempt from any informal grievance process. A review of Handbook confirmed that information on grievances is provided to inmates on pages 51-52.

115.52 (c): The PAQ stated that agency policy and procedure allow an inmate 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 inmate 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 confirmed that information on grievances is provided to inmates on pages 51-52.

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 48 sexual abuse grievances filed in the previous twelve months, 36 of which had a response within 90 days and twelve which involved a 70 day extension. The PAQ further indicated that the agency always notifies an inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made. 04.01.114, page 6 states that the Department shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90 day time period shall not include time consumed by the offender in preparing any administrative appeal. Policy further states that the Department may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The offender shall be notified, in writing, of such extension and provided with a date by which a decision will be made. Page 6 also states that at any level of the grievance process, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level. The auditor requested documentation related to the 48 grievances, however at the issuance of the interim report the documentation had not yet been provided. Interviews with inmates who reported sexual abuse indicated two were aware they were to be told the outcome of the investigation. One advised he was verbally told the outcome and four stated they were never told anything about the investigation. One inmate indicated he reported

via a grievance and that he never received anything back from filing the grievance.

115.52 (e): The PAQ indicated that agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. The PAQ further indicated that agency policy and procedure requires that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate'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 inmates in the past twelve months in which the inmate declined third-party assistance and which contained documentation of the inmate's decision to decline. The auditor requested documentation related to the 48 grievances, however at the issuance of the interim report the documentation had not yet been provided.

115.52 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate 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 48 emergency grievance alleging substantial risk of imminent sexual abuse in the previous twelve months. None had an initial response within 48 hours and five had a final response within five days. The auditor requested documentation related to the 48 grievances, however at the issuance of the interim report the documentation had not yet been provided.

115.52 (g): The PAQ indicated that the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate 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 inmates 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. The auditor requested documentation related to the 48 grievances, however at the issuance of the interim report the documentation had not yet been provided. Interviews with inmates who reported sexual abuse indicated two were aware they were to be told the outcome of the investigation. One advised he was verbally told the outcome and four stated they were never told anything about the investigation. One inmate indicated he reported via a grievance and that he never received anything back from filing the grievance.

#### Corrective Action

The facility will need to provide the requested documentation in order for the auditor to determine if additional corrective action is needed.

#### 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

The facility provided the originally requested grievances. Numerous grievances were not sexual abuse or sexual harassment related, however the auditor identified that four were allegations of sexual abuse. All four had a response, three were within 90 days and one did not have a date so the auditor was unable to determine if a response was provided. While all four had a response, none of the four included information related to an investigation. The response only indicated the allegation was referred for investigation. The auditor requested the investigations related to the four grievances. None of investigations were provided during the corrective action

	<p>period. Additionally, six sexual harassment allegations were reported via grievance. All six had a response indicating the allegation was referred for investigation. The auditor requested the investigations related to the allegations, however the facility did not provide the investigations. It was determined that the six sexual harassment allegations and the four sexual abuse allegations reported via grievance were not investigated. As such, while the facility has a grievance process and responses are being provided related to the grievances, the grievance process at the facility is inadequate. It appears that the grievances process is not a functional method for inmates to report an allegation. The auditor requested the grievance log during the corrective action period to determine if the process had been corrected, however the grievance log was not provided until after the corrective action period was completed. As such, the auditor was unable to determine if the grievance process was corrected.</p> <p>Based on the documentation provided this standard has not been corrected during the corrective action period and as such this standard is not met.</p>
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<b>115.53 Inmate access to outside confidential support services</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Memorandum of Understanding with Brown County Satellite Office</li> <li>4. Individuals in Custody Orientation Manual (Handbook)</li> <li>5. PREA Poster</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Random Inmates</li> <li>2. Interviews with Inmates who Reported Sexual Abuse</li> <li>3. Interview with Victim Advocate</li> </ol>

Site Review Observations:

1. Observation of Victim Advocacy Information

Findings (By Provision):

115.53 (a): The PAQ indicated that the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. It further stated that the facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers for local, state or national victim advocacy or rape crisis organizations and that the facility provides inmates with access to such services by enabling reasonable communication between inmates 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 Brown County Satellite Office indicates that the purpose and scope of the MOU is to establish a joint effort between IDOC and Brown County Satellite Office to make available to inmates access to an outside entity to provide emotional support services related to sexual abuse, including crisis intervention and sexual assault counseling, to aid IDOC in fulfilling compliance with 115.53 while inmates are incarcerated at Western Illinois Correctional Center and within the IDOC prison. The MOU further states that it understood face-to-face emotional support provided in a confidential a manner as possible or emotional support through confidential unmonitored, unrecorded phone call(s) shall comply with 735 ILCS 5/8-802.1 "Confidentiality of Statements Made to Rape Crisis Personnel". A review of the Handbook and PREA Reporting Poster confirmed that inmates are provided the mailing address and telephone number to Brown County Satellite Office. The documents state that individuals in custody may contact victim advocates for emotional support services related to sexual abuse. 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 Handbook (page 51) advises inmates if they want more information on emotional support services they can contact their Counselor, Mental Health, PCM or Brown County Satellite Office. During the tour the auditor observed PREA information posted throughout the facility. Housing units had the PREA Reporting Posters on red letter size paper in English and Spanish. The PREA Reporting Posters were observed in housing units on the walls and in the hallways. The PREA Reporting Posters contained information on zero tolerance, reporting methods (including the outside reporting entity) and victim advocacy. The auditor was unable to test the access to victim advocacy services during the on-site portion of the audit. Individuals in custody can add the victim advocacy number to their call list and call

through the inmate phones, which are monitored and/or recorded. Individuals in custody are also able to set up a legal call or visit through the counselor. The individual in custody would request the confidential call and the staff member would set up the call. While this is a more confidential method for speaking to the victim advocate than in the housing unit with numerous other individuals in custody surrounding them, the process is not known individuals in custody. The PCM advised the individual in custody would set up the call or visit through the counselor who would contact her. She stated she would then contact the rape crisis center to set up the call. The call would be completed in the counselor's office and staff would step out to ensure they have privacy. Individuals in custody are also able to contact the local rape crisis center via written correspondence. Interviews with 41 inmates, including those who reported sexual abuse, indicated six were aware of outside victim advocacy services and eleven were provided a phone number and mailing address to a local rape crisis center. Most of the eleven indicated they received the information but they were not familiar with specifics on the organization. It should be noted that while a minimal number of inmates indicated they were aware of the victim advocacy information, the information was observed in the Handbook and posted all over the facility.

115.53 (b): The PAQ indicated that the facility informs inmates, 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 inmates, 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 Brown County Satellite Office indicates that the purpose and scope of the MOU is to establish a joint effort between IDOC and Brown County Satellite Office to make available to inmates access to an outside entity to provide emotional support services related to sexual abuse, including crisis intervention and sexual assault counseling, to aid IDOC in fulfilling compliance with 115.53 while inmates are incarcerated at Western Illinois Correctional Center and within the IDOC prison. The MOU further states that it understood face-to-face emotional support provided in a confidential a manner as possible or emotional support through confidential unmonitored, unrecorded phone call(s) shall comply with 735 ILCS 5/8-802.1 "Confidentiality of Statements Made to Rape Crisis Personnel". A review of the Handbook and PREA Reporting Poster confirmed that inmates are provided the mailing address and telephone number to Brown County Satellite Office. The documents state that individuals in custody may contact victim advocates for emotional support services related to sexual abuse. 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. It further states that calls made from the Individual in Custody Phone System may be monitored and recorded. Allegations provided to victim advocates may be forwarded to authorities in accordance with mandatory reporting laws. Pages 31-33 of the Handbook outlines the mail process including privileged mail and pages



35-36 outline the telephone process, including information about telephone calls from individual in custody phones being subject to monitoring and recording. The Handbook advises that all requests for unmonitored calls must be made through the Clinical Services Department. Brown County Satellite Office is not outlined as legal or privileged mail. During the tour the auditor observed PREA information posted throughout the facility. Housing units had the PREA Reporting Posters on red letter size paper in English and Spanish. The PREA Reporting Posters were observed in housing units on the walls and in the hallways. The PREA Reporting Posters contained information on zero tolerance, reporting methods (including the outside reporting entity) and victim advocacy. During the tour the auditor observed that inmates are able to place outgoing mail in any of the locked boxes around the facility, including in the housing units. None of the drop boxes were specific to sexual abuse or sexual harassment allegations or information. The interview with the mailroom staff indicated that outgoing mail is collected from the housing units. Regular mail comes up unsealed and is scanned/read by staff. The mailroom staff stated that legal mail comes up sealed and they do not open it to scan/read. The mailroom staff stated that regular incoming mail is opened and they scan/read to look for any contraband. Incoming legal mail is logged and provided to the second shift to distribute to inmates. The mailroom staff stated that legal mail is opened by the inmate in front of the staff. The mailroom staff stated that mail to and from the rape crisis center is treated like legal/privileged mail. Interviews with 41 inmates, including those who reported sexual abuse, indicated six were aware of outside victim advocacy services and eleven were provided a phone number and mailing address to a local rape crisis center. Most of the eleven indicated they received the information but they were not familiar with specifics on the organization. It should be noted that while a minimal number of inmates indicated they were aware of the victim advocacy information, the information was observed in the Handbook and posted all over the facility.

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 inmates 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 Brown County Satellite Office. The MOU was signed September 13, 2021 and the facility maintains a copy of the MOU.

Based on a review of the PAQ, 04.01.301, the MOU with Brown County Satellite Office, the Handbook, the PREA Poster and interviews with random inmates and inmates who reported sexual abuse and this standard appears to require corrective action. The auditor was unable to test the access to victim advocacy services during the on-site portion of the audit. Individuals in custody can add the victim advocacy number to their call list and call through the inmate phones, which are monitored and/or recorded. Individuals in custody are also able to set up a legal call or visit through the counselor. The individual in custody would request the confidential call and the staff

member would set up the call. While this is a more confidential method for speaking to the victim advocate than in the housing unit with numerous other individuals in custody surrounding them, the process is not known individuals in custody. The PCM advised the individual in custody would set up the call or visit through the counselor who would contact her. She stated she would then contact the rape crisis center to set up the call. The call would be completed in the counselor's office and staff would step out to ensure they have privacy. Interviews with 41 inmates, including those who reported sexual abuse, indicated six were aware of outside victim advocacy services and eleven were provided a phone number and mailing address to a local rape crisis center. Most of the eleven indicated they received the information but they were not familiar with specifics on the organization.

#### Corrective Action

The facility will need to ensure that staff and inmates are aware of the process for contacting the local rape crisis center in a confidential manner. The facility will need to provide confirmation that staff and inmates were advised of this process.

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

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

#### Additional Documents:

1. Staff Training
2. Photos of PREA Reporting Posters
3. Updated Individuals in Custody Orientation Manual (Handbook)

The facility provided a training memo from the agency PC to mailroom staff advising that mail to the local rape crisis center is treated as privileged mail. Staff signatures were provided confirming mailroom staff received and understood the training. Additionally, the Handbook was updated to include information on page 33 about mail to/from the local rape crisis center being treated as privileged mail.

	<p>The facility provided staff training that was completed related to victim advocacy information. This information was distributed via Department Heads. Staff signatures were provided confirming the training. The facility also provided photos confirming the PREA Reporting Poster was throughout the facility in English and Spanish on bright colored paper. The Posters included the contact information for the local rape crisis center, including how to contact and level of confidentiality.</p> <p>During the corrective action period the agency worked on a process to provide inmates with access to local rape crisis centers across the state through a speed dial number (999). The speed dial is facility specific and dials to the local rape crisis center in the area (agency that has an MOU with the facility). The information for the speed dial was added to the PREA Reporting Poster and included that calls to this number were not monitored and recorded. The 999 speed dial was implemented another IDOC facility to allow the agency to test the process. The auditor received confirmation of the test from the inmate phone system. While the process was implemented and was tested to confirm functionality, the organizations asked the agency not to implement the speed dial until after the holidays. Thus the facility updated the distributed information but did not post the updated information with the speed dial. They indicated this would be posted and redistributed at the beginning of 2024.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.54</b>	<b>Third-party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> <li>3. PREA Poster</li> <li>4. PREA Reporting Poster</li> </ol> <p>Findings (By Provision):</p>

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 inmate. The PREA Manual, page 32 states that the Department shall post publicly, and maintain, the third-party reporting avenue on its public website. A review of the agency's website confirms that there is information on how to report sexual abuse and/or staff sexual misconduct. Individuals can call the IDOC Headquarters number (217-558-4013) and leave a message. Additionally, the PREA Posters state that individuals can write to the IDOC PREA Coordinator and/or to the John Howard Association. During the tour third party reporting information was observed in visitation, administration and the front entrance via the PREA Poster (End the Silence) and the PREA Reporting Poster. Both Posters were in English and Spanish on bright colored paper. The PREA Posters were larger (legal size paper) while the PREA Reporting Posters were on letter size paper. The PREA Posters provided information on reporting via the hotline and to any staff member while the PREA Reporting Posters included the same information as well as information on how to report to the PREA Coordinator and John Howard Association. The auditor tested the third party reporting mechanism on January 22, 2023. The auditor called the PREA hotline as outlined on the agency website. The hotline is the same hotline utilized for the inmate population. The auditor received confirmation from the PREA Coordinator on January 23, 2023 that the message was received and forwarded to him to handle. He indicated he would provide the information to the facility for investigation if it was a report of sexual abuse or sexual harassment.

Based on a review of the PAQ, the PREA Manual, the PREA Poster, PREA Reporting Poster and the agency's website this standard appears to be compliant.

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

Manual (PREA Manual)

5. Investigative Reports

Interviews:

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

Findings (By Provision):

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

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 sixteen staff confirm that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would report the information to their supervisor.

115.61 (c): Interviews with medical and mental health care staff confirm that at the initiation of services with an inmate they disclose limitations of confidentiality and their duty to report. Both staff stated they are required to report any knowledge, suspicion or information related an incident of sexual abuse or sexual harassment. One of the two staff members stated that she has become aware of such incidents and she immediately reported the information to the Shift Commander. She further stated she also completed an incident report. A review of investigative reports indicated one allegation was verbally reported to a mental health staff member. The mental health staff member verbally notified security and also completed a written incident report and provided it to the Shift Commander.

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

experienced it so he would consult with the Administrative Directive and reach out to find the answer.

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 investigators. A review of investigative reports indicated three were reported via Warden to Warden notification, one was reported via the hotline, four were reported verbally and three were reported through an unknown avenue (auditor was unable to determine based on information in the investigative report). All eleven 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 indicates that this standard appears to require corrective action. The Warden stated that they do not house offenders under eighteen. He further stated he is sure there are mandatory reporting laws, however he had not experienced it so he would consult with the Administrative Directive and reach out to find the answer.

#### Corrective Action

The facility will need to train appropriate staff on mandatory reporting laws. 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"> <li>1. Staff Training</li> </ol> <p>The facility provided staff training that was completed related to mandatory reporting laws and the standard. Staff signatures were provided confirming 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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<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> <li>4. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head</li> <li>2. Interview with the Warden</li> <li>3. Interviews with Random Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.62 (a): The PAQ indicated that when the agency or facility learns that an inmate</p>



is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be immediately provided protection from the alleged abuser and the incident shall be investigated. The PREA Manual, page 33 states that in cases where the alleged perpetrator is another offender, the Shift Supervisor shall be notified immediately. The Shift Supervisor shall ensure appropriate and immediate safeguards to protect the offender are taken. Depending on the severity, safeguards may include monitoring the situation, changing housing assignments, changing work assignments, placing the alleged victim and perpetrator in Special Housing, etc. The PREA Manual further states that if the alleged perpetrator is a staff member, all options for safeguarding the offender shall be considered as described above. Options may include reassignment to another unit or post, or other measures that will effectively separate the staff member from the offender. The PAQ stated that there were zero determinations made in the past twelve months that an inmate was at substantial risk of imminent sexual abuse. A review of investigations indicated there were no inmates deemed at imminent risk, however there were four inmates who reported sexual harassment. The one inmate-on-inmate sexual harassment allegation involved the alleged perpetrator being moved to segregated housing. The three that involved staff did not include any additional protective measures. The Agency Head stated that the agency has many actions, including removing the individual from harm's way, removing the perpetrator and placing the staff member on administrative leave. He further stated that the risk would be investigated and the individual would be provided medical and mental health services. The interview with the Warden indicated if an inmate was deemed at imminent risk of sexual abuse they would immediately remove the individual from the situation and initiate the PREA process. He stated they would start a PREA checklist and take the individual to medical and mental health. He stated they would also start an investigation into the imminent risk. Interviews with random staff indicated that they would separate the individual and notify a supervisor. Some staff stated they would ensure the individual was moved to another housing unit/area.

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

<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

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

Interviews:

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

Findings (By Provision):

115.63 (a): The PAQ indicated that the agency has a policy requiring that, upon receiving an allegation that an inmate 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 was one allegation received that an inmate was abused while confined at another facility. The PAQ indicated the response to the allegation 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 allegation reported to Western Illinois that occurred at another facility, however at the issuance of the interim report the auditor had not yet received the documentation.

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 allegation reported to Western Illinois that occurred at another facility, however at the issuance of the interim report the auditor had not yet received the documentation.

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 allegation reported to Western Illinois that occurred at another facility, however at the issuance of the interim report the auditor had not yet received the documentation.

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 was one allegation reported to the facility from another facility in the previous twelve months. A review of documentation indicated there were three allegations received through a Warden to Warden notification during the previous twelve months. All three were investigated by facility investigators. The Agency Head stated that when notified by another agency of an allegation within an IDOC facility, the point of contact is the PC. He stated the PC would then forward it to the appropriate facility to investigate. The Agency Head indicated that the agency/facility would reach out to the other agency to obtain any follow-up information. He confirmed that they had a recent example from South Dakota and that it was forwarded from the PC to the facility for investigation. The interview with the Warden indicated if information is received from another agency/facility it would be provided to the PCM and the facility investigator to initiate an investigation immediately. The Warden confirmed that they had just received an allegation recently from another facility/agency and it was sent to IA and the PCM for investigation.

	<p>Based on a review of the PAQ, 04.01.301, the PREA Manual, investigative reports and interviews with the Agency Head and Warden, this standard appears to require corrective action. The auditor requested documentation related to the allegation reported to Western Illinois that occurred at another facility, however at the issuance of the interim report the auditor had not yet received the documentation.</p> <p>Corrective Action</p> <p>The facility will need to provide the Warden to Warden notification.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. Warden to Warden Notification</li> </ol> <p>The facility provided the one Warden to Warden notifications noted in the PAQ as well as a second Warden to Warden notification. One was provided within 72 hours of receiving the information and one was provided 96 hours after the reported 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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<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

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

Interviews:

1. Interview with First Responders
2. Interviews with Random Staff
3. Interviews with Inmates 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 inmate 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 inmate 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 fourteen allegations of sexual abuse in the

previous twelve months and zero involved any of the first responder duties. A review of the eleven investigations over the previous twelve months indicated one was sexual abuse that involved first responder duties. The allegation did not require the immediate separation but it did involve the individual being taken for a forensic medical examination. While none involved the immediate separation, two did involve the inmate perpetrator being moved to a different housing unit. The one security first responder stated his first step would be to separate the victim and abuser. He stated he would notify the supervisor and complete an incident report. He stated if the allegation was abuse, and not harassment, the victim would be taken to health services and he would tell them not wash or do anything to destroy evidence. He further stated they would start a PREA checklist and IA would conduct an investigation. The non-security first responder stated she would notify security immediately and have the victim brought to health services for an evaluation. She stated she would also notify mental health and a doctor right away. Interviews with inmates who reported sexual abuse indicated two called the hotline and were taken to IA to give a statement. One inmate stated this was a few days after calling the hotline, while the other stated it was a few weeks after calling the hotline. Both inmates indicated they stayed in the same housing unit. Two inmates indicated they reported in writing (grievance or request). One indicated he was sent to IA for a statement and stayed in the same unit, while the other said nothing happened. The fifth inmate indicated he reported verbally to staff and they immediately moved the perpetrator to another housing unit. The auditor viewed that all allegations reported by the victims were investigated, four were against staff and one was against another inmate. 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 six allegations of sexual abuse that involved a non-security staff first responder. All six included the non-security staff member notifying security staff. A review of the eleven investigations indicated the one allegation was reported to a non-security first responder. The staff immediately notified security, but no other first responder duties were required. The one security first responder stated his first step would be to separate the victim and abuser. He stated he would notify the supervisor and complete an incident report. He stated if the allegation was abuse, and not harassment, the victim would be taken to health services and he would tell them not wash or do anything to destroy evidence. He further stated they would start a PREA checklist and IA would conduct an investigation. The non-security first responder stated she would notify security immediately and have the victim brought to health

	<p>services for an evaluation. She stated she would also notify mental health and a doctor right away. Interviews with sixteen random staff confirmed that they were aware of first responder duties. Most staff stated that they would separate the individuals, secure the scene and report to their supervisor. Most also stated they would take the victim to healthcare.</p> <p>Based on a review of the PAQ, 04.01.301, investigative reports, the PREA Checklist and interviews with random staff and first responders, this standard appears to be compliant.</p>
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<b>115.65 Coordinated response</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Western Illinois Correctional Center Institutional Directive (ID) 04.01.301 Sexual Abuse and Harassment Prevention and Intervention</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Warden</li> </ol> <p>Findings (By Provision):</p> <p>115.65 (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 8 states that any offender who alleges to be a victim of sexual abuse shall be immediately provided protection from the alleged abuser and the incident shall be investigated. The victim shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5. The decision to collect evidence shall be made on a case-by-case basis in accordance with standard investigative procedures. The victim will be</p>

	<p>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 11-12 describes the investigative process for allegations of sexual abuse and pages 3-8 and 12-14 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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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Collective Bargaining Agreements</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head</li> </ol> <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. A review of a sample of the agency's collective bargaining agreements confirm that those reviewed allowed for</p>



the removal of the alleged staff abuser. Most of the agreements indicated that a written reason for the removal, discipline or termination should be provided to the union. The interview with the Agency Head confirmed that the agency has entered into or renewed any collective bargaining agreements or other agreements since August 20, 2012. He stated that depending on the severity, the agreements allow staff to be removed from contact and/or placed on administrative leave.

115.66 (b): The auditor is not required to audit this provision.

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.

**115.67 Agency protection against retaliation**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

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

Interviews:

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

Findings (By Provision):

115.67 (a): The PAQ indicated that the agency has 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. 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. The auditor was not provided any monitoring documents and as such was not able to determine if any retaliation was reported during the monitoring process. The investigative reports did indicate that two perpetrators were moved to segregated housing and two victims were moved to the receiving unit. Further one investigative report indicated an inmate victim was transferred to another facility. Interviews with the Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The Agency Head stated that the agency has options to protect individual, including transferring an individual to another facility, removing the abuser from contact with the individual and moving staff to another post or facility. The interview with the Warden indicated that the facility takes protective measures to prevent retaliation and the response would depend on the severity. He stated they would separate the individuals as much as possible and that they could place keep separate orders on the individuals or separate them by facility transfers. He further stated staff would be removed from post or placed in a different work location in the facility. He stated they could also lock out the staff or terminate them if needed. The interview with the staff who monitor for retaliation indicated he is notified of a PREA allegation and he sets up monitoring for retaliation. He indicated after fourteen days he makes initial contact with the individual and pulls up the questionnaire and asks them about any retaliation. He stated he asks about any issues with staff or inmates, housing changes, job assignments and program assignments. The staff stated protective measure to prevent retaliation include

housing changes, reassignment of staff and emotional support services. The monitoring staff indicated he conducts periodic in person status checks three times during the 90 day period. Interviews with five inmates who reported sexual abuse indicated none felt safe at the facility and none felt protected against retaliation. All five indicated they did not feel safe and did not feel protected against retaliation because of the staff. The inmates advised that the facility had killed an inmate previously and that the staff are constantly retaliating against inmates. The inmates indicated the staff have little tactics that they do to cause issues and problems. It should be noted that during an internet search of the facility the auditor did locate articles related to the death of an inmate in 2018 and in 2023. The death in 2018 was back in the news due to the sentencing of the Correctional Officer to 20 years in prison. The articles described that the Correctional Officer beat the inmate to death. The second death in 2023 was documented as an unresponsive inmate with no signs of trauma, however the death was still under investigation. While the auditor did locate merit to the fears by the inmates related to the 2018 death, the auditor was unable to corroborate any specific retaliation related to the inmates who reported sexual abuse. There were no inmates in segregated housing for risk of victimization or for reporting sexual abuse and as such no interviews were conducted.

115.67 (c): The PAQ indicated that the agency/facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates 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 the information would be sent to the investigator to look into. He stated they would start with an internal investigation and if anything can't be handled at the facility level they would sent it to external investigators. The interview with the staff member responsible for monitoring retaliation indicated he monitors for 90 days. He stated if there is a concern for retaliation he would start the process over and conduct another 90 days of monitoring. The staff indicated he reviews housing changes, job changes, program changes, discipline and electronic CHAMP notes. A review of twelve

investigative reports indicated five required monitoring. At the issuance of the interim report the auditor had not received any documentation related to monitoring for retaliation.

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 member responsible for monitoring stated he conducts at least three periodic status checks during the 90 day process. A review of twelve investigative reports indicated five required monitoring. At the issuance of the interim report the auditor had not received any documentation related to monitoring for retaliation.

115.67 (e): 04.01.301, page 12 states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect the individuals against retaliation. The Agency Head stated that the same protective measures would be offered to those who cooperate with an investigation or express fear for retaliation. The interview with the Warden indicated that the facility take protective measures to prevent retaliation and the response would depend on the severity. He stated they would separate the individuals as much as possible and that they could place keep separate orders on the individuals or separate them by facility transfers. He further stated staff would be removed from post or placed in a different work location in the facility. He stated they could also lock out the staff or terminate them if needed. Additionally, the interview with the Warden indicated that if retaliation is suspected or reported the information would be sent to the investigator to look into. He stated they would start with an internal investigation and if anything can't be handled at the facility level they would sent it to external investigators.

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 investigative reports did not indicate any retaliation The auditor was not provided any monitoring documents and as such was not able to determine if any retaliation was reported

during the monitoring process. A review of twelve investigative reports indicated five required monitoring. At the issuance of the interim report the auditor had not received any documentation related to monitoring for retaliation. Interviews with five inmates who reported sexual abuse indicated none felt safe at the facility and none felt protected against retaliation. All five indicated they did not feel safe and did not feel protected against retaliation because of the staff. The inmates advised that the facility had killed an inmate previously and that the staff are constantly retaliating against inmates. The inmates indicated the staff have little tactics that they do to cause issues and problems. It should be noted that during an internet search of the facility the auditor did locate articles related to the death of an inmate in 2018 and in 2023. The death in 2018 was back in the news due to the sentencing of the Correctional Officer to 20 years in prison. The articles describe that the Correctional Officer beat the inmate to death. The second death in 2023 was documented as an unresponsive inmate with no signs of trauma, however the death was still under investigation. While the auditor did locate merit to the fears by the inmates related to the 2018 death, the auditor was unable to corroborate any specific retaliation related to the inmates who reported sexual abuse.

#### Corrective Action

The facility will need to provide the requested documents. If not available, the facility will need to train staff of the policy and procedure under this standards. A copy of the training will need to be provided. The facility will need to provide all sexual abuse, sexual harassment and retaliation allegations during the corrective action period. All corresponding protective measures and monitoring documentation will need to be provided.

#### Recommendation

The auditor highly recommends that agency/facility leadership review and address the inmate population concern related to staff retaliation and fear of safety from staff.

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

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

	<p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. List of Sexual Abuse Allegations During the Corrective Action Period</li> <li>2. Monitoring for Retaliation Documents</li> </ol> <p>A list of sexual abuse allegations reported during the corrective action period and associated monitoring for retaliation documents were provided. There were four sexual abuse allegations reported during the corrective action period. All four had monitoring for retaliation completed. All retaliation included in-person status checks and a review of discipline, housing and programming/job changes. Two had the full 90 day monitoring completed and two had monitoring completed up until the inmate was transferred/paroled.</p> <p>The auditor also viewed that two allegations of retaliation were reported via grievance. Both had an investigation completed.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 05.15.100 Restrictive Housing</li> <li>4. Inmate Victim Housing Assignments</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Warden</li> </ol>

## 2. Interview with Staff who Supervise Inmates 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 inmates 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 inmate 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 inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 day. 04.01.301, page 7 states that an offender identified as vulnerable shall not be housed in a segregated status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided and such placement in segregation shall not ordinarily exceed a period of 30 days. Page 9 further states that any offender who alleges sexual abuse shall have their housing needs reviewed to determine appropriate placement. If the offender is transferred to another facility, the PCM of the sending facility shall promptly notify the PCM of the receiving facility of the alleged sexual abuse or harassment to ensure the offender receives proper follow-up services. Additionally, 05.15.100, page 6 states that a Restrictive Housing Review Committee (RHRC) shall be established at each facility with restrictive housing. The committee shall review the status of each individual in custody's placement into restrictive housing every seven days for the first 60 days and at least every 30 days thereafter, unless more frequently if clinically indicated. During the tour the auditor observed that the segregated housing unit consisted of a wing of cells and an officers area. The housing unit had a separate outdoor recreation area and group room. Inmates in segregated housing are provided group daily and recreation and showers every other day. Phones are accessible to inmates in segregated housing once every 30 days. Mail and grievances are provided to security staff or a counselor who then places it in a locked box. A review of housing documents for seven inmates who reported sexual abuse indicated three were not at the facility at the time of the report (reported via Warden to Warden notification). One inmate remained in the same housing status as in at the time of the report, one was transferred to another facility and two were placed in the segregated housing unit/reception unit. The auditor requested documentation related to the placement of

these two victims, however at the issuance of the interim report the documentation was not yet provided. The interview with the Warden confirmed that agency policy prohibits placing inmates 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 inmates 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 have a receiving unit that would be utilized in lieu of restrictive housing. He further stated if segregated housing was utilized it would be for 24 hours or less typically, unless it was a weekend, then it may be until staff return on Monday. The Warden stated he was unaware of any times in the past twelve months where a victim was involuntarily segregated. The interview with the staff who supervise inmates in segregated housing indicated that if the individual was placed in segregated housing they would not have access to programs, privileges, education or work opportunities. He stated they would have access to groups through mental health, recreation and showers. The staff who supervise inmates in segregated housing confirmed that inmates would only be placed in involuntary segregated housing until they could find alternative means of separation from likely abusers. He stated he did not believe it would take long to find alternative housing. He indicated if there was nothing to place them in segregated housing for and they had an open bed in receiving they would place the individual in receiving so they would not lose any privileges. He further confirmed that inmates in involuntary segregated housing would be reviewed at least every 30 days to review if there was a continued need for the inmate to remain in segregated housing.

Based on a review of the PAQ, 04.01.301, 05.15.100, housing documentation for inmates who reported sexual abuse and the interview with the Warden and staff who supervise inmates in segregated housing, this standard appears to require corrective action. A review of housing documents for seven inmates who reported sexual abuse indicated three were not at the facility at the time of the report (reported via Warden to Warden notification). One inmate remained in the same housing status as in at the time of the report, one was transferred to another facility and two were placed in the segregated housing unit/reception unit. The auditor requested documentation related to the placement of these two victims, however at the issuance of the interim report the documentation was not yet provided. The interview with the staff who supervise inmates in segregated housing indicated that if the individual was placed in segregated housing they would not have access to programs, privileges, education or work opportunities. He stated they would have access to groups through mental health, recreation and showers.

Corrective Action

The facility will need to provide the requested documentation related to the housing



placement. If documentation is not available, the facility will need to provide a list of all sexual abuse and sexual harassment allegation reported during the corrective action period and corresponding victim housing documents before and after the reported allegation. Additionally, while staff advised they would utilize receiving rather than segregated housing typically, staff should be trained on the policy, procedure and process under this standard. A copy of the training will need to be provided to the auditor.

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

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

#### Additional Documents:

1. List of Sexual Abuse Allegations During the Corrective Action Period
2. Housing Documents
3. Staff Training

A list of sexual abuse allegations reported during the corrective action period and associated housing documents were provided. There were four sexual abuse allegation reported during the corrective action period. One victim remained in the same housing unit and three were moved to another housing unit. One was moved to healthcare and two were moved to receiving. The auditor inquired into these moves and a response was provided by the facility indicating the moves are a courtesy to the victim and they do not have any restrictions in the receiving unit.

Staff training was completed related to the requirements under this standard. The training also included information that outlined that while victims were not placed in segregated housing, moving the victim to another housing unit may also appear to be a form of retaliation and as such when possible victims should remain in the same housing unit as when they reported the incident.

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

**115.71 Criminal and administrative agency investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 01.12.120 Investigations of Unusual Incidents
4. Administrative Directive 01.12.101 Employee Criminal Misconduct
5. Administrative Directive 01.12.112 Preservation of Physical Evidence
6. Administrative Directive 01.12.125 Uniform Investigative Reporting System
7. Administrative Directive 01.12.115 Institutional Investigative Assignment
8. Memorandum of Understanding with the Illinois State Police/Office of Executive Inspector General
9. Investigative Reports
10. Investigator Training Records

Interviews:

1. Interview with Investigative Staff
2. Interview with the Warden
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager
5. Interviews with Inmates 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. A review of the investigative log indicated there were eleven allegations reported during the previous twelve months, seven were sexual abuse and four were sexual harassment. All eleven allegations were referred for investigation and had an administrative investigation completed. A review of the eleven investigations confirmed that all eleven were completed promptly. Eight of the eleven were thorough and ten of the eleven were objective. The auditor observed that two investigative reports did not contain information related to the evidence collected and the results of the evidence. The auditor was unable to derive how the investigative finding was determined based on the information in the investigative report. As such, the auditor was unable to confirm that the investigation was thorough. Further, one investigation had the same level of evidence as prior investigations reviewed, however the investigative outcome was different. The auditor observed that a high level staff member was named as an alleged perpetrator in the investigation that was deemed unfounded, while the others that involved staff and inmates with the same level of evidence were deemed unsubstantiated. As such the auditor was unable to confirm that the investigation was objective. Additionally, the auditor reviewed a substantiated investigation that was prior to the twelve months period. The investigation was a criminal investigation completed by an agency investigator. The investigation was thorough and objective and was completed within 90 days of the reported allegation. It should be noted that the investigation included numerous other allegations other than the sexual abuse allegation and as such may be why the timeframe was past 30 days. The interview with the facility investigator indicated that an investigation would be initiated within 24 hours of learning of the allegation. The agency investigator stated that investigations are initiated immediately after the allegation is received. Both investigators confirmed that third party and anonymous reports are investigated the same as first person reports.

115.71 (b): 01.12.115, page 2 states that the CAO shall ensure that each individual appointed as an investigator be registered for the next available investigator training program within ten days of temporary or permanent assignment as an investigator.

Training topics include but are not limited to: investigative techniques, including interviewing sexual abuse victims; crime scene preservation; collection and preservation of evidence, including sexual abuse evidence collection in a confinement setting; proper use of Miranda and Garrity warnings; criteria and evidence required to substantiate a case for administrative action or prosecution referral; and investigative reporting. The agency utilizes their own training for this standard; PREA for Investigators. A review of the training curriculum confirmed slides 67-118 include the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. The interviews with the investigators confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case. A review of twelve investigations revealed they were completed by three investigators, all 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. A review of the eleven investigation confirmed that ten involved interviews with the alleged victim, perpetrator and witnesses, when applicable. One was reported by a victim during an initial risk assessment and the inmate refused to cooperate with the investigative process. An alleged perpetrator was not named and as such no interviews were able to be conducted. Three of the eleven involved collection of some type of evidence (i.e. video, letters, DNA, GTL phone records, etc.). None of the investigations documented a review of prior complaints. Additionally, a review of a criminal agency investigation outside of the twelve months period indicated it included interviews of the victim, perpetrator and witnesses as well as a review of video. The interview with the facility investigator indicated his first steps would be notifying the Deputy Commander and opening a case. He stated he would make sure a PREA checklist was followed and that medical

and mental health services were offered. He indicated if sexual assault occurred they would send the victim out for a rape kit. The facility investigation stated his next steps would be to interview the victim and perpetrator and then interview any witnesses. He would collect any evidence, review video and audio and then compile information and complete a report. He stated if it was substantiated it would then be referred to the State Attorney for review. Further, the facility investigator stated he would be responsible for collecting bodily fluids, DNA, clothing, pictures, video, statements, audio and any other evidence pertaining to the investigation. 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.

115.71 (d): The interview with the facility investigator indicated that if it was something involving compelled interviews it would be referred to the Deputy Commander who would take it over and refer it to the State Police to conduct 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. The one criminal investigation completed by the agency investigator did note that the perpetrating staff member was interviewed and had a Union representative present during interview.

115.71 (e): 04.01.301, page 10 states that alleged victims of sexual abuse shall not be required to submit to truth telling verification examinations such as voice stress analysis or polygraph exam as part of or as a condition of the investigation. The interviews with the investigators confirmed that the agency does not require inmate 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 credibility is based on evidence. The agency investigator stated that credibility is assessed on an individual basis and is not determined by an person's status. Interviews with inmates who reported sexual abuse confirmed none of the five 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. A review of eleven investigations confirmed all eleven were documented in a written report. The majority of the investigative reports included information related to the initial

allegation, a description of statements/interviews with the alleged victim, perpetrator(s) and/or witnesses, if applicable, what evidence was collected and facts and findings. Two of the reports advised what evidence was collected, but information on what the evidence showed/derived was not documented in the written report. Additionally, a review of a criminal agency investigation completed outside of the last twelve months indicated that the agency investigator determined during the investigation that a staff member failed to report information and also lied during an investigation. The staff member was disciplined based on the findings. The interview with the facility investigator indicated he documents administrative investigations in a written report and the report includes incident reports, findings, evidence, DNA results, statements/interviews and copies of video. The facility investigator stated that during his investigation he conducts interviews and reviews video to determine if staff did what they are required to do under policy and procedure. 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.

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. A review of the investigation indicated it was documented in a written report and included information on the initial allegation, victim, suspect, witnesses, statements/interviews, evidence reviewed, facts and findings. The report also included information related to staff actions/failure to act the contributed to the abuse and that the information was referred to the State Attorney. 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. The facility investigator stated that criminal investigative reports would include the same elements as an administrative report.

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 two allegations referred for prosecution since the last PREA audit. A review of documentation confirmed that there were zero criminal investigations completed and zero substantiated sexual abuse allegations within the previous twelve months. An additional review of one criminal substantiated agency investigation completed prior to the previous twelve months indicated it was referred to the State Attorney for prosecution. The auditor requested documentation related to the response as well as

documentation related to the second case referred for prosecution. 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 the investigation is substantiated.

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 inmate departs the facility that 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 inmate. 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 agency investigators. He stated if ISP conducts an investigation they are assigned an agency investigator who will work with them and get a final copy of the investigation. The PCM stated that the facility would remain informed of the progress of outside investigation through Internal Affairs. The interview with the facility investigator indicated when an outside agency investigates he would assist them with whatever was needed, including interviews and evidence collection. 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 the eleven investigations confirmed that all eleven were completed promptly. Eight of the eleven were thorough and ten of the eleven were objective. The auditor observed that two investigative reports did not contain information related to the evidence collected and the results of the evidence. The auditor was unable to derive how the investigative finding was determined based on the information in the investigative report. As such, the auditor was unable to confirm that the investigation was thorough. Further, one investigation had the same level of evidence as prior investigations reviewed, however the investigative outcome was different. The auditor observed that a high level staff member was named as an alleged perpetrator in the investigation that was deemed unfounded, while the others that involved staff and inmates with the same level of evidence were deemed unsubstantiated. As such the auditor was unable to confirm that the investigation was objective. None of the investigations documented a review of prior complaints. An additional review of one criminal substantiated agency investigation completed prior to the previous twelve months indicated it was referred to the State Attorney for prosecution. The auditor requested documentation related to the response as well as documentation related to the second case referred for prosecution.

#### Corrective Action

The facility investigators will need to complete refresher training related to conducting investigations in a correctional setting. The training should include how to properly document information in written report, how to complete a thorough investigation and how to complete an objective investigation. It should also touch on the investigative finding determinations. A copy of the training will need to be provided to the auditor. A list of sexual abuse and sexual harassment allegations during the corrective action period will need to be provided to the auditor as well as a copy of the investigative reports. The facility will also need to provide the documentation related to the second case referred for prosecution noted in the PAQ as well as documentation on whether the State Attorney agreed to prosecute the other case.

#### 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



	<p>standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. List of Sexual Abuse Allegations During the Corrective Action Period</li> <li>2. Investigator Training Records</li> <li>3. Documentation Related to Referral for Prosecution</li> </ol> <p>The facility provided training records for two facility investigators indicated they completed the National Institute of Corrections Training in October 2023. The auditor confirmed that neither of the investigators were those that were identified during the on-site portion of the audit as the investigators that completed the inadequate investigations.</p> <p>A list of sexual abuse and sexual harassment allegations reported during the corrective action period was provided. The auditor requested copies of the investigations however they were not provided during the corrective action period.</p> <p>The facility provided documentation related to the two investigations referred for prosecution. One investigation was referred for prosecution and the State Attorney refused to prosecute. The second was referred for prosecution and was still under an active investigation.</p> <p>Based on the documentation provided the facility has not corrected this standard during the corrective action period and as such this standard is not met.</p>
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<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> </ol>

3. Prison Rape Elimination Act (PREA) for Investigators Training Curriculum

4. Investigative Reports

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.72 (a): The PAQ stated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 04.01.301, page 10 states that the Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Additionally, the PREA for Investigators Training Curriculum includes information on the elements to substantiate an investigation (preponderance of evidence). A review of eleven investigations indicated ten were closed unfounded or unsubstantiated and one was closed substantiated. The substantiated investigation was a sexual harassment allegation. A review of the investigative reports indicated the investigators utilized a preponderance of evidence when determining if an allegation was substantiated. It should be noted that one investigation that contained similar evidence to other investigations reviewed was deemed unfounded rather than unsubstantiated. The auditor viewed that the investigation should have been unsubstantiated as well. The interview with the agency investigator confirmed that administrative investigations require no more than a preponderance of evidence to substantiate. The facility investigator stated that they would require at least two facts that the incident took place. This could include witnesses statements, video or DNA evidence. He indicated they need to know without a doubt that it happened.

Based on a review of the PAQ, 04.01.301, PREA Investigators Training Curriculum, investigative reports and information from the interview with the investigator, it is determined that this standard appears to require corrective action. The facility investigator stated that they would require at least two facts that the incident took place. This could include witnesses statements, video or DNA evidence. He indicated they need to know without a doubt that it happened.

Corrective Action

The facility investigators will need to be trained on criteria to substantiate an administrative investigation as well as investigative outcome and how to determine investigative outcomes. A copy of the training will need to be provided. A list of sexual abuse and sexual harassment allegations during the corrective action period will need to be provided to the auditor as well as a copy of the investigative reports.

#### 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 Sexual Abuse Allegations During the Corrective Action Period
2. Investigator Training Records

The facility provided training records for two facility investigators indicated they completed the National Institute of Corrections Training in October 2023. The auditor confirmed that neither of the investigators were those that were identified during the on-site portion of the audit as the investigators that completed the inadequate investigations.

A list of sexual abuse and sexual harassment allegations reported during the corrective action period was provided. The auditor requested copies of the investigations however they were not provided during the corrective action period.

Based on the documentation provided the facility has not corrected this standard during the corrective action period and as such this standard is not met.

<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)
4. Investigative Reports
5. Victim Notification Memorandums

Interviews:

1. Interview with the Warden
2. Interview with Investigative Staff
3. Interviews with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. 04.01.301, page 10 states that the alleged victim will be notified, in writing, of the outcome of the investigation. The PAQ stated there two completed sexual abuse investigation in the previous twelve months and six had a verbal or written victim notification. The auditor requested documentation related to victim notifications for the seven allegations of sexual abuse. At the issuance of the interim report the auditor had not yet received any documentation related to notifications. The interviews with the Warden and the investigators confirm that inmates are informed of the outcome of the investigation into their allegation. Interviews with inmates who reported sexual abuse indicated two of the five were aware that they were to be informed of the outcome of the investigation. One of the five stated he was verbally advised the outcome. Four stated they had not heard anything about the outcome.

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 inmate of the outcome of the investigation. The PAQ stated there were two 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. The auditor requested documentation related to the two investigation noted in the PAQ, however at the issuance of the interim report the documentation was not received.

115.73 (c): The PAQ indicated following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 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 inmate in an agency facility in the past 12 months. It further stated that in each case the agency subsequently informed the inmate whenever: the staff member was no longer posted within the inmate'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 inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PREA Manual further states that an assessment shall be completed to determine if actions described above are warranted in accordance with section 115.65. The actions may not be appropriate in all cases. Offenders shall be notified only if there is a link between the listed actions in this section and an incident of sexual abuse. The timing of such notifications shall not interfere with any pending criminal or administrative investigations. A review of the eleven investigations indicated four were staff-on-inmate sexual abuse allegations. All four were unsubstantiated and did not require any notifications under this provision. An additional review of one substantiated staff-on-inmate allegation reported prior to the twelve months indicated it required notification under this standard. At the issuance of the interim report the documentation had not yet been provided. Interviews with inmates who reported sexual abuse indicated that four were staff-on-inmate

allegations and they had not heard anything related to the staff. All four investigations were either unsubstantiated or unfounded and as such no notifications under the provision were provided.

115.73 (d): The PAQ indicated following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PREA Manual, page 40 states that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of eleven investigative reports indicated three were inmate-on-inmate sexual abuse allegations. None of the three were substantiated or involved a criminal investigation and as such no notification under this provision was applicable. Interviews with inmates who reported sexual abuse indicated that one was an inmate-on-inmate allegations and the inmate had not received any notifications under this provision. The investigation for the inmate-on-inmate allegation was deemed unsubstantiated and as such no notifications under this provision were required.

115.73 (e): The PAQ indicated the agency has a policy that all notifications to inmates 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 two notifications made pursuant to this standard. The auditor requested documentation related to victim notifications for the seven allegations of sexual abuse. At the issuance of the interim report the auditor had not yet received any documentation related to notifications.

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 indicate that this standard requires corrective action. Interviews with inmates who reported sexual abuse indicated two of the five were aware that they were to be informed of the outcome of the investigation. One of the five stated he was verbally advised the outcome. Four stated they had not heard anything about the outcome. The auditor requested documentation related to victim notifications for the seven allegations of sexual abuse. At the issuance of the interim report the auditor

had not yet received any documentation related to notifications.. The auditor requested documentation related to the two investigation noted in the PAQ, however at the issuance of the interim report the documentation was not received. An additional review of one substantiated staff-on-inmate allegation reported prior to the twelve months indicated it required notification under this standard. At the issuance of the interim report the documentation had not yet been provided.

#### Corrective Action

The facility will need to provide the requested documentation. If it is not available, the facility will need to train staff on the requirements under this standard. Copies of the training will need to be provided. The facility will then need to provide a list of all allegations during the corrective action plan and associated victim notifications, to include internal and external 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:

1. List of Sexual Abuse Allegations During the Corrective Action Period
2. Victim Notifications
3. Staff Training
- 4.

The facility provided clarification that there were zero investigation completed by an outside agency. All investigation were completed by the facility or by the agency investigators.

The facility provided the list of sexual abuse allegations during the corrective action period (four). One investigation was completed and three were still open. The one closed investigation included a victim notification letter.

	<p>Documentation was provided that confirmed that staff were trained on the requirements of victim notifications under this standard.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Administrative Directive 03.01.120 Employee Review Hearing</li> <li>4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> <li>5. Investigative Reports</li> <li>6. Disciplinary Documents</li> </ol> <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-inmate sexual abuse allegations and sexual harassment allegations. There was one substantiated staff-on-inmate sexual abuse investigation prior to the twelve months. The facility provided a copy of the investigation and documentation indicating that the staff member was</p>



suspended on June 24, 2022 and was subsequently discharged (terminated) on July 15, 2022.

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 was one staff member 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-inmate sexual abuse allegations and sexual harassment allegations. There was one substantiated staff-on-inmate sexual abuse investigation prior to the twelve months. The facility provided a copy of the investigation and documentation indicating that the staff member was suspended on June 24, 2022 and was subsequently discharged (terminated) on July 15, 2022.

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-inmate sexual abuse allegations and sexual harassment allegations. There was one substantiated staff-on-inmate sexual abuse investigation prior to the twelve months. The facility provided a copy of the investigation and documentation indicating that the staff member was suspended on June 24, 2022 and was subsequently discharged (terminated) on July 15, 2022.

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 one 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-inmate sexual abuse allegations and sexual harassment allegations. There was one substantiated staff-on-inmate sexual abuse investigation prior to the twelve months. The facility provided a copy of the investigation and documentation indicating that the staff member was suspended on June 24, 2022 and was subsequently discharged (terminated) on July 15, 2022. The allegation was referred to the Brown County State Attorney for prosecution.

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.

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

any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. 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 inmates 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 they would not be allowed back into the facility until the investigation was concluded. After the investigation they would determine if the contractor or volunteer could come back in. He stated they would also notify the company of the contractor.

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
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="256 1563 544 1597"><b>Auditor Discussion</b></p> <p data-bbox="256 1637 432 1671">Documents:</p> <ol data-bbox="256 1711 1425 2040" style="list-style-type: none"> <li data-bbox="256 1711 667 1744">1. Pre-Audit Questionnaire</li> <li data-bbox="256 1785 1425 1854">2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li data-bbox="256 1895 823 1928">3. Illinois Administrative Code 20.504</li> <li data-bbox="256 1968 1374 2040">4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> </ol>

5. Investigative Reports
6. Disciplinary Documents

Interviews:

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

Findings (By Provision):

115.78 (a): The PAQ indicated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that an inmate engaged in inmate-on-inmate 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 zero administrative finding of inmate-on-inmate sexual abuse and zero criminal findings of inmate-on-inmate sexual abuse. A review of investigative reports confirmed there was one substantiated inmate-on-inmate sexual harassment allegation. The inmate was written a disciplinary report and subsequently went through the disciplinary process and received restricted housing time.

115.78 (b): 20.507, pages 2-3 stated that in determining the appropriate sanctions, the Adjustment Committee or Program Unit, the CAO and the Director shall consider, among other matters, mitigating or aggravating factors including; the offenders age, medical and mental health state, if the offender was determined to be mentally ill, the extent and degree of participation in the commission of the offense and the offender's prior disciplinary record. A review of investigative reports confirmed there was one substantiated inmate-on-inmate sexual harassment allegation. The inmate was written a disciplinary report and subsequently went through the disciplinary process and received restricted housing time. The Warden confirmed that if an inmate is found to have violated the sexual abuse or sexual harassment policies he/she would go through the disciplinary process via the adjustment committee. He stated sanction could include facility transfers, restrictive housing placement, loss of privileges and referral to the State Attorney for new charges. 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 inmate's disciplinary history, and the sanctions imposed for comparable offenses by

other inmates with similar histories.

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

115.78 (d): The PAQ indicated the facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. It further stated that it does not require the offending inmate 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 services to the alleged perpetrator and that they do not require participation in order to gain access to any other benefits or programs. The mental health staff member stated they do not have a sex offender program at the facility so they would just offer voluntary follow-up services.

115.78 (e): The PAQ indicated that the agency disciplines inmates 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 found within Illinois Administrative Code 507, Administration of Discipline.

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

	Based on a review of the PAQ, 04.01.301, 20.507, the PREA Manual, investigative reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.
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<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Standard Operating Procedural (SOP) Manual for Mental Health</li> <li>4. Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494)</li> <li>5. Medical/Mental Health Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Staff Responsible for Risk Screening</li> <li>2. Interviews with Medical and Mental Health Staff</li> <li>3. Interviews with Inmates who Disclose Sexual Victimization at Risk Screening</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of Risk Screening Area</li> <li>2. Observation of Inmate Medical and Classification Files</li> </ol> <p>Findings (By Provision):</p>

115.81 (a): The PAQ indicated that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. 04.01.301, page 6 states that if it is determined that the offender was previously a victim of sexual abuse, the facility PCM shall notify medical and mental health staff within fourteen days of the screening. The PAQ noted that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The auditor reviewed five risk assessments of individuals who disclosed prior sexual victimization during the risk screening. Two were referred to mental health but declined services, two were not documented with being offered a follow-up, and one was offered and accepted the follow-up. Three additional risk assessments were requested but were not provided. The auditor did not receive documentation for any of the individuals confirming that they were provided the follow-up with mental health within fourteen days. The interview with the staff responsible for the risk screening indicated that inmates are offered a follow-up with medical or mental health care staff within 14 days. She stated she tries to see them as soon as possible (mental health staff conduct the initial risk screening). Interviews with three inmates who disclosed prior victimization during the risk screening indicated none were provided a follow-up with mental health care staff.

115.81 (b): The PAQ indicated that all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. 04.01.301, page 7 states that if it is determined that the offender previously perpetrated sexual abuse, the facility PCM shall notify mental health staff within fourteen days of the screening. The PAQ noted that 100% of those inmates who reported prior perpetration were seen within fourteen days by medical or mental health. The auditor requested documentation related to two individuals who were identified with prior sexual abusiveness during the risk screening. At the issuance of the interim report the documentation had not yet been received. The interview with the staff responsible for the risk screening indicated that inmates identified during the risk screening with prior sexual abusiveness would be offered a follow-up with mental health. She stated they would be seen within five days.

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

115.81 (d): The PAQ indicated that information related to sexual victimization or

abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners, however it stated that the information is only shared with staff to assist with security and management decisions. 04.01.301, page 5 states that access to information related to sexual abuse occurring in an correctional setting shall be treated as confidential and limited to staff directly related to the assessment, treatment, placement or investigations of the offender to the extent possible when ensuring the safety and security of the offender. Medical and mental health records are all paper and the records area is staffed 8am-4pm Monday through Friday. The records door is locked when not staffed and only medical and mental health care staff have access to the room. Records staff stated the key to medical records is restricted and security staff do not have access. Risk screening information is maintained in the electronic Offender 360 program and in the inmate file. The auditor had a security staff member pull up the electronic system to see what was able to be viewed. The staff was able to view the questions and the response of each inmate's risk assessment. The auditor observed that the inmate records room is staffed Monday through Friday 8am-4pm. The inmate records room is locked when not staffed and has restricted access. The inmate file is available to medical and mental health care staff, the Warden, Internal Affairs and Intel. Investigative files are paper and electronic. Only investigative staff have access to the investigations in the electronic database. Paper files are maintained in Internal Affairs.

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

Based on a review of the PAQ, 04.01.301, SOP Manual for Mental Health, DOC 0494, medical and mental health documents, information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening indicate that this standard requires corrective action. Interviews with three inmates who disclosed prior victimization during the risk screening indicated none were provided a follow-up with mental health care staff. The auditor reviewed five risk assessments of individuals who disclosed prior sexual victimization during the risk screening. Two were referred to mental



health but declined services, two were not documented with being offered a follow-up, and one was offered and accepted the follow-up. Three additional risk assessments were requested but were not provided. The auditor did not receive documentation for any of the individuals confirming that they were provided the follow-up with mental health within fourteen days. The auditor requested documentation related to two individuals who were identified with prior sexual abusiveness during the risk screening. At the issuance of the interim report the documentation had not yet been received. Risk screening information is maintained in the electronic Offender 360 program and in the inmate file. The auditor had a security staff member pull up the electronic system to see what was able to be viewed. The staff was able to view the questions and the response of each inmate's risk assessment.

#### Corrective Action

The facility will need to ensure staff are aware of the requirements under this provision. A copy of the training will need to be provided. The facility will need to provide a list of inmates during the corrective action period who disclosed prior sexual victimization during the risk screening and those who were identified with prior sexual abusiveness during the risk screening. The facility will need to provide associated mental health follow-up documents. Additionally, the auditor will utilize the documents requested under 115.33 and 115.41 to determine if additional documents are needed related to mental health follow-ups. Further, the facility will need to modify the access to the risk screening information and provide confirmation of the restriction.

#### 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. Inmate Risk Assessments
3. Offender 360 Restricted Access Documentation

	<p>The facility provided staff training that was completed related to mental health follow-ups. The training included language from the standard. Staff signatures were provided confirming the training, however the signatures were dated prior to the date of the training memorandum. Re-training was completed in January related to mental health follow-ups. Staff signatures were provided confirming the re-training.</p> <p>The facility did not provide any documentation related to inmates who disclosed prior victimization during the risk screening or were identified with prior sexual abusiveness during the risk screening, however the auditor identified a sample during documentation review under 115.41. Four inmates had disclosed prior sexual victimization and one was identified with prior sexual abusiveness. One inmate was not offered mental health services at all and the remaining four were not offered until the risk reassessment. One of the four inmates that was offered a mental health follow-up during the risk reassessment accepted the mental health follow-up, however no documentation was provided confirming whether the follow-up was provided. No additional documentation was provided related to compliance with this standard.</p> <p>The facility provided documentation indicating that the agency implemented security roles for the Offender 360 risk screening information. The agency restricted access to only a few security roles and all other staff are required to request access to the risk screening information through the agency PC. The PC also provided screenshots of different staff's views in Offender 360. The auditor confirmed the staff did not have access to the risk screening.</p> <p>Based on the documentation provided the facility has not corrected this standard during the corrective action period and as such this standard it not met.</p>
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115.82	Access to emergency medical and mental health services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Medical and Mental Health Documents</li> </ol>

Interviews:

1. Interviews with Medical and Mental Health Staff
2. Interviews with First Responders
3. Interviews with Inmates 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 inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature of scope of services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further indicates that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. During the tour, the auditor observed that health services included a reception area, exam rooms, treatment rooms and an emergency area. Exam and treatment rooms provided privacy through doors and curtains. The emergency room also provided privacy through a door with a window and a curtain. A review of seven sexual abuse allegations indicated three were not at the facility at the time of the report (reported via Warden to Warden notification). The remaining four were documented with medical and/or mental health services. One victim was transported to the local hospital for a forensic medical examination. Interviews with medical and mental health care staff confirmed that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention service. Medical staff stated that victims receive services immediately and are typically brought right to them after an allegation. The mental health staff stated they would be seen within 24 hours. Interviews with inmates who reported sexual abuse indicated that four were provided medical and/or mental health services.

115.82 (b): 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. Page 9 (Paragraph II.G.5) further states that treatment shall be provided by a certified SAFE or SANE at a local emergency room and that the medical examination provided by Department facilities shall include a general physical examination for recent sexual abuse. A review of seven sexual abuse allegations indicated three were not at the facility at the time of the report (reported via Warden to Warden notification). The remaining four were documented with medical and/or mental health services. One victim was transported to the local hospital for a forensic medical examination. The one security first responder stated his first step would be to separate the victim and abuser. He stated he would notify the supervisor and complete an incident report. He stated if the allegation was abuse, and not harassment, the victim would be taken to health services and he would tell them not to wash or do anything to destroy evidence. He further stated they would start a PREA checklist and IA would conduct an investigation. The non-security first responder stated she would notify security immediately and have the victim brought to health services for an evaluation. She stated she would also notify mental health and a doctor right away.

115.82 (c): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. 04.01.301, page 9 states that a general physical examination for recent sexual abuse shall include, but not be limited to: a blood test (RPR for Syphilis); culture smears for seminal fluid, Gonorrhea, Chlamydia and other Sexually Transmitted Diseases (STD) as appropriate; Hepatitis C antibody test and Hepatitis B surface antigen and antibody blood test and an HIV test and counseling shall be offered. A review of seven sexual abuse allegations indicated three were not at the facility at the time of the report (reported via Warden to Warden notification). The remaining four were documented with medical and/or mental health services. One victim was transported to the local hospital for a forensic medical examination. The auditor was not provided documentation related to sexually transmitted infection prophylaxis for the victim who had an allegation involving penetration. Interviews with medical and mental health care staff confirm that inmates receive timely information and access to emergency contraception and sexually transmitted infection prophylaxis. The interviews with inmates who reported sexual abuse indicated that none involved penetration or touching that would require information and access to sexually transmitted infection 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 and information from interviews with medical and mental health care staff indicate that this standard appears to require corrective action. A review of seven sexual abuse allegations indicated three were not at the facility at the time of the report (reported via Warden to Warden notification). The remaining four were documented with medical and/or mental health services. One victim was transported to the local hospital for a forensic medical examination. The auditor was not provided documentation related to sexually transmitted infection prophylaxis for the victim who had an allegation involving penetration.

#### Corrective Action

The facility will need to provide the requested documentation. If it is not available, the facility will need to provide a list of all sexual abuse allegation reported during the corrective action period and all corresponding medical and mental health documentation. The facility will need to ensure staff are aware of the requirements under this provision.

#### 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 Sexual Abuse Allegations Reported During Corrective Action Period
2. Medical and Mental Health Documentation

The facility provided a list of sexual abuse allegations reported during the corrective action period. Four allegations of sexual abuse were reported during the corrective

	<p>action period. Three of the four inmates were documented with medical services and all four were documented with mental health services. One inmate had an allegation of sexual abuse that involved penetration. The inmate was transported to the local hospital for a forensic medical examination. The auditor inquired into documentation related to sexually transmitted infection prophylaxis. The facility indicated this was provided by the local hospital, however they did not receive documentation related to these services. The auditor highly recommends that these documents are obtained and retained by the facility for future incidents of sexual abuse.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Does Not Meet Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> <li>4. Medical and Mental Health Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Medical and Mental Health Staff</li> <li>2. Interviews with Inmates who Reported Sexual Abuse</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of Medical Treatment Areas</li> </ol> <p>Findings (By Provision):</p>

115.83 (a): The PAQ indicated the facility offers 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. 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. Additionally, 04.01.301, page 6 states that if it is determined that the offender was previously a victim of sexual abuse, the facility PCM shall notify medical and mental health staff within fourteen days of the screening. During the tour, the auditor observed that health services included a reception area, exam rooms, treatment rooms and an emergency area. Exam and treatment rooms provided privacy through doors and curtains. The emergency room also provided privacy through a door with a window and a curtain. A review of seven sexual abuse allegations indicated three were not at the facility at the time of the report (reported via Warden to Warden notification). The remaining four were documented with medical and/or mental health services. One victim was transported to the local hospital for a forensic medical examination. The auditor reviewed five risk assessments of individuals who disclosed prior sexual victimization during the risk screening. Two were referred to mental health but declined services, two were not documented with being offered a follow-up, and one was offered and accepted the follow-up. Three additional risk assessments were requested but were not provided. The auditor did not receive documentation for any of the individuals confirming that they were provided the follow-up with mental health within fourteen days.

115.83 (b): 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. A review of seven sexual abuse allegations indicated three were not at the facility at the time of the report (reported via Warden to Warden notification). The remaining four were documented with medical and/or mental health services. One victim was transported to the local hospital for a forensic medical examination. Interviews with medical and mental health care staff confirmed that they provide on-going and follow-up services to inmate victims of sexual abuse. A few of the services include SAFE/SANE, medical support, mental health support, crisis intervention and general mental health follow-up. Interviews with inmates who reported sexual abuse indicated that three were provided follow-up services with mental health. None of the inmates interviewed had an allegation that involved penetration or need for follow-up medical services.

115.83 (c): The facility provides access to medical and mental health staff on-site and

also transports inmates to the local hospital for treatment that is not available at the facility. All medical and mental health care staff are required to have the appropriate licensure and credentials. A review of seven sexual abuse allegations indicated three were not at the facility at the time of the report (reported via Warden to Warden notification). The remaining four were documented with medical and/or mental health services. One victim was transported to the local hospital for a forensic medical examination. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): The PAQ updated information indicated this provision does not apply as the facility does not house female inmates. 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 inmates. 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 inmate 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. A review of seven sexual abuse allegations indicated three were not at the facility at the time of the report (reported via Warden to Warden notification). The remaining four were documented with medical and/or mental health services. One victim was transported to the local hospital for a forensic medical examination. The auditor was not provided documentation related to testing for sexually transmitted infections. The interviews with inmates who reported sexual abuse indicated that none involved penetration or touching that would require information and access to testing for sexually transmitted infections.



115.83 (g): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 04.01.301, page 9 states that offenders shall not be charged a co-payment for medical treatment, including forensic medical examinations, obtained for alleged sexual abuse. The interviews with inmates 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 inmate-on-inmate 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 inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. There were zero inmate-on-inmate sexual abuse allegations that were deemed substantiated and as such there were no confirmed inmate-on-inmate abusers who required an evaluation under this provision. Interviews with medical and mental health staff indicate that mental health would see the inmate abuser within five days.

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 auditor reviewed five risk assessments of individuals who disclosed prior sexual victimization during the risk screening. Two were referred to mental health but declined services, two were not documented with being offered a follow-up, and one was offered and accepted the follow-up. Three additional risk assessments were requested but were not provided. The auditor did not receive documentation for any of the individuals confirming that they were provided the follow-up with mental health within fourteen days. A review of seven sexual abuse allegations indicated three were not at the facility at the time of the report (reported via Warden to Warden notification). The remaining four were documented with medical and/or mental health services. One victim was transported to the local hospital for a forensic medical examination. The auditor was not provided documentation related to testing for sexually transmitted infections.

Corrective Action

The facility will need to provide the requested medical and mental health

documentation. If it is not available, the facility will need to provide a list of all sexual abuse allegation reported during the corrective action period and all corresponding medical and mental health documentation. The facility will need to ensure staff are aware of the requirements under this provision. A copy of the training will need to be provided. The facility will need to provide a list of inmates during the corrective action period who disclosed prior sexual victimization during the risk screening. The facility will need to provide associated mental health follow-up documents. Additionally, the auditor will utilize the documents requested under 115.33 and 115.41 to determine if additional documents are needed related to mental health follow-ups.

#### 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 Sexual Abuse Allegations Reported During Corrective Action Period
2. Mental Health Documentation
3. Staff Training

The facility provided staff training that was completed related to mental health follow-ups. The training included language from 115.41. Staff signatures were provided confirming the training, however the signatures were dated prior to the date of the training memorandum. Re-training was completed in January related to mental health follow-ups. Staff signatures were provided confirming the re-training. Additional training was provided confirming staff were trained on the medical and mental health requirements under this standard. Staff signatures were provided confirming the training was completed and understood.

The facility did not provide any documentation related to inmates who disclosed prior victimization during the risk screening or were identified with prior sexual abusiveness during the risk screening, however the auditor identified a sample during documentation review under 115.41. Four inmates had disclosed prior sexual victimization and one was identified with prior sexual abusiveness. One inmate was not offered mental health services at all and the remaining four were not offered until

the risk reassessment. One of the four inmates that was offered a mental health follow-up during the risk reassessment accepted the mental health follow-up, however no documentation was provided confirming whether the follow-up was provided. No additional documentation was provided related to compliance with this standard.

The facility provided a list of sexual abuse allegations reported during the corrective action period. Four allegations of sexual abuse were reported during the corrective action period. Three of the four inmates were documented with medical services and all four were documented with being provided mental health services. One inmate had an allegation of sexual abuse that involved penetration. The inmate was transported to the local hospital for a forensic medical examination. The auditor inquired into documentation related to STI testing. The facility indicated this was provided by the local hospital, however they did not receive documentation related to these services. The auditor highly recommends that these documents are obtained and retained by the facility for future incidents of sexual abuse.

Based on the documentation provided the facility has not corrected this standard during the corrective action period and as such this standard is not met.

115.86	Sexual abuse incident reviews
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. Investigative Reports</li> <li>4. Sexual Abuse Incident Reviews (DOC 0593)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Warden</li> <li>2. Interview with the PREA Compliance Manager</li> </ol>

### 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 nine criminal and/or administrative investigation of alleged sexual abuse completed at the facility excluding only unfounded incidents. A review investigations indicated that seven required a sexual abuse incident review. At the issuance of the interim report the auditor had not received any documentation related to sexual abuse incident reviews.

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 zero 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 investigations indicated that seven required a sexual abuse incident review. At the issuance of the interim report the auditor had not received any documentation related to sexual abuse incident reviews.

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. A review investigations indicated that seven required a sexual abuse incident review. At the issuance of the interim report the auditor had not received any documentation related to sexual abuse incident reviews. 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.

115.86 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. 04.01.301, page 11 states that the review, including any reports of findings or any recommendation for improvement, shall be documented on the DOC 0593, Sexual Abuse Incident Review. A review investigations indicated that seven required a sexual abuse incident review. At the issuance of the interim report the auditor had not received any documentation related to sexual abuse incident reviews. 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 determine any corrective action plans moving forward. He stated they also use it to determine level of treatment or care for the individual involved. The PCM stated that she is part of the sexual abuse incident review team and that she has not noticed any trends. She indicated they had only completed one as they were unaware they needed to be completed for unsubstantiated incidents. The PCM further stated that once the report is submitted, if there were recommendations, they would go to the Warden for final approval and they monitor corrective action that is needed.

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 investigations indicated that seven required a sexual abuse incident review. At the issuance of the interim report the auditor had not received any documentation related to sexual abuse incident reviews.

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 investigations indicated that seven required a sexual abuse incident review. At the issuance of the interim report the auditor had not received any documentation related to sexual abuse incident reviews. The PCM stated that she is part of the sexual abuse incident review team and that she has not noticed any trends. She indicated they had only completed one as they were unaware they needed to be completed for unsubstantiated incidents.

Corrective Action

The facility will need to provide the requested documentation. If not available, the facility will need to provide training to applicable staff on policies and procedures under this standard. A copy of the training will need to be provided. The facility will need to provide a list of sexual abuse and sexual harassment allegations reported during the corrective action period and associated sexual abuse incident reviews.

#### 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 Sexual Abuse Allegations During Corrective Action Period
2. Sexual Abuse Incident Reviews
3. Staff Training

The facility provided training with the sexual abuse incident review team members related to timeframes and the necessary information to be included in the sexual abuse incident reviews.

The facility provided a list of sexual abuse allegations reported during the corrective action period. Four sexual abuse allegations were reported. One investigation was complete and three were still active investigations. The one completed investigation included a sexual abuse incident review via the DOC 0593 within 30 days of the conclusion of the investigation. The sexual abuse incident review included narrative information required under this standard and the appropriate staff on the sexual abuse incident review team.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

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

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

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

<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents: <ul style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention</li> </ul>

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 the agency collects data on a quarterly basis and they do trend analysis on the data. He stated that the data assist with identifying hot spots and other variables and they determine action plans for each facility and agency as whole. He further confirmed they utilize the data to determine measures to put in place to correct any issues. The PC confirmed that the agency reviews data

that is collected in order to assess and improve the effectiveness of the sexual abuse prevention, detection and response policies. He stated the Agency Head approves the report and that the information is published on the agency website. He further stated that trends are analyzed and appropriate corrective action is taken based off of this information. The interview with the PCM indicated that the facility completes quarterly reports and these reports help the agency as a whole to assess each facility and pinpoint any issues.

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 he reviews and approves the annual report. A review of the website confirmed that the current annual report as well as prior annual reports are available for review.

115.88 (d): The PAQ indicated that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where

	<p>publication would present a clear and specific threat to the safety and security of the facility and that the agency indicates the nature of material redacted. 04.01.301, page 13 states that the final report shall not contain any personal identifiers. The Department may redact information on the posted report if said information would present a clear and specific threat to the safety and security of a facility or the Department. A review of Annual PREA Report confirmed there was no personal identifying information included nor any security related information. The report did not contain any redacted information. The interview with the PC indicated that confidential and sensitive individual in custody or staff information is redacted. In consultation with the Legal Department, a determination would be made regarding what information would be redacted and justification for such redaction would be provided.</p> <p>Based on a review of the PAQ, 04.01.301, the Annual PREA Report, the website and information obtained from interviews with the Agency Head, PC and PCM, this standard appears to be compliant.</p>
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<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</li> <li>3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the PREA Coordinator</li> </ol> <p>Findings (By Provision):</p> <p>115.89 (a): The PAQ indicated that the agency ensures that incident-based and aggregate data are securely retained. The PREA Manual, page 50 states that the</p>

agency shall ensure that data collected pursuant to 115.87 are securely retained. The interview with the PREA Coordinator indicated that all identifying information regarding PREA allegations is treated as confidential and maintained in secure databases and secured drives. Any hard-copy documents are maintained via double-locked storage.

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

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

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

Based on a review of the PAQ, 04.01.301, the Annual PREA Report, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

115.401	Frequency and scope of audits
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Findings (By Provision):

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.

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.

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.

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 in each housing unit on yellow letter size paper. The audit announcements were in English and Spanish and were posted in housing units and/or sally ports of housing units. The audit noticed advised the inmates that correspondence with the auditor would remain confidential unless the inmate reported information such as sexual abuse, harm to self or harm to others. The detainees were able to send correspondence via special mail. The auditor received correspondence from three inmates at the facility.

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Findings (By Provision):  115.403 (f): The agency has audit reports published to their website for all audits completed during the previous three, three year audit cycles.

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

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



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

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

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

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

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

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

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

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



	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	no
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	no
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

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

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

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

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

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no
	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.)	no
	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.)	no
	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	no

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

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



	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	no
	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?	no
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	no

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

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

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

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

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

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	no
	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.)	no
	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.)	no
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	no
	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.)	no
	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.)	no
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	no
	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.)	no
	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.)	no
	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.)	no
	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.)	no
	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.)	no
	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.)	no
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na



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

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

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

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

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	no

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	no
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	no
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	no
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

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



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

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

	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	no
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	no
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

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

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

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

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

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



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

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