

PREA Facility Audit Report: Final

Name of Facility: Graham Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 08/11/2022

Date Final Report Submitted: 02/02/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Debra D. Dawson	Date of Signature: 02/02/2023

AUDITOR INFORMATION	
Auditor name:	Dawson, Debra
Email:	dddawsonprofessionalaudits@gmail.com
Start Date of On-Site Audit:	07/18/2022
End Date of On-Site Audit:	07/20/2022

FACILITY INFORMATION	
Facility name:	Graham Correctional Center
Facility physical address:	12078 Illinois 185 , Hillsboro, Illinois - 62049
Facility mailing address:	

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

Warden/Jail Administrator/Sheriff/Director	
Name:	Glen Austin
Email Address:	Glen.Austin@illinois.gov
Telephone Number:	217-532-6961

Facility PREA Compliance Manager	
Name:	Elizabeth Mcintosh
Email Address:	elizabeth.mcintosh@illinois.gov
Telephone Number:	O: (217) 532-6961
Name:	Denessa Armstrong
Email Address:	denessa.armstrong@illinois.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Stefanie Howard
Email Address:	stefanie.howard@illinois.gov
Telephone Number:	(217) 532-6961

Facility Characteristics	
Designed facility capacity:	2031
Current population of facility:	1947
Average daily population for the past 12 months:	1451
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-81
Facility security levels/inmate custody levels:	Medium and Reception & Classification
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	469
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	61
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	1

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

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

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

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-07-18
2. End date of the onsite portion of the audit:	2022-07-20

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:	Just Detention International and John Howard Associate, Prairie Center for Sexual Assault

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	2031
15. Average daily population for the past 12 months:	1451
16. Number of inmate/resident/detainee housing units:	35
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1399
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:	26
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
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:	56
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1

<p>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:</p>	<p>33</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>80</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>469</p>

<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>5</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>61</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>22</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Interviews were conducted with inmates in each of the housing units and selected from rosters identifying their date of arrival, age, and ethnicity for an attempt to interview those who were LEP. Inmates with various disabilities were identified for interview based on their disability</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</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>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>

61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
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:	2
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:	3
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:	2
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:	2
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:	0

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

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Per staff interviews with staff assigned to the segregation housing, and review of investigative case files, there were no inmates assigned to segregation identified at being at risk of sexual victimization or who was house to be an allegation of having suffered sexual abuse</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>18</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>

<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>24</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

	<input type="checkbox"/> Intake staff <input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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).</p>	<p>No text provided.</p>
<h2 style="text-align: center;">Documentation Sampling</h2>	
<p>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.</p>	
<p>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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	2	0	2	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	4	0	2	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	3	0	3	0
Staff-on-inmate sexual harassment	4	0	4	0
Total	7	0	7	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	2	0
Staff-on-inmate sexual abuse	0	0	2	0
Total	0	0	4	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	2	1
Staff-on-inmate sexual harassment	0	0	4	0
Total	0	0	6	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:

4

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
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Inmate-on-inmate sexual abuse investigation files

<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input 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>
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<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
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Staff-on-inmate sexual abuse investigation files

<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
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<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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Sexual Harassment Investigation Files Selected for Review

<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>7</p>
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<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	4
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	All sexual abuse and sexual harassment investigations were conducted as administrative investigations only. No criminal activity was identified

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:	1

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

Identify the name of the third-party auditing entity

Correctional Management and Communication Group (CMCG)

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

<p>115.11</p>	<p>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire (PAQ) 2. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual 3. IDOC #04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 4. IDOC Organizational Chart 5. IDOC PREA Agency-Wide PREA Coordinator Memo 6. Interviews: <ol style="list-style-type: none"> a. IDOC PREA Coordinator b. GRA PREA Compliance Manager <p>115.11 (a) (b)(c) (AD) 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, IDOC memorandum, and the IDOC organizational chart meet the requirements of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The agency memorandum establishes a position of Agency-Wide PREA Coordinator with the responsibility to oversee the implementation and management of Prison Rape Elimination Act of 2003. The facility PREA compliance manager under the direction of the Agency PREA Coordinator carries out their duties.</p> <p>The PREA compliance manager for Graham is currently the Mental Health Authority and she reports to the AW(P). She is responsible for coordinating with the Agency PREA coordinator to oversee the implementation and management of the Prison Rape Elimination Act of 2003. Both the agency PREA Coordinator and Facility Compliance Manager through interviews advised they have sufficient time and authority to coordinate efforts to comply with PREA standards. Additionally, Graham has a Back-Up PREA Compliance Manager. During interviews with the PCM and back-up PCM they indicated that they do have sufficient time. The Back-up PCM indicated that she does not a specific role but helps as needed.</p> <p>The agency policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. The agency and facility policies outline how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding</p>
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sexual abuse and sexual harassment and it includes sanctions for those prohibited behaviors. This information is also contained in the inmate Orientation Manual. Inmates are informed orally about the zero-tolerance policy and the PREA program during intake and later during orientation presentations. The orientation is offered in English and in Spanish. Additional program information is contained in the Offender manual, and postings distributed throughout the facility (observed during the tour). All written documents are available in English and Spanish. Interpretive services are available for inmates with limited English speaking or reading skills. Employees, volunteers, and contractors receive initial training as well as in-service training annually on PREA .

Based on these findings and auditor observation and review of documentation, the facility is in compliance with this standard.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire (PAQ) 2. Contract for SAFER Foundation for North Lawndale and Crossroads CTC 3. Interviews: <ol style="list-style-type: none"> a. Agency Contract Administrator <p>115.12 (a) (b) The agency and facility meet the mandates of this standard. A review of the documentation submitted substantiates that the agency and facility require the entities which they contract for the confinement of inmates (privatized prisons or residential reentry centers or “halfway houses”) to adopt and comply with the PREA standards. An interview with the Contract Administrator indicated that the facilities that contract for the confinement of inmates are with the SAFER Foundation and undergo a PREA audit every three years.</p>

115.13	Supervision and monitoring
	<p data-bbox="256 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 297">Auditor Discussion</p> <p data-bbox="256 340 1062 374">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="256 412 1374 1160" style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire (PAQ) 2. AD 05.01.101 Roster Management 3. GRA PREA Staffing Plan 4. Staffing Plan Approval Memo 7-27-2021 5. AD 01.02.103 Inspection Tours by Administrative Staff 6. GRA Daily Security Rosters 7. Interviews: <ol data-bbox="256 913 743 1160" style="list-style-type: none"> a. Warden b. Higher-Level Staff c. GRA PREA Compliance Manager d. IDOC PREA Coordinator <p data-bbox="256 1200 1477 1693">115.13 (a)(b)(c)(d) Agency policy requires each facility to review the staffing plans on an annual basis. Interviews with the Warden and executive staff revealed compliance with the directive. Safety and security issues are always a primary focus when they consider and review their staffing plan. The Warden reviews the daily staffing rosters to ensure compliance. Each Shift Commander must receive approval to vacate a post and that post must not be a critical post. If needed after that, they are given permission to hire overtime or mandate staff to ensure critical post are covered. The audit included an examination of all video monitoring systems; staff interviews; and rosters. Supervisory and Administrative staff members routinely make unannounced rounds covering all shifts and these rounds are documented. In interview with higher level staff they indicated that they make unannounced rounds in addition to regular coverage rounds.</p> <p data-bbox="256 1733 1469 2058">The Duty Administrative Officer conduct random tours of all areas of the facility on all shifts and all days including night and weekends. The IDO document the visits in housing unit logbooks. Staff members are prohibited from alerting other employees regarding unannounced rounds. The unannounced rounds were verified during the on-site tours by review of the housing unit logbooks. The auditors requested various rosters from the 3 different shifts (7-3); (3-11); (11-7) which were provided to verify that there were no deviations to the staffing plan. Housing Unit logbooks were submitted as part of pre-audit review. Roster adjustments and overtime was paid to</p>

ensure compliance with the staffing plan.

The PAQ indicated that the average number of inmates is 1451 and the staffing plan was developed for 2031. There were 1399 inmates during the on-site visit which was 1127 at GRA CC and 282 at the Reception Center. An examination of policy and supporting documentation and interviews with (2) Higher-level Supervisors, Warden, and PREA Compliance Manager and Agency PREA Coordinator confirms compliance with this standard. A comprehensive tour of the facility was conducted during the audit that included looking for blind spots, reviewing camera coverage and available staff in areas that inmates are assigned. The Warden reviewed their facility camera plan which included ordering additional cameras and mirrors to combat blind spots. The Staffing Plan was signed and approved on July 27, 2021 by warden and IDOC PREA Coordinator. The warden had approved a camera plan during a review of the staffing plan and ordered and received 222 cameras which were placed in housing units and Dietary and dining room and the plan calls for cameras in other programming and work areas. An additional 50 cameras have been ordered. During the on-site tour, the auditors identified numerous blind spots throughout the Industry building and the warden and engineer indicated that cameras have been designated for Industries. Areas that would benefit from mirror placement were also identified for Chapel, Dietary, Library, Gym and Industries. All areas have been identified by the warden for upgrades with mirrors and cameras.

Based on the review of the logbooks, rosters, and staffing plan, it is determined that Graham is in compliance with this standard; however, since the camera and mirror projects are on-going, the auditors request verification that cameras and mirrors have been placed in the identified areas to eliminate blind spots and allow better detection and prevention of sexual abuse. Verification through photographs of the cameras and mirrors installed are to be submitted to the auditor before end of the corrective action period of 180 days.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review): 1. 730 ILCS 5-5-6 Place of Confinement 2. IDOC Memo regarding there are to be no 17 year old placed at Graham 3. Interviews: a. Warden b. IDOC PREA Coordinator c. GRA PREA Compliance Manager 115.14 (a) (b) (c) (d) State Law (730 ILCS 5/5-8-6) specifically prohibits anyone under the age of 18 to be confined to the IDOC. The facility does not house youthful inmates. Compliance was determined by population reports for the audit review period and interviews with GRA Warden, GRA PREA Compliance Manager and IDOC PREA Coordinator.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire (PAQ) 2. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention program Manual 3. IDOC #04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 4. AD 05.01.113 Searches of Offenders 5. AD 03.03.102 Employee Training 6. Cycle Training Curriculum 7. Interviews: <ol style="list-style-type: none"> a. Random Inmates b. Random staff <p>115.15 (a)(b)(c)(d)(e)(f) The above policies, memos and directives meet the mandates of this standard. Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Officers would be required to document all cross-gender strip searches and cross-gender visual body cavity searches. Interviews with (18) random staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex except in exigent circumstances. Staff interviews also confirmed that female officers had been trained to conduct cross-gender pat searches. Staff interviews indicated they received cross-gender pat search training during initial and annual training. The auditor observed that each unit has individual shower curtains for privacy. The facility has implemented a policy that all opposite gender staff working the units will announce themselves and a notice is posted in the housing unit when a female staff is working the unit. Interviews conducted with 24 random inmates that included one (1) gay and one (1) bi-sexual who acknowledged they were allowed to shower, dress, and use the toilet without being viewed by staff of the opposite gender.</p> <p>Additionally, the auditor observed the written notifications which stated a female staff was working the unit on that day. Staff interviewed were aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. There were no inmates identified as transgender and/or intersex at GRA during the site visit for interview. During the past 12 months, there were no exigent circumstances that required cross-gender viewing</p>

of an inmate by a staff member at GRA.

Based on the review of policies and observations during on-site visit to the housing units, and interviews with staff and inmates it has been determined that Graham Correctional Center is in compliance with this standard.

<p>115.16</p>	<p>Inmates with disabilities and inmates who are limited English proficient</p>
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire (PAQ) 2. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention program Manual 3. IDOC #04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 4. AD 04.01.111 ADA Accommodations 5. Contract with PROPIO for Interpretive Services 6. IDOC Language Line Procedures <p>4. Interviews:</p> <ol style="list-style-type: none"> a. Agency Head b. Inmates with Disability c. Random staff <p>115.16 (a)(b)(c) ADA Accommodations 04.01.111 mandates that the Department shall not discriminate against offenders with known disabilities and shall provide reasonable accommodations to ensure access to programs, activities, and services in accordance with the Americans with Disabilities Act and the provisions established in this Directive.</p> <p>AD 04.01.105 Facility Orientation establishes that the local facility will respond to needs of inmates with Disabilities or Limited English Proficiency: The agency has established a contract with PROPRIO to provide any needed interpretive services to include American Sign Language services for inmates who are deaf or hard of hearing and interpretive services for inmates with limited English proficiency. Upon identification of an inmate with a disability which prevents them from reading or understanding inmate PREA educational materials, once staff conducting initial intake screenings determine that an inmate needs these services, they coordinate with other staff as needed to obtain appropriate accommodations addressing the inmate's disability. Through policy and practice, the facility staff ensures that inmates with all disabilities listed in 115.16a have an equal opportunity to participate in and benefit from all aspects of the Agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. (10) disabled and LEP inmates were interviewed and stated they were instructed about PREA compliance and felt safe from sexual abuse.</p>	

The auditor interviewed (1) inmate that was limited English and a staff interpreter was used to conduct the interview. The inmate stated that he did not receive the orientation materials and it was discovered that he did not read or write in English or Spanish. All PREA related information (written information), including postings, brochures and handouts are available in English, and Spanish. The agency has an Agency-Wide ADA coordinator who works with the facility appointed a staff member to service as the facility's ADA coordinator. The facility has access to translation services for written access in other languages. Staff also may read information to inmates when necessary. The facility does not rely on inmate interpreters, inmate readers or other types of inmate assistants in the performance of first responder duties or during the investigation of an inmate's sexual abuse/sexual harassment allegations. Interviews with first responders, medical, mental health and investigative staff confirmed their awareness of the prohibition of using inmate interpreters for PREA compliance functions. The facility also employs staff members who are bi-lingual in languages other than English; however, the facility did not have those staff identified as Facility Interpreters. One bi-lingual staff indicated that she has not been utilized as an interpreter. The comprehensive review of the Offender Handbook to include PREA is not being completed on a consistent basis. The facility indicated that this was due to not being able to have inmates in large groups due to COVID protocols. The facility has an orientation acknowledgement form; however the orientation receipts supplied were from other facilities or did not specify that PREA information was included in the orientation. The auditors interviewed (2) Low Vision; (3) Hard of Hearing; (2) LEP inmate, (3) physical disabled and (1) intellectual disabled. The two LEP inmates who spoke Spanish indicated that they had not received orientation handbooks or PREA information in a manner in which they understood. One stated he didn't receive a handbook in Spanish and the auditor had someone bring him one during the interview. The other stated that he could not read in English or Spanish and had not seen a PREA video. Based on the review of agency policies the facility should have processes and procedures in place to accommodate inmates with disabilities; however, inmate interviews, and a lack of acknowledgement documentation that inmates had received Orientation therefore, it is determined that GRA does not meet this standard. GRA will be placed in a corrective action period of 180 days to provide Orientation to the population to include verification through use of an inmate acknowledgement form.

Corrective Action Plan: The auditing team recommends the entire inmate population as of 45 days from the date of the Interim Report is given the PREA orientation via video in both English and Spanish and close caption to ensure inmates who have low vision, LEP, or hard of hearing and other disabilities receive and understand the information. Documentation will be provided to the auditor via the Orientation Acknowledgement Receipt form. The Orientation Acknowledgement Receipt form needs to be revised to indicate that PREA education was received and understood in addition to the Offender Handbook. The Warden should designate staff interpreters so that all staff are aware that they are available to be utilized. Comprehensive orientation should be completed within thirty days of the inmate's arrival at the main Graham facility and the Reception Center. Documentation should be provided to the auditors monthly during the corrective action period. The facility will provide a roster

of incoming inmates from the previous month by the 10th of the month following arrival to the auditors and the auditor will select a sample to provide Orientation Receipts to indicate comprehensive PREA education.

Corrective Action Applied:

The Illinois Department of Corrections (IDOC) has implemented procedures to ensure PREA compliance that includes internal and external processes monitoring through auditing to test compliance. The Department will ensure PREA compliance by conducting audits, in addition to the triennial DOJ-audits, using the following: Internal controls such as facility reviews will be conducted annually. The Graham Correctional Center will perform a facility review (audit) on the requirements of 04.01.301, the PREA Administrative Directive. Additional external controls have been developed and an external audit will be conducted by the Office of Administrative Directive Standards (OADS) The external audit will be conducted annually. The annual external audit will be conducted by the Department's OADS Unit. PREA was added as a mandatory audit to ensure continued compliance. An external audit will be conducted by the Central Management Services (CMS). The CMS is a separate State agency outside the umbrella of the Illinois Department of Corrections and has been requested to perform audits for PREA at select facilities to include GRA. This external audit will ensure a completely impartial and unbiased examination of Graham's PREA processes to ensure continued compliance.

The facility provided documentation during the Corrective Action Period that indicated the PREA Orientation was provided to Non-English speaking inmates by using the JDI LEP Orientation Video. The orientation receipts were signed by the inmates. Therefore, it is determined that the facility has process and procedures in place to ensure continued compliance with this standard.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire (PAQ) 2. AD 01.02.107 Background Investigations 3. AD 03.02.100 Administrative Review of Personnel 4. AD 03.02.108 Standards of Conduct 5. DOC 0589 PREA Questionnaire for Institution Employers 6. DOC 0450 PREA Pre-employment Self-Report 7. DOC 0035 Background Investigation Release/Consent 8. Interviews: <ol style="list-style-type: none"> a. Human Resource Staff <p>115.17 (a) (b) (c) (d) (e) (f) (g) (h)AD 01.02.107, Background Investigations; 03.02.100, Administrative Review of Personnel and Service Issues; IDOC memos and corresponding local policy/documentation address the requirements of this standard. All employees, contractors and volunteers have had criminal background checks completed. The facility does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor or volunteer that may have contact with inmates, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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, or if the person has been civilly or administratively adjudicated to have engaged in the activity. Incidents of sexual harassment are considered in determining whether to hire or promote anyone or to enlist the services of any contractor or volunteer who may have contact with inmates.</p> <p>In an interview with the Human Resource Manager she indicated that the agency Background Investigation Unit (BIU) performs the background checks on all request sent by the facility. The BIU also performs a check of IDOC Intel, Discipline, and PREA related incidents as part of the promotion process. The BIU also performs the background checks for all contractors and volunteers. The BIU also consults the Illinois Child Abuse and Neglect Tracking System to ensure a potential employee or contractor is not registered. The BIU is alerted via an arrest tracking system if any employee or contract staff is arrested. This system is used to verify the 5 year background reinvestigation. They provided (2) examples of a contractor and</p>

employee. Employees have a duty to disclose such misconduct. Material omissions regarding this type of misconduct would be grounds for termination. The submission of false information by any applicant is grounds for not hiring the applicant. The human resource manager confirmed during her interview that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse.

The auditors requested a list of new hires and promoted staff and a list of contractors hired in the past 12 months and volunteers. The PAQ indicated that there were 53 staff hired during the past 12 months and 5 contractors and 1 volunteer. The facility did not provide the requested list of staff or contractors and volunteers and no background checks were provided. The facility also failed to provide a list of staff promotions during the review period and did not provide the PREA Self-Report forms for those staff. None of the information requested to determine a sample was provided. Based on the lack of samples provided to be reviewed, the facility is deemed non-compliant with this standard. Therefore, it is determined that GRA does not meet the standard of performing background checks on new hires, promoted staff, contractors or volunteers as they did not provide proof of the checks. They will be placed in corrective action for a period of 180 days in which they are to provide a sample of the background checks performed for all categories.

Corrective Action Plan: The auditing team recommends that a roster of all new hires and promotions within the auditing period be supplied in order for the auditors to select a sample of new staff, promotions, and contractors/volunteers hired during the auditing period be provided to the auditors no later than September 10, 2022.

Corrective Action Applied. The facility submitted new documentation during the corrective action period to show compliance for this standard. They submitted 10 new hires and 10 promoted staff background checks and PREA Self-Report Forms. Arrest tracking forms submitted to show how staff are monitored to meet the requirement for 5 year background checks. The arrest tracking is real time monitoring and sent as soon as an arrest is made.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire (PAQ) 2. Interviews: <ol style="list-style-type: none"> a. Agency Head b. Warden <p>115.18 (a)(b) Illinois Department of Corrections developed a State-Wide Security Camera contract for the agency to procure from. This plan was developed to assist the Department's continued efforts to prevent rule violations and misconduct to include the prevention of sexual abuse throughout the entire Department. Graham Correctional Center camera plan included 224 new cameras. They have requested an additional 50 cameras. All of the new cameras have been installed based a camera plan devised by a multi-discipline committee which took into account any blind spots and areas of low visibility for supervisory staff. This included installation of video surveillance equipment in housing units, offender dining, offender recreation areas, and offender work areas.</p> <p>Interviews with PREA coordinator and Warden verified that the facility has developed a camera mapping plan.</p> <p>Throughout the tour of the facility the auditors noted that there was sufficient camera coverage and mirrors strategically placed throughout the facility; however, the auditors noted areas which would benefit from additional mirror placements. The Warden already had these areas identified on their camera plan.</p> <p>Compliance was determined by review of the agency mapping plan and interviews with PREA coordinator and warden.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire (PAQ) 2. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention program Manual 3. IDOC #04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 4. AD 01.02.120 Investigation of Unusual Incidents 5. AD 01.12.112 Preservation of Physical Evidence 6. Illinois State Police MOU to Investigate PREA Incidents 7. AD 01.12.125 Uniform Investigative Reporting System 8. 410 ILCS-70 Sexual Assault Survivors Emergency Treatment Act 9. Interviews: <ol style="list-style-type: none"> a. Inmates Who Report Sexual Abuse b. GRA PREA Compliance Manager c. Random staff d. SAFE/SANE Staff <p>AD 01.12.125, Uniform Investigative Reporting System; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, and Illinois State Police/IDOC MOU meet the mandates of this standard. GCC investigators conduct administrative investigations and the Illinois State Police (ISP) conduct criminal investigations.</p> <p>The agency follows a uniform evidence protocol as described in the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents”. Victims of sexual assault are referred to health services for initial examination and treatment. Such treatment would be for life preservation only and the victim would be transported to a local hospital for examination, treatment and forensic evidence gathering by a SAFE/ SANE nurse. Forensic examinations, for GCC victims of sexual assault, are provided by St. John’s General Hospital.</p> <p>During an interview with the SANE Practitioner at St. John’s General, she stated the hospital maintains SAFE/SANE nurse on all shifts every day. The IDOC has an</p>

agreement with the John Howard Association for counseling and information and to serve as a reporting mechanism for inmates. The IDOC has an MOU with Prairie Center for Sexual Assault to serve as a victim advocate during a forensic exam. Qualified Mental Health Professionals are available to provide victim advocacy services to inmates at the facility.

A review of training records confirmed that internal investigative unit staff have received appropriate investigator training on the investigation of sexual abuse and harassment in a confinement setting. Interviews with (14) random staff, a local SANE nurse, local rape crisis center advocate and an examination of documentation confirmed compliance with this standard.

The representative from the advocacy program stated that all staff have been trained in providing advocacy services and completed background checks to provide services in the prison. The auditors interviewed (2) inmates who reported sexual abuse. There was no physical evidence collected regarding the allegations and they were not sent out for a forensic exam but both inmates confirmed that they received medical attention.

Based on staff and inmate interviews and a review of the investigative files it is determined that GRA is in compliance with the mandates of this standard.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1.IDOC 01.12.115 Institutional Investigative Assignments 2. IDOC Memorandum of Understanding (MOU) with the Illinois State Police 3. IDOC 01.12.125 Uniform Investigative Reporting System 4. IDOC Agency Website 5. IDOC 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 6. IDOC 01.12.120 Investigation of Unusual Incidents 7. IDOC 01.12.101 Employee Criminal Misconduct 8. Interviews: <ol style="list-style-type: none"> a. GRA Internal Affairs Investigator Supervisor b. IDOC External Investigative Unit Investigator c. IDOC Agency Head <p>115.22 (a) (b) (c) The above listed policies and agency website outlined IDOC and GRA commitment to ensuring an administrative and /or criminal investigation is completed on all reported allegations of sexual abuse and/or sexual harassment. The assignment of trained investigators and the completion of a thorough investigation is outlined within the agency’s policies. IDOC has three (3) levels of investigators assigned to conduct sexual abuse and sexual harassment investigations. Internal Affairs Investigators are assigned to each IDOC facility who have received proper training to conduct both administrative and criminal investigations. An external unit within the IDOC Investigative Unit also conducts both administrative and criminal investigations. The IDOC also has an MOU with Illinois State Police to conduct criminal investigations. The assignment of the investigative department is based on the circumstances of the allegations to include the ranking of the staff member involved to include staff on inmate allegations. Per an interview with the Agency Head, he stated the department takes all allegations seriously, and when those allegations are found to be substantiated, the perpetrators are referred for appropriate discipline and/or prosecution. The department utilizes the required standards of the preponderance of evidence in determining the outcome of such investigations and as needed, the Illinois State Police conducts criminal investigations for the department. Interviews with the GRA Internal Affairs Investigator Supervisor and IDOC Investigative Unit Investigator both confirmed depending on the allegations reported</p>

most facility-based investigations are conducted by the facility Internal Affairs Investigator. However, the IDOC Investigative Unit is an authorized external investigative unit and is authorized to conduct both administrative and criminal investigations. Both investigators confirmed all reported allegations of sexual abuse and/or sexual harassment are referred to an investigator who has received the required training as such and are authorized to conduct the investigations. The PAQ identified nine (9) sexual abuse and sexual harassment allegation reported during the 12-month review period. However, correct number of reported sexual abuse and sexual harassment allegations reported was 11. Each of the administrative investigations were completed by the GRA Internal Affairs Investigator and/or IDOC Investigative Unit. There were no criminal investigations initiated during the 12-month review period. The IDOC website <https://www2.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx> includes the following information "IDOC investigates all allegations of offender-on-offender sexual abuse and staff sexual misconduct. Investigations are initiated by the Investigation Unit at IDOC Headquarters. Please understand without detailed information it is difficult to investigate a sexual abuse or sexual harassment situation. If you have information regarding an offender who has been sexually abused or sexually harassed while under IDOC custody or community supervision, please call: 217-558-4013."

Based on the review of agency policies, agency website, and interviews with the internal and external investigators, it is determined GRA does meet all provisions of the standard.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire (PAQ) 2. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention program Manual 3. Annual Cycle Training Curriculum 4. PREA PSOT Cadet Training Curriculum 5. MH Bulletin 17-02 - New Hire Mental Health Orientation 6. Staff Training Electronic Verification 7. AD 03.03.102 Employee Training 8. Interviews: <ol style="list-style-type: none"> a. Training Coordinator b. Volunteer Coordinator c. Random Staff <p>115.31 (a)(b)(c)(d) AD 03.03.102, Employee Training; PREA Manual; PREA Training Power Point Presentation; Annual Cycle PREA Cadet/PSOT Training; Annual Staff Cycle Training are used by IDOC to train all staff on the PREA mandates. This includes new hires, annual training and training for contractors and volunteers. A review of the training curriculum for initial and yearly refresher demonstrates that all elements of 115.31 are met in the training.</p> <p>Random staff interviews conducted during the site visit included both security and non-security staff. All confirmed their training included the above listed subject matter; however, when probed to describe how they would respond as a first responder, the staff were not able to articulate the steps to show that they had a clear understanding of first responder duties. During interviews it was determined that there is no continuing education on PREA outside of the annual Cycle training. The PREA signage throughout the facility was inadequate in that most posters were not placed in an area where it stood out from other information being provided. There were other areas where the public is exposed such as the front lobby, and the visiting room where there was not signage relative to PREA. During the interview process with non-security staff, none had been a first responders. However, when probed they indicated that they would call security staff and was not aware of their obligation to protect the inmate and isolate him until security staff arrived.</p>

Graham is designated as an adult male correctional facility. Training is tailored to the gender of the male inmate population. During security staff interviews, they confirmed that the training from the Academy is tailored to incorporate cross-gender searches.

Auditors requested the training sign-in sheets to verify that staff have signed and are required to acknowledge, in writing, not only that they received PREA training, but that they understood it. Based on the review of agency policies, staff are to indicate by signature that they received and understand the PREA Training. However, interviews with 18 random staff, a volunteer, Chaplain for Volunteer training, and Training Coordinator for staff training verify that staff do not receive additional training between the annual Cycle Training. Therefore, it is determined that GRA does not meet the mandate of this standard. GRA will be placed in a corrective action period of 180 days to provide additional training to staff.

Corrective Action Plan: The auditing team recommends staff receive a personal First Responder Refresher Card, roll calls are held on during each of the various security shift briefings to discuss this aspect of PREA and that it is discussed during departmental meetings. The agency's policy and security staff briefings refresher training shall be discussed on a weekly basis over the 180 day corrective action period. Documentation of the Warden Bulletin and meeting minutes for departments will be provided for review by the auditing team by the 10th of the following month of completion. The training should begin no later than September 1, 2022 and documentation submitted no later than October 10, 2022 and continue throughout the 180 day period.

CORRECTIVE ACTION APPLIED:

The facility submitted documentation to support all staff within each department received PREA Refresher Training to include an individual PREA Refresher Card to maintain in their possession that detailed information of their responsibility as a first responder and upon awareness that inmate was at substantial risk of imminent sexual abuse.

All staff was required to acknowledge by their signature receipt of the refresher training and presentation of the PREA Refresher first responder duties card. Therefore, GRA is compliant with this standard and does meet all provisions of the standard.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire (PAQ) 2. AD 04.01.122 Volunteer Services 3. AD 03.03.102 Employee Training 4. DOC 0042 Volunteer Services Orientation 5. Five Day Cycle Training Plan 6. PREA Lesson Plan - Pre-Service 7. Interviews: <ol style="list-style-type: none"> a. Volunteer b. Contractor c. Chaplain <p>115.32 (a) (b) (c) According to agency policies and procedures, contractors and volunteers are provided training relative to their duties and responsibilities. The agency contracts with Wexford Health Sources for medical and mental health services. Wexford provides specialized PREA training for all their contract staff. Graham has a contract with Lakeland College to provide teachers for vocational education. These contractors receive the annual Cycle training along with regular staff and Pre-Service training prior to assuming their jobs. All contract and volunteer staff are required to receive PREA training annually. The auditors interviewed (1) volunteer for Alcohol Anonymous, (3) Lakeland College Contract staff, and the Chaplain for Volunteer Services and the Training Coordinator. Interviews with the contract staff revealed that they were in process for the Pre-Service training and the volunteer revealed that he had not had the PREA training or Volunteer Orientation. When questioned regarding steps to take in the event an inmate reported to them, the Volunteer only knew that he was to contact the security staff. The Lakeland staff could not adequately articulate the steps but once probed remembered what to do. The Chaplain interview he indicated that he did not use a lesson plan and provided information orally to the volunteers.</p> <p>Wexford provided documentation that the medical and mental health services staff at the facility had received specialized training.</p> <p>Based on the review of agency policies and procedures outlining that staff will receive annual cycle training and that contractors and volunteers will be trained in the PREA</p>

policy the agency met its obligation; however, interviews with contractors and volunteers indicated that they did not have an understanding of their obligations as a first responder. The auditors requested the training records of staff and contractors and volunteers to verify they had received the training. The facility did not provide individual training records. Therefore, it is determined that GRA does not meet the mandate of this standard as although policy is in place, staff knowledge and understanding was not demonstrated during interviews. GRA will be placed in corrective action for a period of 180 days to provide additional training to staff, contractors, and volunteers in first responder duties.

Corrective Action Plan: The auditing team recommends staff, volunteers, and contractors receive additional PREA refresher training that includes the protective measures to apply upon an inmate making a report to them as a first responder. The training should be during each shift briefing, departmental meetings, formal and informal training that include a variety of scenarios that require immediate action by staff. Documentation of the training presentations or Warden Bulletins shall be provided as well as departmental meeting minutes to the auditing team by the 10th of the following month from when the training occurred. The auditing team recommends that the Chaplain review the policy of volunteer training and provide the approved volunteer orientation to all volunteers and provide the signed acknowledgement forms within the 180 day corrective action period.

Corrective Action Applied:

Graham submitted documentation to support all contractors and volunteers within each department received PREA Refresher Training to include an individual PREA Refresher Card to maintain in their possession that detailed information of their responsibility as a first responder and upon awareness that inmate was at substantial risk of imminent sexual abuse.

All contractors and volunteer were required to acknowledge by their signature receipt of the refresher training and presentation of the PREA Refresher first responder duties card. Therefore, GRA does meet all provisions of the standard.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire (PAQ) 2. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention program Manual 3. AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 4. 04.01,105 Facility Orientation 5. AD 04.01,111 ADA Accommodations 6. DOC 0291 Offender Orientation Receipt 7. PREA Signage 8. Interviews: <ol style="list-style-type: none"> a. Intake Staff b. Random Inmates <p>115.33 (a) (b) (c) (d) (e) (f) Agency policies dictate that all offenders will receive PREA education within 24 hours of arrival at a facility. Offenders will receive comprehensive training within 30 days of arrival. AD 05.07.101, Reception and Orientation-Adult Process; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; IDOC PREA Fliers; IDOC 0291, Offender Orientation Training; PREA Posters (English and Spanish); Offender handbook; Offender Orientation Insert meet the mandates of this standard. Upon an inmate's arrival at GRA, informational PREA posters are accessible for viewing by the inmate population in the In-take area. These posters provide information of the facility's zero tolerance policy for sexual abuse and sexual harassment. They advise the inmate on how and to whom to report sexual abuse or sexual harassment allegations if they become aware of it or experience it. Inmates receive and sign for a copy of the GRA Offender Orientation Manual during the comprehensive orientation. This manual provides each inmate with information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. The PREA education material is available in English and Spanish and states the agency's policy on zero tolerance, explaining to the inmate, how and who to report any allegation of sexual abuse/ harassment to without fear of retaliation. The auditors interviewed (22) random inmates and (21) targeted inmates. A total of 43 inmates were interviewed and 24 stated that they had not received orientation or an orientation manual. Four (4) of the targeted inmates indicated that they had not received orientation or an orientation manual. The intake counselor indicated that he had not been conducting group comprehensive training</p>

for orientation due to COVID protocols. However, the audit review period was identified as June 1, 2021 - May 31, 2022. The auditors observed during the on-site visit that the PREA signage was not prominently displayed throughout the facility. The inmates only recalled the PREA Hotline Number that is stenciled on the walls above the phones in the housing units.

There are PREA posters throughout the facility and in each housing unit; however, they are on bulletin boards with other information and are not size large enough to be easily identified and noticeable to all. The signage observed was on a 8 1/2 by 11 sized posters with a dark color and do not stand out as it was noted to be complied with numerous other papers and notices. The mailing address for John Howard Association is posted in the library for inmates to send correspondence concerning any sexual abuse or sexual harassment allegation, and the auditors did not observe the John Howard mailing address in the housing units. Additionally, the John Howard address was not in the Offender Handbook, another Handbook was provided to the auditors on the second day of the on-site that did have the address, but there is no proof that this handbook was provided to the inmates. There is an interpretive language service available for limited English proficient inmates. A review of the A&O manual verified that it contains information on Sexual Assault/Sexual Abuse Prevention & Intervention education. When auditors asked for a copy of the orientation manual, one was not readily available as staff stated they would have to print one from their computer. The auditors was provided another copy the next day of the updated version by the Backup PREA Compliance Manager. The first version did not have the information regarding the John Howard Association. All inmates are required to acknowledge in writing they have received PREA education. The auditors requested a sample of 68 inmates who arrived during the auditing period and by race and arrival date and we received 48 Orientation Receipts. Thirteen of the receipts received were from the inmate's previous facilities. The receipts from Graham did not contain the language that an inmate's signature represents that he has received and understand the PREA information. A staff member should conduct an additional education program regarding PREA for all inmates within 30 days of their arrival at the facility. During an interview with the Intake Staff that conduct the orientation, he admitted that they have not had it due to COVID protocols that don't allow large groups. He stated that he had recently started doing the orientation in groups of 10 inmates. If an inmate is transferred to another facility, policy requires that this training process be repeated at the new institution. Graham is a reception center as well as a general population. When an inmate transfer from the Reception Center to Graham general population he should receive the training again. The auditors did not see confirmation that those inmates were receiving a second orientation. The auditor reviewed the sampling of A&O Checklists/Signature Sheets to verify that inmates, admitted during the auditing period, received the PREA education and relevant written materials. The auditors found that the sample was not all within the auditing period and some were from other facilities.

The facility staff identified the inmate population had access to continuous PREA education on the the KOISK machine and on the inmate's personal tablet that is available for purchase. The lead auditor requested an inmate to log into his personal

tablet for confirmation of PREA education. Upon review of the PREA information on the inmate's tablet, the auditor observed the DOJ PREA Standards for Prisons and Jail. The inmate identified that the cost of the inmate's tablets were \$120.00 each and all inmates do not have funds accessible to purchase one. The auditors recommended that the facility's methods of how to report PREA allegations and their right to be free from sexual abuse, sexual harassment, etc. and the available resources for both internal and external reporting replace the DOJ PREA Standards for Prisons and Jail on the inmate's tablet as it could possibly be more beneficial, and knowledge retainable for a clear understanding.

Based on the review of agency policies, sample material provided, and interviews with random inmates and the Intake Staff member, the auditor finds that GRA does not meet the mandates of this standard as comprehensive orientation is not conducted within 30 days of arrival and that the inmate acknowledges receipt and understanding of the training. Therefore, it is determined that GRA will be placed in a 180 day corrective action period to provide orientation to the entire inmate population and to demonstrate that a comprehensive PREA orientation is conducted within 30 days for newly arriving commitments and transfers.

Corrective Action Plan: The auditing team recommends the entire inmate population receive a new orientation and that all new commitments and transfers receive orientation within 30 days of arrival. Documentation of this training will be submitted by the 10th of the following month of completion. Re-orientation should begin no later than September 1, 2022 with orientation receipts submitted by October 10, 2022.

Corrective Action Applied: The Illinois Department of Corrections (IDOC) has implemented procedures to ensure PREA compliance that includes internal and external processes monitoring through auditing to test compliance. The Department will ensure PREA compliance by conducting audits, in addition to the triennial DOJ-audits, using the following: Internal controls such as facility reviews will be conducted annually. The Graham Correctional Center will perform a facility review (audit) on the requirements of 04.01.301, the PREA Administrative Directive. Additional external controls have been developed and an external audit will be conducted by the Office of Administrative Directive Standards (OADS) The external audit will be conducted annually. The annual external audit will be conducted by the Department's OADS Unit. PREA was added as a mandatory audit to ensure continued compliance. An external audit will be conducted by the Central Management Services (CMS). The CMS is a separate State agency outside the umbrella of the Illinois Department of Corrections and has been requested to perform audits for PREA at select facilities to include GRA. This external audit will ensure a completely impartial and unbiased examination of Graham's PREA processes to ensure continued compliance.

The facility provided documentation that demonstrates that re-orientation was provided to the inmate population and inmates signed for receipt of the training during townhalls held throughout the facility. Therefore, it is determined that the facility has process and procedures in place to ensure continued compliance with this standard.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Pre-audit Questionnaire (PAQ) 2. IDOC 01.12.115 Institutional Investigative Assignments 3. IDOC Specialized Training for Investigators PowerPoint Presentation 4. IDOC Basic Investigators Training Schedule 5. IDOC 01.12.120 Investigations of Unusual Incidents 6. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention program Manual 7. Documentation of Specialized Investigative Training for Internal and External Investigators 8. Interviews: <ol style="list-style-type: none"> a. Internal Investigator b. External Investigator <p>115.34 (a) (b) (c)(d) IDOC PREA Sexual Abuse and Harassment Prevention and Intervention program Manual, IDOC 01.12.115.and 01.12.120 governs the mandate of the standard provisions. In addition to the general training provided to all employee pursuant to 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency shall maintain documentation that agency investigators have completed required specialized training in conducting sexual abuse investigations. Additionally, a PowerPoint Presentation titled PREA For Investigators "Specialized Training for Investigative Staff was presented for review that included and exceeded the mandates of the standard. Mandated topics where the standard was identified within the training such as 1) Techniques for interviewing sexual abuse victims; 2) Proper use of Miranda and Garrity warnings; 3) Sexual abuse evidence collection confinement settings; 4) Criteria and evidence required to substantiate a case for administrative action or prosecution referral. Confirmation of the internal and external investigators' completion of specialized training was presented for review. Interviews with both internal and external investigators confirmed their required specialized training far exceeds that of standard 115.34.</p>

Each have received advanced training through the training academy, Sexual Response Crisis training, and training to serve as a Peace Officer that give them arresting authority.

Based on the review of agency policies that governs the provision of the standard, review of the training material that includes the mandate of the standard, interviews with both internal and external investigators and documentation of specialized investigators' training, GRA does meet all provisions of the standard.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire (PAQ) 2. AD 03.03.102 Employee Training 3. IDOC #04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 4. Institution Cycle Schedule 5. Wexford Lesson Plan for PREA for Medical/Mental Health 6. IDOC PREA Sexual Assault Prevention Training Lesson Plan 7. Interviews: <ol style="list-style-type: none"> a. Medical Staff b. Mental Health Staff <p>115.35(a) (b) (c) (d) The agency contracts with Wexford Health Sources. Wexford provides specialized PREA training for all their contract staff. Graham has state employees in both Medical and Mental Health Services. The IDOC state employees had not received the specialized training for PREA. They attend annual cycle training which includes basic PREA training. The PREA Coordinator has indicated that the specialized training will be added to the annual cycle training where all staff including non-medical and non-mental health staff will receive the training. The Wexford training includes PREA basic and additionally includes specialized training for medical and mental health staff. All Wexford mental health and medical staff have received the required specialized training on 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 to whom to report allegations or suspicions of sexual abuse and sexual harassment, victim identification, interviewing, reporting and clinical interventions. Wexford provided the auditors with the acknowledgement receipts to indicate that they both received and understood the training as it relates to the PREA. The requirement and completion of the specialized training and basic PREA training was confirmed during an interview with the Wexford Health/Medical Supervisor. The Mental Health Administrator acknowledged that although the IDOC mental health staff had completed the basic PREA education, they had not completed the specialized PREA training as required per the standard. Based on the review of agency policies outlining that medical and mental health staff are to complete PREA specialized training and that IDOC /GRA mental health staff have not completed this</p>

required training, it is therefore determined that GRA does not meet the standard. GRA will be placed in a corrective action period of 30 - days to provide the training to the IDOC mental health employees.

Corrective Action Plan: The auditing team recommends that the Graham mental health employees receive the Specialized PREA training. Documentation in the form of the lesson plan used and written acknowledgement forms indicating that the staff have received and understood the information to be forward to the auditors within 30 - days after the submission of the interim report.

Corrective Action Completed: The facility presented documentation of the GRA mental health staff completion of the Specialized PREA Training during the corrective action period. Therefore, GRA does meet the provisions of the standard

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire (PAQ) 2. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention program Manual 3. IDOC #04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 4. DOC 0494 Screening Instrument 5. Interviews: <ol style="list-style-type: none"> a. Staff who conduct Risk Screening b. Random Inmate c. GRA PREA Compliance Manager <p>115.41 (a) (b) (c) (d) (e) (f) (g) (h) (i) Agency policies and procedures governing this standard indicate that all offenders are assessed during the intake screening process for their risk of being sexually abused by other inmates or being sexually abusive toward other inmates and again within 30 days of arrival. Policy additionally govern that all inmates that transfer from other facilities will be screened again.</p> <p>The objective Screening instrument is a two part screening to be completed with 72 hours of arrival. The first screening is to determine risk of vulnerability or victim and then the second part of the instrument is to determine the risk of being a predator or sexually abusive offender. Graham has a staff member assigned as the Intake Counselor to conduct the initial screening at the Reception Center. Once an inmate transfers to the Graham general population, they receive another initial screening by the Correctional Assessment Specialist. The Correctional Assessment Specialist also conducts the 30 day reassessment screenings for all transfers to Graham and new commitments. The screening instrument is an electronic screening form. If an inmate scores as being a victim or aggressor another screen will pop up and the screener must complete the referral to mental health before they can continue. Mental Health will receive an auto-generated email regarding the referral and they will then schedule the inmate to be seen. Policy indicates that the initial screening normally occurs within twenty-four hours, but no more than seventy-two hours, after the inmate's arrival. In the auditor's review of the (68) sample screening data along with the inmate's date of arrival, the auditors found that (58) of the sample had been completed outside of the 72 hour and/or 30 day reassessment period. Policies and procedures require the use of a screening instrument (reviewed by auditor) to</p>

determine proper housing, bed assignment, work assignment, education, and other program assignments, with the goal of keeping inmates at high risk of being sexually abused/sexually harassed separate from those inmates who are at high risk of being sexually abusive. The shift lieutenant makes the housing assignments. Agency Directives require within the first 30 days of arriving at the facility, an inmate's risk level is reassessed within thirty days or 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. During the interview with Correctional Assessment Specialist she indicated that she is the only staff conducting the 30 day reassessments. In the auditor's review of the (68) samples, it was found in one case that inmate arrived on October 21, 2021 and the initial screening is dated June 16, 2022 and the 30 day assessment was not identified. Another example an inmate arrived on December 13, 2021 and the initial screening was done on January 21, 2022 and the 30 day assessment was on February 23, 2022. Another example shows an inmate arrived on April 12, 2022 and the initial screening was done April 21, 2022 and the 30 day was June 9, 2022. An inmate arrived on September 3, 2021 and initial completed November 29, 2021 and 30 day was completed on June 17, 2022. In another example an inmate arrived on November 17, 2021 and initial completed on June 16, 2022 and 30 day was completed on July 7, 2022.

The screening instrument is part of the facility 360 program and has limited access to specified staff. Controls are in place to ensure that information received during the screening is only available to staff on a need-to-know basis.

The facility is using a screening tool that addresses all issues required for this standard. Agency policy prohibits inmates from being disciplined for refusing to answer or for not disclosing complete information in response to questions regarding their mental/physical health, developmental disability, sexual preferences, sexual victimization history and perception of vulnerability. The staff that conduct the screening verified that inmates are not disciplined for failure to answer the screening questions. Housing and program assignments are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status. The auditor was able to verify this through a review of the housing unit rosters and in interviews with inmates that identified as gay. There were no transgender or intersex inmates at Graham during the audit. In an interview with the Mental Health Authority she indicated that if an inmate who scores as a victim or aggressor does not want to see mental health, they are allowed to refuse. Based on the review of agency policies and procedures that outline the timeframes to conduct an initial screening and 30 day reassessment screening and referrals to mental health, it is determined that Graham does not meet this standard. GRA will be placed in a corrective action period of 180 days to conduct timely screenings and referrals and follow ups of all inmates that are committed to Graham either by transfer or new commitment during the corrective action period.

Corrective Action Plan: The auditing team recommends that more than one staff member has the responsibility to conduct both the initial screenings and the 30 day reassessments. Documentation of adherence to this standard will be seen by submitting a roster by the 10th of the following month of completion of all transfers

and commitments by date of arrival with dates of the initial screening and the 30 day reassessments through screenshots of their file.

Corrective Action Applied: The Illinois Department of Corrections (IDOC) has implemented procedures to ensure PREA compliance that includes internal and external processes monitoring through auditing to test compliance. The Department will ensure PREA compliance by conducting audits, in addition to the triennial DOJ-audits, using the following: Internal controls such as facility reviews will be conducted annually. The Graham Correctional Center will perform a facility review (audit) on the requirements of 04.01.301, the PREA Administrative Directive. Additional external controls have been developed and an external audit will be conducted by the Office of Administrative Directive Standards (OADS) The external audit will be conducted annually. The annual external audit will be conducted by the Department's OADS Unit. PREA was added as a mandatory audit to ensure continued compliance. An external audit will be conducted by the Central Management Services (CMS). The CMS is a separate State agency outside the umbrella of the Illinois Department of Corrections and has been requested to perform audits for PREA at select facilities to include GRA. This external audit will ensure a completely impartial and unbiased examination of Graham's PREA processes to ensure continued compliance.

The facility has provided documentation that demonstrates that the risk screening are being completed within the 72 hours and again at the 30 day reassessment. Therefore, it is determined that the facility has process and procedures in place to ensure the continued compliance with this standard.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire (PAQ) 2. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention program Manual 3. IDOC #04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 4. AD 05.05.105 Offender Classification Process 5. DOC 0303 Special Placement – Double Cell 6. AD 04.31.104 Evaluation, Treatment and Correctional Management of Transgender 7. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Staff that Conduct Risk Screening c. IDOC PREA Coordinator <p>115.42 (a) (b) (c) (d) (e) (f) (g) Agency policies and procedures govern the mandates of this standard. Risk screening information is used to determine housing, bed, work, and 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.</p> <p>Determinations for these assignments are made on a case-by-case basis. The Agency (through a committee) decides whether to assign a transgender or intersex inmate to a facility for male or female inmates. Illinois Department of Corrections has no dedicated facilities for transgender or intersex inmates. As noted in A.D. 04.03.104 Transgender, intersex and gender incongruent offenders shall not be assigned to gender-specific facilities based solely on their external genital anatomy. A review of each transgender, intersex and gender incongruent offense’s placement and programming assignment shall be conducted by the facility twice annually to review any threats to safety experience or posed by the offender. The policy requires a representative of the Transgender Administrative Committee (TAC) shall interview the offender, review PREA allegations, offender grievances, criminal history, medical, psychiatric, and disciplinary records, and present findings to the TAC. Decision shall be made to the TAC on a case-by-case basis with serious consideration given to circumstances including, but not limited to the following: (1) The offender’s perception of whether a male or female facility is safest for him or her, as well as the</p>

preferred gender of staff to perform searches; (2) The offender's vulnerability to sexual victimization, including prior allegations of sexual abuse or harassment made by the offender. (3) The offender's likelihood of perpetrating abuse against other offender including consideration of prior allegations of sexual abuse or harassment made against the offender. (4) The ability of security staff to house and supervise the offender to ensure his or her safety and the safety of the population in the current and requested environment. (5) The services available to meet the needs of the offender's environment. (6) Any other relevant information about the offenders' ability to manage himself positively or negatively or herself in each type of environment. The facility determines other housing and programming assignments for transgender or intersex inmates on a case-by-case basis, to include whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months. Policy states that a transgender or intersex inmate's own view with respect to his own safety should be given serious consideration when making these assignments. Staff who conduct risk screening confirmed inmates identified as transgender and/or intersex would be reassessed bi-annually. However, there was no documentation presented for review as no transgenders were identified as housed at the facility.

Per an interview with the IDOC PREA Coordinator, the Department is not subject to a consent decree, legal settlement or legal judgment requiring dedicated facilities, units, or wings solely on basis of an offender's sexual orientation, genital status or gender identity. An offenders' housing is based on confidential assessment tools (DOC 0494) used by medical and mental health to determine housing. Interviews conducted with one (1) inmate identified as gay and one (1) inmate identified as bisexual, both confirmed that they had not been placed in designated wings and/or housing units while assigned at GRA.

At the time of the audit GRA had no transgender or intersex inmates assigned to general population or the Reception Center and non was reported to have been designated during the 12-month review period. During the on-site tour, auditors observed that the housing unit showers had a full shower curtain and only one inmate at a time uses the shower. Staff who conducted risk screening confirmed inmates identified as transgender and/or intersex would be allowed to shower at a separate from other inmates. Therefore, transgender, and intersex inmates are given the opportunity to shower, dress and use the toilet facilities separately from other inmates.

The auditor reviewed (68) files for application of the risk screening and interviewed (2) staff that conduct risk screenings. (58) Of the (68) files reviewed indicated that the risk screening had not been conducted timely for the 72 hour and/or 30-day reassessments. An example is that an inmate arrived on April 12, 2022, and the initial risk screening was conducted on June 17, 2022, and the 30-day reassessment was conducted on July 7, 2022. In another example, the inmate arrived on September 3, 2021, and initial screening was November 9, 2021, and the 30-day reassessment was conducted on June 17, 2022. In another example, the inmate

arrived on March 22, 2022, and no 72 hour or 30-day reassessment is not identified as being conducted. Based on the untimeliness of the risk screenings, GRA could not adequately ensure that the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Additionally, they are unable to inform housing assignments, bed assignments, work assignments, education, and program assignments, and they are also unable to make individual determinations during screening to ensure the safety of each inmate due to the untimely screenings. Therefore, it is determined that GRA will be placed in a corrective action period of 180 days to ensure the risk screenings are conducted within the 72-hour timeframe and the 30-day reassessments.

Corrective Action Plan: The auditing team recommends that more than one staff member has the responsibility to conduct both the initial screenings and the 30-day reassessments. Documentation of adherence to this standard will be seen by submitting a roster by the 10th of the following month of completion of all transfers and commitments by date of arrival with dates of the initial screening and the 30-day reassessments through screenshots of their file.

Corrective Action Applied: The Illinois Department of Corrections (IDOC) has implemented procedures to ensure PREA compliance that includes internal and external processes monitoring through auditing to test compliance. The Department will ensure PREA compliance by conducting audits, in addition to the triennial DOJ-audits, using the following: Internal controls such as facility reviews will be conducted annually. The Graham Correctional Center will perform a facility review (audit) on the requirements of 04.01.301, the PREA Administrative Directive. Additional external controls have been developed and an external audit will be conducted by the Office of Administrative Directive Standards (OADS) The external audit will be conducted annually. The annual external audit will be conducted by the Department's OADS Unit. PREA was added as a mandatory audit to ensure continued compliance. An external audit will be conducted by the Central Management Services (CMS). The CMS is a separate State agency outside the umbrella of the Illinois Department of Corrections and has been requested to perform audits for PREA at select facilities to include GRA. This external audit will ensure a completely impartial and unbiased examination of Graham's PREA processes to ensure continued compliance.

The facility has provided documentation to demonstrate that the screening process is used to inform housing and program assignments. The Placement Officer receives the information and inmates remain at reception center to a receiving unit before going to general population. Therefore, it is determined that facility has process and procedures in place to ensure the continued compliance with this standard.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire (PAQ) 2. AD 05.15.100 Restrictive Housing 3. AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 4. Interviews: <ol style="list-style-type: none"> a. Warden b. Staff who supervise segregation <p>115.43 (a) (b) (c) (d) (e) Agency policies and procedures govern the mandates of this standard. The Administrative Segregation Unit houses both administrative (protective custody) and disciplinary cases. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary status unless an assessment of all available alternatives has been made and there is no available means of separating the victim from the abuser.</p> <p>Per the PAQ, and interviews with the Warden and staff assigned to supervise segregation, there were no inmates were placed in involuntary segregation due to being at risk of sexual victimization during the 12-month review beyond 24 -hours within the last 12 months. The facility does not place inmates who report sexual abuse and/or at risk of sexual victimization in involuntary segregation for more than 24 hours. Per an interview with the GRA Warden, he confirmed the agency does prohibit placing inmates at high risk of sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing of other housing areas. He added the facility has several housing units throughout in addition to the availability of crisis cells where an inmate may be placed in a single cell within the health care unit if needed. He stated at the initiation of the reported allegation, the victim and aggressor may be escorted to segregation throughout the completion of an interview with the investigating Lieutenant, but the victim is immediately released (within the 24 hours). If additional protection is necessary for an inmate, they may be transferred to another housing area or facility. All inmates are reassessed by a committee every 7 days after entering the segregation/restricted housing unit.</p> <p>Interviews with segregation officers and segregation supervisor confirmed offenders placed in segregation have access to recreation, shower/shave, phone, mail, laundry, visit, commissary, hygiene items, barbering services, linen exchange, cleaning supplies, educational material; medical services, mental health, and library/legal material. Offenders in segregated housing are allowed to participate in ongoing</p>

education program (HISSET), and have access to programs, recreation, phone, laundry, commissary, hygiene items, barbering, library/legal material, medical, mental health, Chaplain services, and work opportunities to the extent possible while maintaining security within the unit. The Administrative Detention/Restrictive Housing Privilege/Tour Log documents these services and was provided for review.

Based on interviews with staff, Warden, and staff who supervise segregation and observation during the on-site tour and an examination of policy/documentation confirm compliance with this standard.

115.51	Inmate reporting
	<p data-bbox="256 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 297">Auditor Discussion</p> <p data-bbox="256 340 1062 374">Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li data-bbox="256 412 1286 445">1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire <li data-bbox="256 483 1422 562">2. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual <li data-bbox="256 600 635 633">3. GRA Orientation Manual <li data-bbox="256 672 1222 705">4. GRA Individual (s) In Custody Reception and Classification Manual <li data-bbox="256 743 1347 777">5. IDOC Memorandum of Understanding (MOU) with John Howard Association <li data-bbox="256 815 448 848">6. Interviews: <ol style="list-style-type: none"> <li data-bbox="256 887 823 920">a. Random and Targeted Group Inmates <li data-bbox="256 958 501 992">b. Mailroom Staff <li data-bbox="256 1030 485 1064">c. Random Staff <li data-bbox="256 1102 659 1135">d. Agency PREA Coordinator <p data-bbox="256 1173 1465 1413">115.51 (a) (b) (c) (d) IDOC PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual outlines the agency’s commitment for allowing for multiple internal ways for inmates to report privately to agency officials reports of sexual abuse or sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="256 1451 1465 1946">Pursuant to the review of the GRA Orientation Manual and GRA Individual(s) In Custody Reception and Classification, various methods for the inmate population to report allegations of sexual abuse and sexual harassment is provided to the inmate population. Internal ways to report include: “Tell any staff persons. Talk to any staff member you trust, you may talk to someone in person, or drop a note; b) call (217) 558-4013 PREA report line that is a message line that is checked Monday – Friday between 8:30 a.m. – 4:30 p.m. and all reports are thoroughly investigated. If you need immediate assistance, notify facility staff. 3) Get with victim services through mental health or medical staff or your counselor and those staff will know how to get services for the inmate population. Inmates may also report through the grievance and/or inmate request slip process.” Inmates are not detained solely for civil immigration purposes at GRA.</p> <p data-bbox="256 1984 1465 2063">IDOC PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual states staff shall accept reports made verbally, in writing, anonymously, and</p>

from third parties and shall promptly document any verbal reports. Interviews with staff indicated they would report via the PREA Hotline and/or directly face to face to their supervisor.

External options of reporting allegations of sexual abuse and/or sexual harassment are documented as inmates may report to the John Howard Association, P.B. Box 10042. Chicago, IL 60610-0042, who serves as a third-party reporting agency.

An interview was conducted with GRA mailroom staff in regard to inmate's mail forward and received from the John Howard Association in addition to mail addressed to the PREA auditor upon notification of the scheduled PREA audit and the privacy of such mail. Mailroom staff identified such mail would be processed and screened as all regular inmate mail and not as privileged mail. Mailroom staff was identified to routinely open and review inmate's mail sent to/from the John Howard Association (JHA) and outgoing mail to the identified PREA auditor. Staff were unaware that the mail forwarded by the inmate population to the John Howard Association and addressed to the PREA auditor met the requirement of a confidential reporting mechanism for the inmates.

Interviews conducted with both random and targeted group inmates confirmed their common knowledge of reporting allegation of sexual abuse and/or sexual harassment was via the PREA Hotline number that is stenciled in in red ink (217) 558-4013 above the inmate telephones in all inmates' general population housing units, or by reporting the allegation to a staff member. Most inmates interviewed did not express knowledge of the John Howard Association as a reporting option. However, two (2) inmates were aware that mail between themselves and JHA was not handled as "Privileged Mail" and was reviewed by staff.

Information collected during interviews with mail room staff and inmates regarding mail addressed to JHA and the designated PREA Auditor not treated as "Privileged Mail" was shared with the Agency PREA Coordinator, GRA PREA Compliance Manager and GRA Warden. The GRA mailroom staff was immediately notified by the Agency PREA Coordinator that the inmate's outgoing and incoming correspondence with the JHA is required to be treated as "Privileged Mail" per the Department Rule 525 in addition to mail addressed to the designated PREA Auditor.

A corrective measure was initiated during the site visit by the Agency PREA Coordinator during site visit: Specifically, additional training will be given to all the mailroom staff and those staff who assist the mailroom that included their requirement to "Read and Sign" a training memorandum detailing their understanding in properly identifying "Privileged Mail" and the handling of such mail in accordance to agency policy and the MOU between IDOC and JHA. Based on the corrective action applied during the site visit, GRA does meet the standard provisions.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Facility (GRA) Completed Pre-Audit Questionnaire (PAQ) 2. IDOC AD 04.01.114 Local Offender Grievance Procedures <p>115.52 (a) (b) (c) (d) (e) (f) (g) IDOC AD 04.01.114 Local Offender Grievance Procedures address the mandate of all standard provisions. Offender grievances alleging incidents of sexual abuse shall be exempt for any informal (counselor) grievance process. Staff shall be prohibited from reviewing and making recommendations on a particular grievance in which he or she was directly involved, such as the subject or witness. Staff shall be prohibited from imposing discipline due to use of the grievance process. Third parties, including other offenders, staff members, family members, attorney, etc., are permitted to assist offender in filing grievances relating to allegations of sexual abuse, and shall also be permitted to file on behalf of the offender. A final decision on the merits of any portion of a grievance alleging sexual abuse is required within required within 90 days of the initial filing of the grievance. For emergency grievances of an offender being 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.</p> <p>A review of the investigative case files revealed there were one reported allegation of sexual abuse reported and zero reports of an offender being subject to a substantial risk of imminent sexual abuse reported through the grievance process during the 12-month review period of July 1, 2021 - May 31, 2022. The allegation of sexual abuse was documented as filed on March 19, 2022, and was alleged to have occurred in September 2021. The grievance was forwarded to the investigative staff and the investigation was completed on April 29, 2022. An additional inmate did utilize the grievance process to report an allegation of staff on inmate sexual harassment. The inmate reported the allegation of sexual harassment on October 16, 2021, in addition to reporting a sexual harassment allegation via the PREA Hotline on the same day and time. The inmate's allegations were forwarded to the investigative staff for the completion of an investigation. The investigation was concluded on November 16, 2021, and documented the inmate's notification of the investigative finding as such.</p> <p>Based on the review of agency policy and review of the investigative case files, that identified one report of staff - on inmate sexual harassment on October 16, 2021, with an investigative finding on November 16, 2021, it is determined GRA does meet all provisions of the standard.</p>

115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire (PAQ) 2. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention program Manual 3. IDOC #04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 4. Offender Orientation Manual (English/Spanish) 5. MOU John Howard Association 6. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Inmates Who Reported Abuse c. Random Staff d. Random Inmates <p>115.51 (a)(b)(c)(d) AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; PREA Poster: How to Report; Offender Handbook (English and Spanish); MOU between IDOC/John Howard Association; and the PREA Report Line meet the mandates of this standard. The John Howard Association is a private entity (would be a third-party reporter) and is not associated or otherwise connected to the IDOC. A review of supportive documentation and staff/inmate interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately, and from a third party) for inmates to report sexual abuse/sexual harassment. The facility has procedures in place for staff to document all allegations. Throughout the facility, there are posters and other documents on display which also explain reporting methods; the auditors found during the on-site visit that posters and signage was not prominently displayed which would draw attention to the posters. The PREA Hotline number (217) 558-4013 stenciled over the inmate phones and telling a staff member were the main ways inmates stated that they would report.</p> <p>Illinois Department of Corrections offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously. The PREA reporting poster provide the following information to offenders, staff, volunteers, and visitors and is also located on the IDOC website:</p> <p>The Agency PREA Coordinator confirms that in writing to John Howard to report</p>

anonymously it would not be immediate as they can only reach John Howard by mail. The mail is treated as legal mail and not opened. Staff members promptly accept and document all verbal, written, anonymous, private, and third-party reports of alleged abuse/sexual harassment.

The PREA hotline was contacted and verified that it is operational. Calls to the hotline go directly to the external office of investigations. All interviewed inmates confirmed awareness of the multiple methods of reporting sexual abuse/sexual harassment allegations. Inmates at the facility are not detained solely for civil immigration purposes.

Based on interviews with random staff and random inmates, the observation of posters addressing reporting methods and an examination of policy/documentation confirm the facility's compliance with this standard. Therefore, it is determined that GRA meet the mandate of this standard.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire (PAQ) 2. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual 3. IDOC Agency Website <p>115.54 (a) IDOC PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual governs the mandate of third-party reporting. Pursuant to the IDOC website that is available to the public at https://www2.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx provides instructions for third-party reporting of institutional sexual abuse and or staff sexual misconduct by calling (217) 558-4013. Calls to this number at IDOC Headquarters are recorded. Messages are checked periodically Monday through Friday during business hours by staff of the Investigations Unit. Individuals are informed that they do not have to give their name, but it is critical that they provide as many details as possible that includes: The name(s) and locations of persons involved; The name(s) or description of any witnesses to the incident; IDOC offender number (if an offender); A brief description of the incident(s); A brief description of where the event(s) occurred; The date(s), time, and place of occurrence(s); Names and contact information of others who might have additional information about the incident; Your contact phone number and address (optional).</p> <p>IDOC investigates all allegations of offender-on-offender sexual abuse and staff sexual misconduct. Investigations are initiated by the Investigation Unit at IDOC Headquarters. Please understand without detailed information it is difficult to investigate a sexual abuse or sexual harassment situation.</p> <p>Offenders serving their sentence within an IDOC facility are urged to report allegations of sexual abuse and sexual harassment. Offenders can report by submitting a request slip, a grievance, telling a trusted staff member, or asking a family member or friend to call the report line.</p> <p>Based on the review of agency policy and the agency's website that include the method of third-party reporting, GRA does meet the standard provision.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire (PAQ) 2. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual 3. IDOC 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 4. IDOC 01.12.105 Reporting of Unusual Incidents Administrative Directive 5. Interviews: <ol style="list-style-type: none"> a. Random Staff b. Warden c. Medical Staff d. Mental Health e. Agency PREA Coordinator <p>115.61 (a) (b) The following agency policies IDOC PREA Sexual Abuse and Harassment Prevention Intervention Program Manual, IDOC 04.01.301 and IDOC 01.12.105 identifies the requirements of staff reporting duties. Requirements in regards to the PREA standard includes: staff are to report immediately and in 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; staff's neglect or violation of responsibilities that may have contributed to an incident or retaliation; and report immediately and according to agency policy any retaliation against inmates or staff who reported such an incident. Staff are to report to the shift supervisor who shall notify the Duty Administrative Officer (DAO), Internal Affairs, Mental Health Professional and Health Care Unit. Per interviews with 18 random staff that included security and non-security, each acknowledged that all staff are required to report any information received and/or suspected of sexual abuse and sexual harassment. All staff identified they would report to their chain of command and the security supervisor upon becoming aware. The agency policy prohibits staff from sharing information as such with anyone other than to the extent necessary to provide security, treatment, investigations, and management decisions. Staff confirmed they would only share this information with staff that had a need to know.</p> <p>Interviews were conducted with mental health and medical supervisors who stated</p>

the inmates are notified of their limitations to confidentiality and their duty to report during the initiation of service. Both stated they are not precluded by Federal, State, or local law in their requirement to report allegations of sexual abuse. The inmates are required to sign a consent/confidentiality form if they elect to receive services. The medical supervisor identified she would report any knowledge of sexual abuse to the mental health staff, security shift commander and internal affairs. The mental health supervisor indicated she would report immediately to the security shift commander. Both medical and mental health supervisors indicated they had not served as a first responder in such a case where the inmate reported the initial report of sexual abuse to them. Medical staff confirmed in instances where she was informed of an allegation of inmate sexual abuse, was upon being informed by the shift commander and/or an internal affairs investigator as all allegations of sexual abuse are normally reported to the shift commander first. She added if a sexual abuse incident occurs, the inmate would be transported to an outside hospital for a forensic examination by a SANE as applicable for such.

Per an interview with the Warden, all allegations of sexual abuse and sexual harassment are referred for investigation to include those allegations that are reported anonymously and by a third party. Per the IDOC PREA Coordinator, while the State Law (730 ILCS 5/5-8-6) specifically prohibits anyone under the age of 18 to be confined to the IDOC: if an allegation was made regarding a youth, such 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 reports for a vulnerable adult in IDOC custody, staff would ensure access to mental health is available for immediate assessment per the PREA protocol as well as long-term services; additionally, access to community confidential support services would be and offered.

Based on the review of agency policies that outlines staff reporting duties identified within the standard provision, interviews with staff that confirms their awareness of reporting and to whom in addition to the limitation of sharing such information, it is determined GRA does meet all standard provisions.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire 2. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual 3. IDOC 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 4. Interviews: <ol style="list-style-type: none"> a. Random Staff b. Warden c. Agency Head <p>115.62 (a) IDOC PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual and IDOC 04.01.301 addresses the agency and GRA policy and procedures for guidance in the agency protection duties upon learning that an inmate is subject to a substantial risk of imminent sexual abuse, by taking immediate actions to protect the inmate. Policy states 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 of the alleged sexually abusive behavior, these safeguards may include monitoring the situation, changing housing assignments, changing work assignment, placing alleged victim and perpetrator in Special Housing, etc. The Duty Administrative Officer (DAO) shall be notified and shall implement the proper response to the include notification to Mental Health and Internal Affairs. The Facility PREA Compliance Manager shall also be notified.</p> <p>If the alleged perpetrator is a staff member, all options for safeguarding the offender shall be considered as described. The decisions made to safeguard the offender shall take impact on the staff member into account. Options may include reassignment to another unit or post, other measures that will effectively separate the staff member from the offender. The PAQ identified zero inmates were identified as subject to a substantial risk of imminent sexual abuse during the 12-month review period.</p> <p>Interviews with the Agency Head indicated the department extends all measures to the offender to include movement within the facility and /or transfer upon leaning the inmate is subject to a substantial risk of imminent sexual abuse. All such risk would be fully investigated and the offender at risk would have access to medical, mental health care as well as support services. Per the Warden, upon staff receiving the</p>

information and/or becoming aware that an inmate is subject to a substantial risk of imminent sexual abuse, the inmate should be removed, and the information should be reported to the security supervisor, medical and mental health and an investigation would be conducted by the Internal Affairs Investigators.

Interviews were conducted with 18 random staff that included security and non-security staff where a variety of scenarios were presented in effort to determine staff's knowledge of their responsibilities upon responding to an inmate who is subject to a substantial risk of imminent sexual abuse. Ninety percent of staff interviews confirmed staff did not exhibit the proper response to provide protective measures in accordance with agency policies and/or the standard provision. Specifically, staff did not identify the immediate removal of the inmate and contacting the security supervisor but did include speaking individually with the identified inmates (both reporting inmate/potential victim and the source of threat (aggressor identified by the victim) while making a personal assessment as the further actions they would take without the immediate removal of the potential victim from the area of threat and/or notifying the security supervisor.

Based on the review of agency policies, procedures outlining staff response upon becoming aware of an inmate being subject to a substantial risk of imminent sexual abuse is included in detail. However, interviews with staff confirmed staff unawareness of their responsibilities to provide protective measures as such to the inmate. Therefore, it is determined that GRA does not meet the standard. Although policies are in place, staff's knowledge, and procedures to be followed further jeopardizes the inmate population for potential sexual abuse. GRA will be placed in a corrective action period of 180 days to provide addition training to staff in applying measures identified in agency's policies to protect inmates upon learning that an inmate is subject to a substantial risk of imminent sexual abuse.

Corrective action plan: The auditing team recommends staff receive additional PREA training /refresher training that includes the protective measures procedures to apply upon an inmate identified as at risk of substantial sexual abuse. Training shall be included during the three (3) various security shift briefings, departmental meetings, during formal and informal training sessions through a variety of scenarios that require immediate actions be taken by staff. The agency's policy and security staff briefings refresher training shall be discussed on a weekly basis over the 180-day (six months) corrective action period. Documentation of training presentations on security rosters and/meeting minutes will be provided for review by the auditing team by the 10th of the following month of completion.

Corrective Action Applied:

The facility submitted documentation to support all staff within each department received PREA Refresher Training to include an individual PREA Refresher Card to maintain in their possession that detailed information of their responsibility as a first responder and upon awareness that inmate was at substantial risk of imminent sexual abuse.

All staff was required to acknowledge by their signature receipt of the refresher

	<p>training and presentation of the PREA Refresher first responder duties card. Therefore, GRA does meet all provisions of the standard.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire 2. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention program Manual 3. IDOC #04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 4. Interviews: <ol style="list-style-type: none"> a. Warden Interview b. Agency Head <p>115.63 (a) (b) (c) (d) IDOC PREA Sexual Abuse and Harassment Prevention and Intervention program Manual and IDOC #04.01.301 mandates the requirement of this standard. The policies states 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 Officer of the identified facility not later than 72 hours of being reported. The facility head or agency office that receives the notification shall ensure that the allegation is investigated in accordance with the standard. 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 procedure was confirmed during an interview with the agency head while indicating cross jurisdictional reports often occur throughout the agency. Per an interview with the Warden, he indicated upon an inmate's arrival at GRA reporting an allegation of sexual abuse and/or sexual harassment having occurred at another correctional facility, he would make notification of the allegation to the head of the facility where the allegation was alleged to have occurred on the day of becoming aware. He continued in stating, although the facility has not received notification from another facility of an inmates' report of sexual abuse and/or sexual harassment occurring at GRA, the allegation would be referred immediately for an investigation. The review of the completed 11 PREA investigative reports identified each alleged victim was housed at GRA upon reporting the allegation of sexual abuse and /or sexual harassment.</p> <p>Based on the review of agency policies, review of investigative cases that confirmed all allegations were reported while the inmate was assigned at GRA, and interviews with the agency head and Warden, GRA does meet all provisions of the standard.</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire (PAQ) 2. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention program Manual 3. IDOC #04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 4. Interviews: <ol style="list-style-type: none"> a. Inmates Who Reported Sexual Abuse b. Non-Security First Responder c. Random staff <p>15.64 (a) (b) IDOC PREA Sexual Abuse and Harassment Prevention and Intervention program Manual, IDOC #04.01.301, and GRA #04.01.301 Institutional Directive outlines the duties of security and non-security first responders. The policies identify upon security staff learning of an allegation that an inmate was sexually abused, staff shall take steps to ensure preservation of the area in which the alleged abused occurred including requesting that the alleged victim and abuser not take any action that may destroy physical evidence including changing clothes, bathing, brushing teeth, urinating, defecating, drinking, or eating., etc. If the first staff responder is not a security staff, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PAQ identified four (4) allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, and as the number of times the first security staff member reported and requested 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. However, the review of the four (4) completed sexual abuse investigations identified only one (1) sexual abuse allegation where physical evidence was collected (DNA). The victim acknowledged upon reporting the assault, he had previously washed his mouth after being forced to perform oral sex. A DNA sample was taken by medical staff. No other evidence was identified and/or collected for the remaining three (3) sexual abuse allegations, and sexual penetration was not identified. An interview conducted with a non-security first responder indicated an inmate reported an allegation of sexual abuse via a handwritten note. She instructed the inmate victim's removal from the area and contacted the security supervisor. Interviews were conducted with three (3) inmates who reported allegations of sexual abuse. Each of the three (3) inmates reported they had previously separated</p>

themselves from the aggressor prior to reporting the assault and the incident had occurred hours and/or weeks prior to reporting. The three (3) inmates stated staff reported their sexual abuse allegation to a security staff supervisor.

The auditing team confirmed the agency and facility does include within policies the responsibilities of security and non-security staff when serving as a first responder. First responder duties are also included during the annual cycle training. However, confirmation of security staff, and non-security staff's comprehensiveness of their first responder duties was not demonstrated to the PREA auditing team during interviews. The auditing team conducted 18 random staff that included security and non-security staff, in addition to interviews with volunteers, and contractors. The auditor concluded from the majority of interviews, that staff were not confident in responding to the interview questions while explaining their responsibilities in a situation where they served as a first responder to reported sexual abuse allegation. Specifically, 90% of staff did not express a clear knowledge and understanding in a manner that they were able to articulate the procedures they would take as outlined in agency policies and per the standard provision (b). It was determined by the PREA auditing team that although staff were documented as completing PREA training annually, staff did not have a clear understanding of their first responder duties in a manner that allowed them to articulate their duties as such. Therefore, based on the interviews and lack of understanding by 90 % of both security and non-security staff, it is determined by the auditing team that GRA does not meet provision (b) of the standard and will therefore require a corrective action period of 180 days for ongoing refresher first responder training. The auditing team determined, all staff would benefit from refresher PREA training to include first responder duties for security staff, non-security, contractors, and volunteers during shift briefings, and departmental meetings that would include impromptu scenarios during formal and informal meetings and unannounced rounds by supervisors.

Corrective action plan: The auditing team recommended the facility staff are issued individual first responder cards identifying the duties of both security and non-security staff responsibilities to serve as such. Additionally, the agency policies outlining first responder duties will be discussed during the three (3) security shift briefings, and departmental staff meetings on a weekly basis over the 6-month corrective action period. Documentation of security and non-security meeting minutes will be provided for review by the auditing team.

Corrective Action Applied:

Corrective Action Applied:

The facility submitted documentation to support all staff within each department received PREA Refresher Training to include an individual PREA Refresher Card to maintain in their possession that detailed information of their responsibility as a first responder and upon awareness that inmate was at substantial risk of imminent sexual abuse.

All staff was required to acknowledge by their signature receipt of the refresher training and presentation of the PREA Refresher first responder duties card.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-Audit Questionnaire (PAQ) 2. GRA 04.01.301 Institutional Directive Sexual Abuse and Harassment Prevention and Intervention 3. Interview: <ol style="list-style-type: none"> a. Warden <p>115.65 (a) Pursuant to GRA 04.01.301, the facility outlines the procedures of the institution coordinated response to reported allegations of sexual abuse. Procedures includes the protection of individuals who alleges sexual abuse from the abuser, a referral to health services, evidence collection, evaluation by mental health services, offered counseling and supportive services, staff preservation of the area, and requesting the victim and abuser not to take any action that may destroy physical evidence, notification of security staff, documentation of all knowledge, completion of a forensic medical examination as applicable, timely access to emergency sexually transmitted infections prophylaxis, HIV testing, crisis counseling services, completion of incident reports, completion of an investigation and referral for discipline or prosecutions as applicable, incident review, retaliation monitoring and program evaluation. This facility coordinated response was confirmed and identified by the GRA Warden during the interview.</p> <p>Based on the review of GRA 04.01.301, confirms the facility has developed a written institutional plan that outlines the facility’s coordinated actions to be taken in response to an incident of sexual. Therefore, GRA does meet the provision of the standard.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-Audit Questionnaire (PAQ) 2. Agreements Between Management and Unions 3. Interview: <ol style="list-style-type: none"> a. Agency Head <p>115.66 (a) Per the Agency Head, the agency does have collective bargaining agreements with individual agency departments. However, at a minimum, all collective bargaining agreements provide the Department with the ability to place an employee on paid administrative leave and a reassignment of scheduled positions. Specifically, Management has entered into numerous Agreements between the Department of Central Management Services of the State of Illinois and various departments to include Boilermakers Contract; Barbers Contract; Carpenters Contract; Electricians, AFSCME -Wexford; Downstate Teamsters; Fireman and Oilers; Machinist; Plumbers; Laborers; Tinsmith; Painters; and Operating Engineers. However, the Agreement Between the Department of Corrections, Human Services, State Police, Veterans Affairs, and Transportation and Local #330, General Chauffeurs, Sales Drivers, and Helpers (Fox Valley) and the VR 704 ISEA Final Agreement effective 2015 - 2023 outlines Management Rights to assign staff. Specifically, the Employer retains the right to reassign employees to a yard within a reasonable geographical location within the bargaining unit, who are under investigation, for the duration of the investigation. Management maintains the right to hire, promote, demote, transfer, allocate, assign, and direct employees to discipline, suspend and discharge for just cause. Therefore, it is determined the agency and GRA does meet the mandate of the standard provision.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.67 (a) (b) (c) (d) (e) (f) IDOC PREA Sexual Abuse and Harassment Prevention and Intervention program Manual and IDOC #04.01.301 governs the mandate of the standard provision to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by others. The agency policies include the agency's requirement to employ multiple protection measures, such as housing changes or transfers of 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. For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and/or inmate who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmate or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports housing, or program changes, or negative performance reviews for reassignment of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</p> <p>Per an interview with the Agency Head, the department has the tools for investigation, transfer of housing units, transfer to another facility, moving staff to different posts, medical evaluations and mental health evaluation to monitor for and prevent such retaliatory actions. In addition, the department has an MOU with John Howard Association to receive complaints from offenders to include retaliatory actions which are then investigated by the department. Support services are provided throughout the facilities by qualified mental health and local community providers as necessary. Offenders and staff reporting such allegations are monitored for retaliation for a period of not less than 90 days. The GRA PREA Compliance Manager was assigned as staff to conduct retaliation monitoring for the facility.</p> <p>Per an interview with the GRA Warden, he indicated measures are taken upon identifying retaliation monitoring would include separating those involved that could include housing exchange, job assignment changes, referred for an investigation, disciplinary sanctions, and transfer to another facility. Staff identified as performing acts of retaliation monitoring would be removed from contact with the inmate and would be reassigned to include placed on administrative leave pending the completion of the investigation with further actions depending on the investigative findings.</p> <p>The facility reported two (2) staff-on-inmate sexual abuse investigations, four (4) staff-on-inmate sexual harassment, two (2) inmates-on-inmate sexual abuse allegations and three (3) inmate-on- inmate sexual harassment allegations during the 12-month review period. One (1) inmate on inmate sexual harassment allegation</p>

determined as substantiated. The remaining ten (10) investigations were determined as unsubstantiated. Therefore, the 11 inmates who were identified as victims of sexual harassment and/or sexual abuse were required to be monitored for retaliation for a minimum of 90-days after reporting the allegation. There were zero instances in which a staff member was required to be monitored for retaliation. Upon the request and review of the available retaliation monitoring documentation, it was revealed that only one (1) inmate who reported an allegation of sexual harassment was monitored for 90- days. Documentation of the completed retaliation monitoring confirmed the retaliation monitoring was completed by the inmates' receiving facility upon transfer.

Numerous discrepancies were identified where staff failed to conduct retaliation monitoring for the remaining 10 inmates who reported allegations of sexual abuse and/or sexual harassment in accordance with IDOC policy and/or the PREA standard provisions. Discrepancies include; 1) documentation was not presented to support retaliation monitoring during either period of the 30-day, 60-days and/or 90 -days; Inmates were identified as not monitored at the 30-day period; Inmates were identified as not monitored during the 60-day period; Inmates were identified as not monitored during the 90 -day period; Inmates were identified as monitored on the day the allegation was report (prior to 30-days) but not at the 30-days; Inmates were identified as being monitored for retaliation twice within the first 30-days but none thereafter.

Example #1- Inmate reported sexual abuse on June 10, 2021. Inmate was identified as being monitored for retaliation monitoring on June 27, 2021, as the 30-day and July 1, 2021, as the 60th day which was four (4) days later. September 10, 2021 was identified as the 90-day retaliation monitoring period.

Example #2 - Inmate reported an allegation of sexual abuse on November 26, 2021. No documentation was presented to support retaliation monitoring was conducted with the inmate.

Example #3 Inmate reported an allegation of sexual abuse on May 26, 2022. The site visit was conducted on June 18 - 20, 2022. There was no documentation presented to support the inmate was placed on retaliation monitoring for the 30-day and/or 60-day periods.

The GRA PREA Compliance Manager is the designated staff to conduct retaliation monitoring. During the interview with the GRA PREA Compliance Manager, she stated she understood, her role in conducting retaliation monitoring to reassign the victim if needed and refer them to the security supervisor while providing support and discussing various ways to cope such as alternatives to avoid confrontations. She added she initiates monitoring upon being notified of the allegation followed by the 30-day, 60-day, and 90-day meetings. She encourages the inmate to self-report if they are being harassed, review the victim's file to possible disciplinary sanctions, and/or the loss of their job and retaliation monitoring is continued beyond 90-days as needed. However, further interview with staff assigned to conduct retaliation monitoring, the review and discussion of the discrepancies noted during the review of 10 inmates' retaliation monitoring, it was confirmed that the staff member assigned

to conduct retaliation monitoring did not clearly understand her role and the procedures as outlined in agency policy and/or the PREA standards for conducting retaliation monitoring during the required 30-day, 60-day and /or 90-day and beyond period as needed.

The auditing team conducted interviews with three (3) inmates who reported allegations of sexual abuse. One inmate requested placement in segregation upon the alleged aggressor's release from segregation pending the approval for a transfer at his request due to fearing retaliation (harm) from the aggressor. A second inmate explained he had experienced numerous situations and actions of retaliation from his alleged aggressor after the investigative findings were determined as unsubstantiated and both remained in the general population but were placed in separate housing units. The victim reported he had been moved to two difficult housing units since reporting the allegations but continued to have negative interaction and experience harassment from the aggressor. The three inmates who reported sexual abuse stated they had spoken with the mental health supervisor (GRA PREA Compliance Manager/staff assigned to conduct retaliation monitoring) at least once, but they were not aware of the staff's member duties and reason for contact was due to retaliation monitoring as that was not explained to them. The inmates concern of experiencing retaliation by harassment from their identified aggressors was shared with the GRA Warden and Agency PREA Coordinator. Due to the degree of harassment the victim continued to encounter from his aggressor at the facility, the victim was submitted for a transfer to another IDOC facility at his request and staff's acknowledgement of safety concerns at GRA.

The agency has developed policies that outlines the requirement and procedures to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by others. However, documentation does not support the practice of protecting those individuals. Ten inmates who reported allegations of sexual abuse and/or sexual harassment was not monitored for the 30-day, 60-day and/or 90-day periods as at a minimum required by IDOC PREA Sexual Abuse and Harassment Prevention and Intervention program Manual and IDOC #04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program and the standard provisions (c) (d) (e) (f). Therefore, GRA does not meet the standard provisions of (c) (d) (e) (f) and will be placed in a corrective action period of 180-days.

Corrective action plan: Per the IDOC PREA Coordinator, the facility will designate a separate staff member to be assigned to conduct retaliation monitoring to distribute the workload. The newly assigned staff member will receive training on their responsibility in conducting timely and face to face contact with individuals who meet the mandate of being monitored for retaliation monitoring. Training shall be provided to ensure monitoring is conducted and continued for a minimum of 90 days at 30-days intervals (30, 60 and 90). During the 180 corrective action period, the facility will provide the auditing team with the investigative case file and completed retaliation monitoring for each 30-day period to exceed 90 -days as applicable. The investigative casefile and completed retaliation monitoring documentation shall be forwarded to the auditing team each month upon the completion of the retaliation

monitoring for review.

Corrective Action Applied:

The Illinois Department of Corrections (IDOC) has implemented procedures to ensure PREA compliance that includes internal and external processes monitoring through auditing to test compliance. The Department will ensure PREA compliance by conducting audits, in addition to the triennial DOJ-audits, using the following: Internal controls such as facility reviews will be conducted annually. The Graham Correctional Center will perform a facility review (audit) on the requirements of 04.01.301, the PREA Administrative Directive. Additional external controls have been developed and an external audit will be conducted by the Office of Administrative Directive Standards (OADS) The external audit will be conducted annually. The annual external audit will be conducted by the Department's OADS Unit. PREA was added as a mandatory audit to ensure continued compliance. An external audit will be conducted by the Central Management Services (CMS). The CMS is a separate State agency outside the umbrella of the Illinois Department of Corrections and has been requested to perform audits for PREA at select facilities to include GRA. This external audit will ensure a completely impartial and unbiased examination of Graham's PREA processes to ensure continued compliance.

The facility reported five (5) sexual harassment allegations and six (6) sexual abuse allegations during the 180 corrective action period. Documentation was presented for periodic retaliation monitoring for 90 days for four (4) inmates who reported sexual harassment and four (4) inmates who reported sexual abuse. The initial retaliation monitoring for the remaining one (1) inmate who reported sexual harassment and two (2) inmates who reported sexual abuse remained on monitoring status throughout the corrective action phase due to the date of the reported allegations on January 17th, January 18th, and January 19th, 2023. Email confirmation was presented for the request of retaliation monitoring for two of the inmates who had transferred since reporting the allegations. The initial retaliation monitoring had begun. The retaliation monitoring included the review of housing unit changes, facility change, emotional support services offered to the individual, programs changes, work reports and assignments were noted as reviewed. Therefore, based on the documentation presented in which the facility did conduct retaliation monitoring for all reported allegations of sexual abuse and sexual harassment throughout the corrective action period of 180 days in accordance with the standard provisions, the facility has demonstrated compliance of the standard.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire (PAQ) 2. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention program Manual 3. IDOC #04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 4. Interviews: <ol style="list-style-type: none"> a. GRA Warden b. Staff Assigned to Supervise Segregation c. Inmates Who Reported Sexual Abuse <p>115.68 (a) IDOC PREA Sexual Abuse and Harassment Prevention and Intervention program Manual, IDOC #04.01.301, outlines the agency's policies and procedures that governs the mandate of the standard that prohibits 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. Per the PAQ, and interviews with the Warden and staff assigned to supervise segregation, the facility does not placed inmates who report sexual abuse and/or at risk of sexual victimization in involuntary segregation for more than 24 hours. Per an interview with the GRA Warden, he confirmed the agency does prohibit placing inmates at high risk of sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing of other housing areas. He added the facility has several housing units throughout in addition to the availability of crisis cells where an inmate may be placed in a single cell within the health care unit if needed. He stated at the initiation of the report, the victim and aggressor may be escorted to segregation throughout the completion of an interview with the investigating Lieutenant, but the victim is immediately released (within the 24 hours). He added however, all inmates in segregation to include those for pending disciplinary actions and investigation are given access and privileges such as recreation, phone calls, educational material, legal material, mail, haircuts, shaves showers, medical and mental health services, and these inmates are reviewed for a continuation of stay within every 30 days upon placement. Due to security measures, the inmates assigned to segregation are restricted from out of cell work opportunities. There were zero (0) inmates in involuntary segregation who reported sexual abuse and/or identified as at a risk of sexual victimization during the site visit. However, three (3) inmates who reported sexual abuse was interviewed and stated they were</p>

not place in involuntary 24 hours or more upon reporting the assault. Each stated the identified aggressor remained in the segregation unit.

Based on the review of agency policies, interviews with Warden, staff who supervise segregation, and inmates who reported sexual abuse and the review of their housing assignments, it is determined GRA does meet the standard provision.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-Audit Questionnaire (PAQ) 2. IDOC PREA ISP MOU.pdf 3. IDOC 1.12.125 Uniform Investigative Reporting System.pdf 4. IDOC 1.12.105 Reporting of Unusual Incidents 5. IDOC 1.12. 101 Employee Criminal Misconduct 6. IDOC 1.12.115 Institutional Investigative Assignments.pdf 7. IDOC 1.12. 112 Preservation of Physical Evidence.pdf 8. IDOC 1.12.120 Investigations of Unusual Incidents. 9. Interviews: <ol style="list-style-type: none"> a. Acting Director Commander -Southern Region IDOC Investigative Unit b. GRA Internal Affairs Investigator c. Warden d. IDOC PREA Coordinator e. GRA PREA Compliance Manager <p>115.71 (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) Pursuant to the identified agency policies, the mandate of each standard provision is outlined within. The facility investigators identified as Internal Affairs Investigators, the external unit identified as the IDOC Office of Investigations & Intelligence (Investigative Unit) and a Memorandum of Understanding between the IDOC and Illinois State Police are authorized to conduct investigations for the IDOC. The Facility Internal Affairs Investigators and IDOC Investigative Unit conducts both administrative and criminal investigations. The received training for these investigative positions exceeds the training required for standard 115.34. The investigator's assignment to each case is based on the circumstances of the reported allegations and ranking level of those staff involved. When possible criminal cases are declined by the Illinois State Police, the IDOC Office of Investigations & Intelligence completes both the administrative and criminal investigation. The Illinois State Police conducts state employees under the employment of the Illinois Governor. Interviews were conducted with both internal and external investigators. The initiation investigation of a reported sexual abuse and /or sexual harassment allegation began immediately upon staff receiving the</p>

information of such. The facility security supervisor responding while on duty immediately began gathering the information to include interviewing the reporting individual/ inmate victim, in addition to those reporting as a third party and attempting to collect additional information received anonymously through drop notes or such. The information collected is forwarded to the facility Internal Affairs Investigator, entered into the electronic tracking system and assigned a case number. All investigations to include those reported anonymously and via third-party are investigated in a thorough manner just as those reported directly by the victim. The investigation includes interviews with the victim (1st), aggressor, identified witnesses, all individuals within the identified area to include staff and inmates, the collection of all available evidence to include physical and property, forensic examination results as applicable, injuries identified, handwritten notes to include emails, securing the identified area as a crime scene, review of available video footage, review of inmate phone records, inmate's history and previously reported allegations. However, each indicated the evidence collected and reviewed is based on the allegation reported, the timeframe of which it was alleged to have occurred and when it was reported.

The auditing team reviewed the 11 reported PREA investigative case files completed during the 12-month review period. These allegations included four (4) sexual abuse allegations and seven (7) sexual harassment allegations. Although one sexual abuse allegation involved the completion of a DNA sampling with a negative result, there were zero (0) substantiated sexual abuse investigations and no criminal charges identified. Per interviews with both the internal and external investigators, substantiated sexual abuse investigations would be referred for prosecution as touching would be identified as battery. An administrative investigation would also be completed. Both investigators also indicated they regularly communicate with the State Attorney's Office within the county the allegation was reported as occurring prior to presenting the case for further actions by the State Attorney's Office for the inclusion of additional information and review. The investigators confirmed victims of sexual abuse are never required to submit to a truth-telling device and the credibility of an alleged victim, suspect, or witness is determined on an individual basis and the evidence collected and not based on an individual's status as inmate or staff. An investigation is continued when an inmate is released and/or transferred and when a staff member resigns and or terminated prior to the completion. Per agency policy, investigative cases are maintained as long as the alleged abuser is incarcerated or employed plus five years. The MOU between the IDOC and Illinois State Police includes the completion of investigations pursuant to the standard provisions. Interviews were conducted with the Internal Affairs Investigator, Investigator assigned to the IDOC Investigator Unit, Warden, IDOC PREA Coordinator was interviewed in regard to the facility remaining informed about the progress of investigations completed by outside agencies. Facility Internal Affairs Investigators and Investigators assigned to the IDOC Investigator Unit, maintain an open line of communication in the assignment of investigations, status of the ongoing investigations and investigative findings. Per the IDOC PREA Coordinator cases which are referred to the Illinois State Police are assigned an external investigator from the IDOC 's Office of Investigations & Intelligence. The IDOC external investigator would ensure updates are provided to the facility and Agency PREA Coordinator, as appropriate.

	<p>Based on the review of agency policies, completed PREA investigative case files, interviews with both external and internal investigators, GRA does meet the mandate of the standard provisions.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Facility (GRA) Completed Pre-Audit Questionnaire (PAQ) 2. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual 3. IDOC 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 4. Interviews: <ol style="list-style-type: none"> a. IDOC Investigative Unit b. GRA Internal Affairs Supervisor <p>115.72 (a) IDOC PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, and IDOC 04.01.301 governs the mandate of the standard provision. 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. Per interviews with Investigators assigned to both the IDOC Investigative Unit and the Internal Affairs Supervisor, a preponderance of evidence is the requirement in determining an investigative finding.</p> <p>Based on the review of agency policy, and interviews with the investigators, GRA does meet the provision of the standard.</p>

115.73	Reporting to inmates
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 558 300">Auditor Discussion</p> <p data-bbox="256 340 1062 376">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="256 412 1422 1106" style="list-style-type: none"> <li data-bbox="256 412 1378 448">1. Graham Correctional Facility (GRA) Completed Pre-Audit Questionnaire (PAQ) <li data-bbox="256 483 1422 560">2. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual <li data-bbox="256 595 1362 672">3. IDOC 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <li data-bbox="256 707 999 743">4. PREA Investigations Case Findings Memorandums <li data-bbox="256 779 453 815">5. Interviews: <ol data-bbox="256 851 893 1106" style="list-style-type: none"> <li data-bbox="256 851 405 887">a. Warden <li data-bbox="256 922 695 958">b. Internal Affairs Investigators <li data-bbox="256 994 893 1030">c. Inmates who Reported Sexual Abuse Need <li data-bbox="256 1066 746 1102">d. GRA PREA Compliance Manager <p data-bbox="256 1142 1477 2051">115.73 (a) (b) (c) (d) (e) IDOC PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual and IDOC 04.01.301 governs the mandate of the standard 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. The policy states the facility Internal Affairs Unit shall provide all notification of the investigative findings to all offenders upon the completion of the investigation to include when the investigation has been determined as substantiated, unsubstantiated and/or unfounded. If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate. In circumstances of the alleged aggressor is identified as a staff member, the inmate will be notified of the following: 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. When an inmate identifies another inmate, the victim will be notified of the following circumstances: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; o the agency learns that the alleged abuser has been convicted of a charge related to sexual abuse within the facility; all such notifications or attempted notification shall be documented. The agency's obligation to report under this standard shall terminate</p>

if the inmate is released from the agency's custody.

The facility reported 11 PREA investigations that included both sexual abuse and sexual harassment. The allegations were identified as the following: Four (4) sexual abuse allegation which were identified as two (2) staff on inmate and two (2) inmates on inmate. Seven (7) sexual harassment allegations identified as: four (4) staff on inmate and three (3) inmate on inmate during the 12-month review period. One inmate-on- inmate sexual harassment allegation was determined as substantiated, and all remaining investigative findings were determined as unsubstantiated. A review of each investigative casefile revealed a memorandum was completed by the Internal Affairs identifying the investigative findings for the completed investigations and was acknowledged as forwarded and received by the GRA PREA Compliance Manager. The memorandum was addressed to the inmate victim identifying the investigative findings for the reported allegation of sexual abuse and/or sexual harassment. However, the memorandum did not include signatures by the Warden, staff delivering the notification to the inmate and/or the inmate's acknowledgment of receiving the notification. During interviews with the Internal Affairs Investigator and the GRA PREA Compliance Manager, it was discovered that the responsibility of notifying the inmate of the investigative findings had previously been assigned to the facility PREA Compliance Manager. It was then concluded that neither of the 11 investigative findings notifications were delivered to the alleged victims of sexual harassment and/or sexual abuse that would have notified the alleged victim of the finding. This discrepancy was also identified during interviews with three (3) inmates who reported allegations of sexual abuse as each stated they had not received notification of the investigative findings. An interview with the Warden confirmed the notification of the investigative findings identified was the method in which an inmate is required to be informed.

The PREA auditing team determined IDOC developed agency policies that outlines the procedures and requirement that victims of sexual abuse and/or sexual harassment receive notification of the investigative findings at the completion of the investigation. However, the practice of delivering the investigative findings to the inmates was not performed. Based on the review of the unacknowledged notification of investigative findings for the 11 completed PREA investigative sexual abuse and sexual harassment cases, interviews with the three (3) inmates who reported sexual abuse who stated they did not receive notification of the investigative findings, and interviews with the Internal Affairs Investigator and GRA PREA Compliance Manager who acknowledged neither issued the inmate victim the notification of the investigative finding, GRA does not meet provisions (c) (d) (e) (f) of the standard. Therefore, GRA will be placed in a 180-day corrective action plan.

Corrective action plan: An Inmate Notification of the Investigative Finding will be developed that requires the inmate to acknowledge by his signature the receipt of the investigation findings within three days of the completed investigation. A designated staff member and/or departmental staff will be assigned to meet face-to-face with the affected inmate(s) in which the issuing staff will sign as delivering the notification and the affected inmate will acknowledge by his signature as receiving the notification. A second staff will be required to sign as a witness if the inmate refuses to sign. The

notification of the investigative findings will be given to the inmate(s) within three days of the completed investigation. The facility will submit each completed investigation and the notification of the investigative findings on the 10th of the following month upon completion of the investigation for review of compliance throughout the 180-day corrective action period.

Corrective Action Applied: The facility reported 11 PREA allegations to include sexual abuse and sexual harassment in which there were no substantiated sexual abuse and/or sexual harassment investigative findings. Documentation was presented that included the inmate's signature acknowledging his receipt of the investigation finding for each of the completed 11 investigation. Therefore, GRA has demonstrated compliance with all provisions of the standard.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.76 (a) (b) (c) (d) IDOC I.D 04.01.301, IDOC #120 and the IDOC PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, addresses the mandate of each standard provision regarding the discipline of staff identified as violating the agency's zero tolerance for sexual abuse and sexual harassment to include those acts performed by employees. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances for the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violation of agency sexual abuse or sexual harassment policies, or resignation 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. During the 12-month review period, there were two (2) staff on inmate sexual abuse allegations and four (4) staff on inmate sexual harassment allegations reported. Each of the PREA allegations was determined as unsubstantiated by investigative staff. Therefore, there were no disciplinary sanctions imposed on staff and none to compare sanctions given.</p> <p>Based on the review of agency policies, and review of the investigative case files, GRA does meet all provisions of the standard.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center Completed Pre-Audit Questionnaire 2. IDOC I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. PREA Investigative Case Files 4. Interview: <ol style="list-style-type: none"> a. Warden <p>115.77 (a) (b) IDOC I.D. 04.01.301 outlines the corrective action for contractors and volunteers. Any contract or volunteer who engages in sexual abuse shall be prohibited from contract with inmates and shall be reported to law enforcement agencies unless the activity was clearly not criminal and to relevant licensing. The facility shall take appropriate remedial measures and shall consider 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 volunteers. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with individuals in custody and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies Per an interview with the Warden, any contract staff and/or volunteer identified as the aggressor in an allegation of sexual abuse and/or sexual harassment would be restricted from entry into the facility pending the investigative findings at which time further actions would be determined. A review of the completed 11 PREA investigative case files, and review of the PAQ, both indicated there were zero reported allegations of sexual abuse and/or sexual harassment where a contractor and/or volunteer was identified as the aggressor/subject.</p> <p>Based on the review of agency policy, and an interview with the Warden, GRA does meet all provisions of the standard.</p>

115.78	Disciplinary sanctions for inmates
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1062 376">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="256 412 1437 1133" style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-Audit Questionnaire 2. IDOC 20 Illinois Administrative Code 504 SUBPART A: Administration of Discipline 3. IDOC Illinois Administrative Code 504 4. Inmate Disciplinary Record 5. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual 6. GRA Orientation Manual and Individual (s) In Custody Reception and 7, GRA Classification Manual 8. Interviews <ol data-bbox="256 1025 845 1133" style="list-style-type: none"> a. Warden b. Medical and Mental Health Supervisors <p data-bbox="256 1169 1477 1747">115.78 (a) (b) (c) (d) (e) (f) (g) Agency policies address the mandates of the standard provisions to include those inmates identified as seriously mentally ill. Inmates are subject disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on- inmate sexual abuse or following a criminal finding of guilt for inmate -on-inmate sexual abuse. Inmates are not required to participate in any programs as a condition of access to programming or other benefits. Discipline is applied to inmates identified to have sexual contact with staff only upon a finding that the staff member did not consent to an act with the inmate. Inmates are not discipline upon making reports of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred even if the investigation does not establish evidence to the substantiate the investigative findings. No offender shall be found guilty of any violation who is determined to be seriously mentally ill and their mental illness disabilities will be considered when determining disciplinary sanctions.</p> <p data-bbox="256 1783 1469 2074">Per an interview with the mental health administrator, the facility does offer normal therapy, and counseling to the inmate population for inmates who are already receiving counseling services, and individual cognitive behavior therapy. An inmate identified as an aggressor would be offered to participate in a sexual abuse program. However, he would be transferred to another IDOC facility for participation as such. Services available to the inmate population do not require a condition of participation as access to the various programs.</p>

Per the Warden, an administrative and criminal investigation will be conducted when acts are determined to be criminal in nature, for all reported allegations of sexual abuse to include those committed by the inmate population. An inmate who is determined to have committed sexual abuse will receive administrative disciplinary sanctions in addition to criminal charges and a referral for criminal prosecution when identified during the investigative process.

The inmate discipline code violations are listed in the IDOC Illinois Administrative Code 504, GRA Orientation Manual and Individual(s) In Custody Reception and Classification Manual that identifies offenses and maximum penalties for violation of codes 107 Sexual Misconduct and 108 Sexual Assault

One inmate-on-inmate sexual harassment investigation was determined as substantiated during the 12-month review period. The aggressor/subject received disciplinary sanctions for violation of code 107- Sexual Misconduct. The agency disciplinary sanctions included 28 days segregation, three (3) months commissary restriction, 3 months C Grade and a disciplinary transfer to another IDOC facility. There were zero substantiated sexual abuse investigative findings during the 12-month review period.

Based on the review of agency policies, inmate disciplinary codes and sanctions for sexual misconduct and sexual assault misconduct sanctions, interviews with Warden and mental health staff, GRA does meet all provisions of the standard.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center Completed Pre-Audit Questionnaire 2. IDOC A.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Interviews: <ol style="list-style-type: none"> a. Inmates who reported sexual abuse b. Staff who conduct risk screening c. Medical and mental health staff <p>115.81 (a) (b) (c) (d) (e) IDOC A.D. 04.01.301, governs the mandate of the standard that if the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization and/or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Per the agency policy the offer, and referral, if applicable shall be documented on the DOC 0494 or electronic equivalent. Per an interview with staff who conduct risk screening, a mental health referral is offered to all inmate during the risk screening who have been identified and/or self-reported a prior history of sexual abuse and/or prior penetration of sexual abuse.</p> <p>Per an interview with staff assigned to conduct risk screening, inmates identified as experiencing prior victimization and/or have previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community are scored as such automatically within the electronic risk screening program in intake during the risk screening assessment. Upon being identified as such for either, a separate screen is automatically generated that requires completion by the screening staff and will not allow continuation without the inclusion of additional information that automatically generates the mental health referral. The completed mental health referral is automatically forwarded to the mental health staff advising staff of the inmate's scoring and pending status for a mental health evaluation within 14 days of the intake risk screening. Mental health staff receive an automatic immediate notification of the referral. Staff identified only mental health staff, staff assigned to conduct risk screening, medical and other staff who are deemed necessary to provide treatment plans and determine security decisions for a safe environment for the inmates are allowed access to the results of an inmate's risk screening.</p> <p>Eighty inmates were identified as reporting prior sexual abuse during the intake risk within the review period. The auditor requested a roster of these inmates for a</p>

random selection of 23 inmates for confirmation of the mental health evaluation completion within 14 days of submission. This documentation was not presented for review. The lead auditor also requested the number of, and a roster of inmates identified to have previously perpetrated sexual abuse for the review of mental health referrals and confirmation of mental health evaluation within 14 days of the referral. The facility failed to provide the requested documentation for review. However, interviews were conducted with five (5) inmates who reported prior sexual victimization who was identified by staff and/or during the interview process who indicated they did not recall an interview with mental health staff being conducted within two weeks of their arrival at GRA.

Per interviews with both medical and mental health supervisors, each indicated they obtain informed consent forms from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, and they also advise all inmates of their duty to report. Individuals under the age of 18 years old are never housed at GRA.

The agency and facility have a policy that mandates all provisions of the standard that a prison inmate who has experienced prior sexual victimization and/or have previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The facility indicated 80 inmates reported prior sexual victimization during the review period. The auditor requested a roster of these inmates for a random selection for confirmation of the mental health evaluation completion within 14 days of submission. This documentation was not presented for review. The request for a roster of inmates identified as previously perpetrated sexual abuse for a random selection was also not provided at the request of the auditing team. Therefore, due to the requested documentation not presented to establish compliance of the mental health evaluations within 14-days of referrals, GRA does not meet provision (a) (b) and (c). GRA will be placed in a corrective action period for 180-days.

Corrective action plan: The facility will forward rosters of incoming inmates on the 10th of each following month throughout the 180-day corrective action period identifying their risk screening score as having experienced prior sexual victimization and/or previously perpetrated sexual abuse. Confirmation that identified inmates were seen by mental health within 14-days pursuant to § 115.41 will be submitted for review.

Corrective Action Applied:

The facility identified 34 inmates who were referred to mental health during the PREA screening due to being identified as a prior sexual victimization and or a prior history of sexual aggressiveness. Documentation was presented that identified 29 inmates who were seen by mental health staff within the 14-day period, and five (5) who were seen outside the 14-day period. Although the facility failed to conduct five (5) mental health evaluations timely, additional measures were put into place to monitor the timely completion of these services. Specifically, the Department has implemented

procedures to ensure PREA compliance that includes internal and external processes monitoring through auditing to test compliance. The Department will ensure PREA compliance by conducting audits, in addition to the triennial DOJ-audits, using the following: Internal controls such as facility reviews will be conducted annually. The Graham Correctional Center will perform a facility review (audit) on the requirements of 04.01.301, the PREA Administrative Directive. Additional external controls have been developed and an external audit will be conducted by the Office of Administrative Directive Standards (OADS) The external audit will be conducted annually. The annual external audit will be conducted by the Department's OADS Unit. PREA was added as a mandatory audit to ensure continued compliance. An external audit will be conducted by the Central Management Services (CMS). The CMS is a separate State agency outside the umbrella of the Illinois Department of Corrections and has been requested to perform audits for PREA at select facilities to include GRA. This external audit will ensure a completely impartial and unbiased examination of Graham's PREA processes to ensure continued compliance.

Based on the review of agency policy, mental health screenings completed within the 14 -day requirement, internal and external monitoring measures established by the agency, GRA does meet all standard provisions.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center Completed Pre-Audit Questionnaire (PAQ) 2. IDOC A.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention Program Manuel <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical and Mental Health 2. Inmates who reported sexual abuse 3. Security and Non -Security Staff <p>115.82 (a) (b) (c) (d) IDOC 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program and IDOC PREA Sexual Abuse and Harassment Prevention and Intervention Program Manuel governs the mandate of the standard. Medical staff shall be responsible for the examination, documentation and treatment of offender’s injuries arising from sexually abusive behaviors, including testing when appropriate for pregnancy and sexually transmissible infections (STIs), including HIV. GRA is a male facility only and does not house female inmates. An evaluation by mental health services or a crisis intervention team member will be conducted within 24 hours to assess the need for counseling services. Per interviews with all staff to include security and non-security, all staff acknowledged that any inmate who reported sexual abuse would be seen by medical staff. Interviews were conducted with both mental health and medical supervisors. Per the medical supervisor, medical staff are scheduled 24/7 and is therefore available in administrating immediate medical treatment to an inmate upon a reported allegation of sexual abuse. Per the mental health supervisor, the crisis team leader (mental health authority) is available on call 24-7, and a mental health therapist is on site each day weekly to include holidays. Additionally, a crisis team member is onsite site 24-7 and can be assessed immediately. Pursuant to the identified agency policies and interviews with both medical and mental health supervisors, all treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser and /or cooperates with any investigation regarding the abuse/assault. The services provided are in accordance with their professional judgment, federal and state law and IDOC policies. A review of the four (4) reported sexual abuse investigations case files confirmed each inmate received medical treatment within hours of reporting sexual abuse. Medical documentation confirmed medical treatment include labs for the one inmate who alleged he was forced to perform oral sex on another inmate. Per</p>

the medical supervisor, the inmate would be offered information about all sexually transmitted diseases, and prophylaxis would be started immediately, usually by the outside facility provider from the hospital where the inmate would be sent upon reporting sexual penetration. Sexual penetration was not identified in the reporting of the three (3) remaining sexual abuse allegations. Per the mental health supervisor, as a member of the crisis response team is on duty during all shifts, the inmate would be seen within 30 minutes. However, the file review identified only one (1) inmate who reported an allegation of sexual abuse received services by mental health staff. Interviews with two (2) inmates who reported sexual abuse acknowledged they were seen by medical staff shortly after reporting their allegation and acknowledged being seen by mental health staff approximately two weeks after reporting. Documentation was not submitted as requested by the auditing team to identify the timeliness of crisis intervention services for the three (3) remaining inmates who reported sexual abuse.

The auditing team concluded IDOC has policies that governs the mandate of the standard and confirmation of medical services were provided to the alleged victims of sexual abuse and documented as received within hours of reporting. However, documentation was not presented upon request for the confirmation that three (3) inmates who reported an allegation of sexual abuse was seen by mental health for crisis intervention timely and/or within the agency's policy (24-hours). Therefore, GRA does not meet the mandate of the standard provision (a) and does meet provisions (b) (c) (d). GRA will be placed in a corrective action period of 180-days. A copy of each reported sexual abuse allegation and confirmation of the crisis intervention services provided by mental health to the inmate will be submitted for review not later than the 20th day after the reported allegation of sexual abuse. The submitted documentation will be submitted and identified as such throughout the 180-day corrective action period.

Corrective Action Applied: The Illinois Department of Corrections (IDOC) has implemented procedures to ensure PREA compliance that includes internal and external processes monitoring through auditing to test compliance. The Department will ensure PREA compliance by conducting audits, in addition to the triennial DOJ-audits, using the following: Internal controls such as facility reviews will be conducted annually. The Graham Correctional Center will perform a facility review (audit) on the requirements of 04.01.301, the PREA Administrative Directive. Additional external controls have been developed and an external audit will be conducted by the Office of Administrative Directive Standards (OADS) The external audit will be conducted annually. The annual external audit will be conducted by the Department's OADS Unit. PREA was added as a mandatory audit to ensure continued compliance. An external audit will be conducted by the Central Management Services (CMS). The CMS is a separate State agency outside the umbrella of the Illinois Department of Corrections and has been requested to perform audits for PREA at select facilities to include GRA. This external audit will ensure a completely impartial and unbiased examination of Graham's PREA processes to ensure continued compliance.

(a)The facility reported five (5) sexual abuse allegations during the corrective action

period. Medical and mental health documentation was presented to support each of the five (5) alleged victims of sexual abuse received medical and mental health services within the provisions of the standard. Medical services were provided on the day of the reported allegation and mental health crisis services were provided on the day each allegation was reported and documented as such. One inmate reported an allegation of sexual abuse had occurred two days prior to him reporting the allegation to staff. Specifically, the inmate alleged he was forced to perform oral sex on another inmate. Medical documentation was presented in support that the alleged victim was offered immediate, 3-month and 6-month HIV and Hepatitis testing by medical staff. His refusal for the offered services was acknowledged by his signature. The remaining four (4) sexual abuse allegations did not include allegations of sexual contact/penetration or an exchange of bodily fluids. The medical services were offered to the inmates at no financial cost. Therefore, GRA does meet provision (a) in addition to (b) (c) and (d).

115.83	<p data-bbox="252 107 1492 197">Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p data-bbox="252 230 986 271">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 309 560 349">Auditor Discussion</p> <p data-bbox="252 383 1066 423">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 456 1422 936" style="list-style-type: none"> <li data-bbox="252 456 1286 497">1. Graham Correctional Center Completed Pre-Audit Questionnaire (PAQ) <li data-bbox="252 530 1362 607">2. IDOC 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <li data-bbox="252 640 1422 716">3. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual <li data-bbox="252 750 451 790">4. Interviews: <ol data-bbox="252 824 802 936" style="list-style-type: none"> <li data-bbox="252 824 746 864">a. Medical and Mental Health Staff <li data-bbox="252 898 802 936">b. Inmates who reported sexual abuse <p data-bbox="252 969 1476 1803">115.83 (a) (b) (c) (d) (e) (f) (g) (h) Agency policies IDOC 04.01.301 and IDOC PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual outlines agency policy and procedures in response to the standard provisions. Inmate victims of sexual abuse shall be offered both medical and mental health services that includes examinations, treatments plans, and as necessary, offered test for sexual transmitted infections as medically appropriate, and referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. Victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standard of care, where medically appropriate. Female victim of sexual abusive vaginal penetration while incarcerated will be offered pregnancy tests. If pregnancy results from the sexual abuse, such victims shall receive timely and comprehensive information about ant timely access to all lawful pregnancy-related medical services. The services provided shall be awarded to the victim at no financial cost and consistent with the community level of care. Interviews with both medical and mental health administrators confirmed these are services are available as applicable to any inmate who report an allegation of sexual abuse. GRA is a male only facility. Therefore, the offering of a pregnancy test, and or timely access to all lawful pregnancy-related medical services are not applicable for provisions (d) and (e).</p> <p data-bbox="252 1836 1476 2085">Per an interview with the mental health supervisor, mental health services would be offered and provided by the mental health staff at the facility. Victims are also offered outside treatment through Prairie Council Against Sexual Assault. Mental health staff would also assist with discharge planning to include linkage to mental health /sexual assault services upon releases from IDOC. Inmates are referred to Prairie Council Against Sexual Assault for continued mental health and medical treatment aftercare</p>
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upon release from IDOC.

The facility reported four (4) sexual abuse allegations during the review period. Each of the four (4) investigations were determined as unsubstantiated, and none was determined as substantiated. Therefore, the evaluation and treatment of such victims to 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 was not applicable. A review of the four (4) reported sexual abuse investigations case files confirmed each inmate received medical treatment within hours of reporting sexual abuse. Per the medical supervisor, the inmate would be offered information about all sexually transmitted diseases, and prophylaxis would be started immediately, usually by the outside facility provider from the hospital where the inmate would be sent upon reporting sexual penetration. Continued and/or follow-up medical services would be documented in the inmate's medical file upon transfer and arrangements would be made for follow-up and/or continued services within the community upon his release from GRA. Medical documentation confirmed medical treatment included labs for the one inmate who alleged he was forced to perform oral sex. Sexual penetration was not identified in the reporting of the three (3) remaining sexual abuse allegations. Per the mental health supervisor, as a member of the crisis response team is on duty during all shifts, the inmate would be seen within 30 minutes. However, the file review identified only one (1) inmate who reported an allegation of sexual abuse received services from mental health staff during the review period. Interviews with two (2) of the three (3) inmates interviewed who reported sexual abuse acknowledged they were seen by medical staff shortly after reporting their allegation and acknowledged being seen by mental health staff approximately two weeks after reporting. The one inmate who alleged he was forced to perform oral sex was previously transferred from GRA prior to the on-site visit and was not available for interview. Documentation was not submitted as requested to identify the timeliness of crisis intervention and/or mental health evaluation services for the three (3) inmates who reported sexual abuse.

Per interviews with the three (3) available inmates who reported sexual abuse, each stated they were seen by medical staff within minutes of reporting the sexual abuse allegation. Each also acknowledged the reported sexual abuse did not involve sexual penetration and/or require additional medical treatment and/or follow up care.

The auditing team concluded IDOC has policies that governs the mandate of the standard and confirmation that medical services were provided to the alleged victims of sexual abuse and documented as received within hours of reporting. However, documentation was not presented for the confirmation that three (3) inmates who reported an allegation of sexual abuse was seen by mental health. Therefore, the auditing team could not determine the practice of mental health evaluations completion of inmates who report sexual abuse as no documentation was submitted to support a mental health evaluation and /or crisis intervention was conducted with these inmates who reported sexual abuse. Interviews with medical and mental health supervisors stated the level of care provided to the inmate population is consistent with the level of care provided within the community. However, due to the

confirmation of mental health services that were not provided for review, the standard provision practice could not be confirmed. Therefore, GRA does not meet the mandate of the standard provision (a) (b) (c) (g) (h). Provisions (d) and (e) are not applicable as GRA does not house female inmates. Provisions (f) (g) (h) does meet the standard as the requirement of the standard provision is within the agency policies. GRA will be placed in a corrective action period of 180-days. A copy of each reported sexual abuse allegation and confirmation of the crisis intervention and/or mental health evaluation provided by mental health for inmates identified as a victim of sexual abuse and those identified as an aggressor will be submitted for review not later than the 20th day after the reported allegation of sexual abuse in addition to 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 offering of all services offered to the inmate to report an allegation of sexual abuse to include those services offered during transfer and/or release will be submitted through supporting documentation and identified as such throughout the 180-day corrective action period.

Corrective Action Applied:

The Illinois Department of Corrections (IDOC) has implemented procedures to ensure PREA compliance that includes internal and external processes monitoring through auditing to test compliance. The Department will ensure PREA compliance by conducting audits, in addition to the triennial DOJ-audits, using the following: Internal controls such as facility reviews will be conducted annually. The Graham Correctional Center will perform a facility review (audit) on the requirements of 04.01.301, the PREA Administrative Directive. Additional external controls have been developed and an external audit will be conducted by the Office of Administrative Directive Standards (OADS) The external audit will be conducted annually. The annual external audit will be conducted by the Department's OADS Unit. PREA was added as a mandatory audit to ensure continued compliance. An external audit will be conducted by the Central Management Services (CMS). The CMS is a separate State agency outside the umbrella of the Illinois Department of Corrections and has been requested to perform audits for PREA at select facilities to include GRA. This external audit will ensure a completely impartial and unbiased examination of Graham's PREA processes to ensure continued compliance.

(a) (b) (c) (g) (h) The facility reported five (5) sexual abuse allegations during the corrective action period. Medical and mental health documentation was presented to support each of the five (5) alleged victims of sexual abuse received medical and mental health services on the day the allegations were reported and as identified within the standard provisions. One inmate reported two days prior to reporting the allegation to staff, he was forced to perform oral sex on another inmate. The inmate victim was documented as being offered immediate, 3-month and 6-month HIV and Hepatitis testing by medical staff. His refusal for immediate, and ongoing medical treatment was documented by his signature. The remaining four (4) sexual abuse allegations did not include allegations of sexual contact or an exchange of bodily fluids. There were zero inmates who required on-going medical and/or mental health services due to being a victim of sexual abuse. There were zero substantiated sexual

abuse investigations determined during the 12-month review period and /or 180-day corrective action period that required the completion of a mental health evaluation by a mental health practitioner for an inmate-on-inmate abuser within 60 days of the abuse history.

Based on the review of five (5) completed sexual abuse investigation during the 180-day corrective action period, that confirmed medical and mental health services were provided to each inmate victim to include the offering of ongoing medical treatment due to the allegation of bodily fluid exchange, GRA does meet all provisions of the standard to include provisions (a) (b) (c) (g) (h).

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. IDOC 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 2. IDOC Sexual Abuse and Harassment Prevention and Intervention Program Manual 3. Interviews: <ol style="list-style-type: none"> a. GRA PREA Compliance Manager/Incident Review Team Member a. Internal Affairs Investigator b. GRA Warden <p>115.86 (a) (b) (c) (d) (e) The above IDOC policies outlines and identifies the requirements and procedures for the completion of an incident review at the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. The review shall ordinarily occur within 30-days of the conclusion of the investigation. Policy identifies staff to serve on the review team as the Assistant Chief Administrative Officer, Shift Commander or Lieutenant, a representation from Internal Affairs, the facility PREA Compliance Manager, a representative from medical and mental health. The facility PREA Compliance Manager shall document review in the report including recommendations for improvements. The report shall be submitted to the Chief Administrator Officer who shall ensure implementation of the recommendations or document the reason for not following them. Upon the review of the four (4) unsubstantiated sexual abuse investigative casefiles, interviews with the GRA PREA Compliance Manager and Internal Affairs Investigator, it was confirmed the facility failed to conduct incident reviews for each of the four (4) administrative unsubstantiated sexual abuse investigations. There were no substantiated sexual abuse investigative findings and no sexual abuse investigations that identified criminal charges. Interviews with the GRA PREA Compliance Manager confirmed she was not aware of her assignment as the facility PREA Compliance Manager to ensure the incident reviews were conducted within 30-days of the completed investigation. The Warden was serving as an Acting Warden for two weeks prior to the site visit and was unaware that the incidents had not been completed prior to the site visit and interviews with other staff by the PREA auditing team. It was concluded that the facility failed to hold incident review meetings, failed to identify staff outlined within the agency's policies to serve as members of the incident review period, and failed to conduct incident reviews for the four (4) administrative unsubstantiated sexual abuse investigative cases.</p> <p>Therefore, the facility did not utilize a review team in a manner as outlined in the</p>

agency policies and standard provisions to include: 1) Determining whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2) Determining 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; 3) Examining the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; 4) Assessing the adequacy of staffing levels in that area during different shifts; 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. 6) Preparing a report of its findings, including but not necessarily limited to determinations made pursuant to §115.86(d)(1) - (d)(5), and making any recommendations for improvement and submit such report to the facility head and PREA Compliance Manager.

Based on the review of agency policies that outlines the requirements for the completion of an incident review within 30-days after the completion of all substantiated, and unsubstantiated sexual abuse investigative findings, interviews with staff who acknowledged an incident review team that not been established and an incident review was not conducted for the four (4) unsubstantiated sexual abuse investigative findings, an incident review team was not established to review the area, circumstances of the reported allegation, adequacy of staffing level during different shifts, physical barriers, motivation for the sexual assault, a need for change to policy or practices, it is determined that GRA has failed to meet all provisions of the standard (a) (b) (c) (d) (e). The facility was placed on in a corrective action period of 180-days.

Corrective Action Plan: The IDOC PREA Coordinator presented a revised IDOC Sexual Abuse Incident Review form that was distributed to the GRA Warden, Associate Warden and PREA Compliance Manager and Backup PREA Compliance Manager. At the completion of each sexual abuse investigation during the 180-day corrective action period, the facility will submit the completed investigation, and incident review documentation within 35 days of the completed investigation.

Corrective Action Applied:

The facility identified staff to serve on the committee as the Incident Review Team. The team consists of a medical supervisor, mental health supervisor/GRA PREA Coordinator, Associate Warden, investigate staff, and line staff supervisors.

Five allegations of sexual abuse were reported during the 180-day corrective action period. Each of the sexual abuse investigations was determined as unsubstantiated and an incident review was completed for each. The incident reviews were completed well within 30 days of the completed investigations. The incident review team conducted an assessment of the reported allegations that included the review of adequate staffing levels, possible physical barriers, monitoring technology motivation of the abuse and any need to change policy or procedures to better prevent, detect, or respond to sexual abuse. There were no recommendations made. The Warden signed as the approval official of the completed incident review.

The Illinois Department of Corrections (IDOC) has implemented procedures to ensure PREA compliance that includes internal and external processes monitoring through auditing to test compliance. The Department will ensure PREA compliance by conducting audits, in addition to the triennial DOJ-audits, using the following: Internal controls such as facility reviews will be conducted annually. The Graham Correctional Center will perform a facility review (audit) on the requirements of 04.01.301, the PREA Administrative Directive. Additional external controls have been developed and an external audit will be conducted by the Office of Administrative Directive Standards (OADS) The external audit will be conducted annually. The annual external audit will be conducted by the Department's OADS Unit. PREA was added as a mandatory audit to ensure continued compliance. An external audit will be conducted by the Central Management Services (CMS). The CMS is a separate State agency outside the umbrella of the Illinois Department of Corrections and has been requested to perform audits for PREA at select facilities to include GRA. This external audit will ensure a completely impartial and unbiased examination of Graham's PREA processes to ensure continued compliance.

Based on the assignment of the required staff to serve as members of the incident review committee, the completion of incident reviews for the five Unsubstantiated sexual abuse investigations that addresses each elements during the review within the standard provisions, and the establishment of both internal and external monitoring and auditing for compliance of each PREA standard, GRA has demonstrated compliance in meeting all provisions of the standard to include (a) (b) (c) (d) (e).

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire (PAQ) 2. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention program Manual 3. AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 4. DOC 0507 PREA Checklist 5. DOC 0508 PREA After-Action Checklist 6. PREA Annual Report (2015 - 2020) 7. SSV2 (2015-2020) 8. Interviews: <p>115.87 (a-f) AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; PREA FY 2020 Annual Compliance Report; and the PREA After-Action Checklist address the mandates of this standard. A review of documentation supports the finding that the IDOC has collected accurate, uniform data for every allegation of sexual abuse at facilities under its direct control (including two contract facilities), using a standardized instrument and set of definitions. The incident-based data collected includes information required to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency data has been aggregated at least annually for the last two years. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30. The facility provides the required data for the preparation of the report. A review of documentation and staff interviews confirmed compliance to this standard. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The Agency aggregates and reviews all data annually. Upon request, the Agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30 of each year. Compliance with this standard was also determined by a review of policy/ documentation and an interview with the agency PREA coordinator and review of the 2020 annual report.</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Graham Correctional Center (GRA) Completed Pre-audit Questionnaire (PAQ) 2. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention program Manual 3. IDOC #04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 4. PREA Annual Reports (2017-2020) 5. IDOC Website PREA Information 6. Interviews: <ol style="list-style-type: none"> a. Agency Head b. PREA Coordinator c. PREA Compliance Manager <p>115.88 (a) (b) (c) (d) AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program address the mandates of this standard. The agency and facility review and assess all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection, and response policies, to identify any trends, issues, or problematic areas and to take corrective action if needed. The PREA Compliance Manager forwards data to the agency PREA Coordinator. A review of Graham Correctional Center report for 2019 included all allegations of sexual abuse or sexual harassment and the findings of each allegation investigations. The Annual Report was reviewed by the auditor. Any corrective action is provided on the annual report. The 2020 annual report corrective action had no recommendations. Compliance with this standard was determined by a review of policy/documentation and interviews with IDOC PREA coordinator.</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. IDOC PREA Sexual Abuse and Harassment Prevention and Intervention program Manual 2. AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Interviews: <ol style="list-style-type: none"> a. PREA Coordinator <p>115.89 (a) (b) (c) (d) AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program addresses the requirements of this standard. The data is retained in a secure filing system. The final report does not contain any personal identifiers and policy requires that the statistical data be retained for a period of no less than 10 years, unless federal, state, or local law requires otherwise. The agency makes the information available on the IDOC website. The reports cover all data required in the elements of this standard. Staff interviews and a review of documentation confirmed compliance with this standard. The required reports cover all data required in this standard and are retained in a file. The PREA coordinator interviewed provided that the agency is in the process of soliciting a data base program to provide many aspects of the PREA standards mandates including a better way of retaining confidential information. Compliance with this standard was determined by a review of policy/documentation, view of a locked file cabinet behind a locked door and interview warden.</p>

115.401	Frequency and scope of audits
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1484 627">115.401 (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) This is the third year of the third audit cycle for the IDOC and Graham Correctional Center. A review of the IDOC website confirmed the posting of the IDOC PREA Audit completed on November 14, 2018. The agency ensures that a third of each of its facilities are audited every year. The review of the IDOC agency website at https://www2.illinois.gov/idoc/Pages/Welcome.aspx confirmed correctional facilities under its management were posted each year of cycle one, cycle two and cycle three.</p> <p data-bbox="280 667 1465 954">The auditor received confirmation of the PREA Audit Notice Posting on May 19, 2022. The notice was posted six weeks prior to the first day of the site visit, July 18 - 20, 2022. The PREA Audit Notice was identified as posted on the inmate housing unit bulletin boards, and inmate visitation. However, it was not posted in areas that were fully accessible for viewing by staff, visitors and the inmate population. The documentation located on the bulletin boards was overwhelmed by an excessive number of additional papers.</p> <p data-bbox="280 994 1465 1146">The auditing team did not receive any confidential mail from GRFC staff and/or the inmate population. No offenders and/or staff requested to speak with the auditing team during the site visit. All inmates selected by the auditing team during the site visit cooperated with the interview without hesitation.</p> <p data-bbox="280 1187 1484 1429">The auditing team was provided full access to all buildings and areas during the tour and throughout the site visit. Areas observed during the site visit included but was not limited to the following: housing units, food service, medical, mental health, administrative offices, inmate program areas, inmate restricted housing units, reception and classification, maintenance, warehouse, mailroom, religious services, industry, visitation area, and recreation.</p> <p data-bbox="280 1469 1465 2092">The OAS was used to complete the audit process with a review period of June 1, 2021 - May 31, 2022. The auditing team began identifying requested rosters and documentation via email on May 18, 2022, which was followed by numerous additional requests throughout the pre-audit phase and on-site visit via email, telephone calls and during the site visit. However, a vast majority of the requested information and documentation was not submitted for review. Therefore, the auditing team did not receive all requested copies to include electronically stored relevant documents for review in a determination of compliance for numerous standards. The following requested information and/or documentation was not presented for the selection of individual files and/or review for background checks: listing of new hires, listing of staff promotions; PREA acknowledgement forms new hires and promoted staff referencing standard 115.17; list of volunteers; mental health referrals, training verification rosters for staff annual cycle training that verifies the PREA training; volunteer orientation; specialized training for state medical and mental health staff; and we did not receive all of the requested inmate</p>

orientation forms for review. These standards and others were identified as "Does Not Meet" per each standard within the interim report and identified for a 180-day corrective action period.

The lead and secondary PREA auditor were provided office space to conduct all inmate and staff interviews in a private setting. Interviews were conducted with random and specialized staff in addition to random and target group inmates. The inmate's count on the first day of the site visit was 1399. Twenty-two inmates were randomly selected for interviews in addition to 21 targeted group inmates.

The PREA Notice was identified as posted on May 19, 2022. An address allowing inmates a confidential method to report and/or request an interview with the auditing team was included in the notice. Interviews with the mail room staff and inmates regarding mail addressed to the PREA Auditor would not have been identified as "Privileged Mail." This information was shared with the Agency PREA Coordinator, GRA PREA Compliance Manager and GRA Warden. The GRA mailroom staff was immediately notified by the Agency PREA Coordinator that the inmate's to include outgoing and incoming correspondence with the JHA is required to be treated as "Privileged Mail" per the Department Rule 525 in addition to mail addressed to the designated PREA Auditor during the audit cycle. A corrective measure was initiated during the site visit by the Agency PREA Coordinator during site visit: Specifically, additional training will be given to all the mailroom staff and those staff who assist the mailroom that included their requirement to "Read and Sign" a training memorandum detailing their understanding in properly identifying "Privileged Mail" and the handling of such mail in accordance with agency policy and the MOU between IDOC and JHA.

The facility did not submit the requested documentation for review as requested by the auditing team and the inmate population was not allowed to forward confidential information to the auditing team prior to the site visit, GRA does not meet provisions (i) (n). However, GRA does meet provisions (a) (b) (c) (d) (e) (f) (g) (h) (j) (k) (l) (m).

All requested documentation by the auditing team was submitted during the corrective action period in accordance with the standard provision, (i). Additionally, the auditor's PREA notice with contact information remained posted for an additional two weeks after the site visit to allow inmates to address letters expressing any concerns. Therefore, GRA meets all provisions of the standard.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401 (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) This is the third year of the third audit cycle for the IDOC and Graham Correctional Center. A review of the IDOC website confirmed the posting of the IDOC PREA Audit completed on November 14, 2018. The agency ensures that a third of each of its facilities are audited every year. The review of the IDOC agency website at https://www2.illinois.gov/idoc/Pages/Welcome.aspx confirmed correctional facilities under its management were posted each year of cycle one, cycle two and cycle three.</p> <p>The auditor received confirmation of the PREA Audit Notice Posting on May 19, 2022. The notice was posted six weeks prior to the first day of the site visit, July 18 - 20, 2022. The PREA Audit Notice was identified as posted on the inmate housing unit bulletin boards, and inmate visitation. However, it was not posted in areas that were fully accessible for viewing by staff, visitors and the inmate population. The documentation located on the bulletin boards was overwhelmed by an excessive number of additional papers.</p> <p>The auditing team did not receive any confidential mail from GRFC staff and/or the inmate population. No offenders and/or staff requested to speak with the auditing team during the site visit. All inmates selected by the auditing team during the site visit cooperated with the interview without hesitation.</p> <p>The auditing team was provided full access to all buildings and areas during the tour and throughout the site visit. Areas observed during the site visit included but was not limited to the following: housing units, food service, medical, mental health, administrative offices, inmate program areas, inmate restricted housing units, reception and classification, maintenance, warehouse, mailroom, religious services, industry, visitation area, and recreation.</p> <p>The OAS was used to complete the audit process with a review period of June 1, 2021 - May 31, 2022. The auditing team began identifying requested rosters and documentation via email on May 18, 2022, which was followed by numerous additional requests throughout the pre-audit phase and on-site visit via email, telephone calls and during the site visit. However, a vast majority of the requested information and documentation was not submitted for review. Therefore, the auditing team did not receive all requested copies to include electronically stored relevant documents for review in a determination of compliance for numerous standards. The following requested information and/or documentation was not presented for the selection of individual files and/or review for background checks: listing of new hires, listing of staff promotions; PREA acknowledgement forms new hires and promoted staff referencing standard 115.17; list of volunteers; mental health referrals, training verification rosters for staff annual cycle training that verifies the PREA training; volunteer orientation; specialized training for state medical and mental health staff; and we did not receive all of the requested inmate</p>

orientation forms for review. These standards and others were identified as "Does Not Meet" per each standard within the interim report and identified for a 180-day corrective action period.

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The facility did not submit the requested documentation for review as requested by the auditing team and the inmate population was not allowed to forward confidential information to the auditing team prior to the site visit, GRA does not meet provisions (i) (n). However, GRA does meet provisions (a) (b) (c) (d) (e) (f) (g) (h) (j) (k) (l) (m).

All requested documentation by the auditing team was submitted during the corrective action period in accordance with the standard provision, (i). Additionally, the auditor's PREA notice with contact information remained posted for an additional two weeks after the site visit to allow inmates to address letters expressing any concerns. Therefore, GRA meets all provisions of the standard.

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

115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure 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.)	yes

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need	yes

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

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

115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	no
	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?	no
	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?	no
	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?	no
	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?	no
	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.)	no
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	no
	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?	no
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	no

	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?	no
	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?	no
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (b) Evidence protocol and forensic medical examinations		
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c) Evidence protocol and forensic medical examinations		
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d) Evidence protocol and forensic medical examinations		
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	no
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.33 (a) Inmate education		
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	no
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	no
115.33 (b) Inmate education		
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	no
	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?	no
	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?	no
115.33 (c) Inmate education		
	Have all inmates received the comprehensive education referenced in 115.33(b)?	no
	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?	no
115.33 (d) Inmate education		
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	no
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	no
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	no
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	no
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	no

115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	no
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	no
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

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

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

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	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) Whether the inmate is detained solely for civil immigration purposes?	yes

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

115.42 (a) Use of screening information		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	no
	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?	no
	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?	no
	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?	no
	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?	no
115.42 (b) Use of screening information		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	no
115.42 (c) Use of screening information		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

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

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

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

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes

115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

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

115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	no
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	no
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na

115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes

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

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

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

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

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

115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

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

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