

PREA Facility Audit Report: Final

Name of Facility: Big Muddy River Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 04/21/2022

Date Final Report Submitted: 09/02/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 09/02/2022

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	03/17/2022
End Date of On-Site Audit:	03/18/2022

FACILITY INFORMATION	
Facility name:	Big Muddy River Correctional Center
Facility physical address:	251 N. Illinois Hwy. 37 , Ina, Illinois - 62846
Facility mailing address:	

Primary Contact	
Name:	Ryan Nottingham
Email Address:	ryan.nottingham@illinois.gov
Telephone Number:	2175582200

Warden/Jail Administrator/Sheriff/Director	
Name:	Richard Morgenthaler
Email Address:	richard.morgenthaler@illinois.gov
Telephone Number:	6184375300

Facility PREA Compliance Manager	
Name:	Robert Mooney
Email Address:	robert.e.mooney@illinois.gov
Telephone Number:	O: (618) 437-5300

Facility Health Service Administrator On-site	
Name:	Debbie Isaacs
Email Address:	debbie.isaacs@illinois
Telephone Number:	6184375300

Facility Characteristics	
Designed facility capacity:	1962
Current population of facility:	1328
Average daily population for the past 12 months:	1067
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:	18-86
Facility security levels/inmate custody levels:	Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	321
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	63
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	36

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:	2022-03-17
2. End date of the onsite portion of the audit:	2022-03-18

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:	Sexual Assault & Family Emergencies and Just Detention International.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1962
15. Average daily population for the past 12 months:	1067
16. Number of inmate/resident/detainee housing units:	18
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:	1310
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:	66
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:	20
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:	4

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:	141
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:	4
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:	97
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:	9
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:	6
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:	179
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:	0
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):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
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:	321
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:	0
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:	63
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:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	21
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>At least one inmate* was selected from each of the housing units, with the exception of the two units that were under quarantine due to COVID-19 (3A and 3B) and the infirmary. Three inmates were selected from housing unit 1A; five were from 1B; three were from 1C; two were from 1D; one was from 2A; two were from 2B; three were from 2C; two were from 2D; one was from 3C; two were from 3D; five were from 4A; three were from 4B; three were from 4C; three were from 4D; one was from restrictive housing and one was from the receiving unit.</p> <p>*It should be noted that inmate, offender, incarcerated individual and individual in custody are used interchangeably within this document.</p>
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	21
<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>	

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:	2
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:	2
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:	1
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:	4
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:	4
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:	6
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:	2
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:	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>The auditor confirmed that there were no inmates in segregated housing for high risk of victimization and reported sexual abuse through a review of the high risk list and the housing assignments for inmate victims.</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>13</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 checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>The facility demographics related to staff were not very diverse and as such the auditor selected staff that was representative of the current staffing population. Random staff and intermediate supervisors were interviewed from all three shifts. Six staff were interviewed from the 7am-3pm shift; six were interviewed from the 3pm-11pm shift and four were interviewed from the 11pm-7am shift.</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>

Specialized Staff, Volunteers, and Contractor Interviews

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

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	24
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>2</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input checked="" type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>There were zero volunteers due to COVID-19.</p>

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.

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

<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<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>The on-site portion of the audit was conducted on March 17, 2022 and March 18, 2022. The auditor had an initial briefing with the leadership staff to discuss audit logistics. After the initial briefing, the auditor selected inmates and staff for interview as well as documents to review. The auditor conducted a tour of the facility on March 17, 2022. The tour included housing units, clothing storage,</p>
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the warehouse, intake, visitation, religious services, education, vocation, food service, health services, recreation, commissary and laundry. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the specific standard findings. The auditor reviewed the cameras during the tour and verified that cameras were located in common areas of the housing units and did not violate any privacy concerns. Additionally, during the tour the auditor heard the opposite gender announcement when entering the housing units. However, the announcement was inconsistent and was not done upon entry into each unit. The auditor observed the reporting posters in each housing unit and in common areas. The posters had reporting information and advocacy information and were posted at an adequate sight level. The posters had adequate size font, but were only available in English. The auditor observed the audit announcement posted in each housing unit and in common areas. The audit announcement was posted on bright yellow paper. The line of sight was adequate, however the font was on the small side.

Interviews were conducted on March 17, 2022 and March 18, 2022. 7am-3pm and 3pm-11pm shift staff were interviewed on March 17, 2022 and March 18, 2022, while the 11pm-7am shift staff were interviewed on March 18, 2022. Specialized staff interviews were conducted remotely prior to and after the on-site portion of the audit. Inmate interviews were completed on March 17, 2022 and March 18, 2022. All interviews were conducted in a private office setting.

The auditor previously tested the outside reporting entity during the on-site portion of another IDOC audit. A letter was mailed to the John Howard Association on December 6, 2021 and the auditor received confirmation, including a copy of the letter that was sent, from the PREA Coordinator on December 10, 2021. The auditor verified that the mail process is the same at Big Muddy as the facility where the test letter was sent. Inmates are able to mail letters to John Howard Association through the U.S. mail. Inmates can drop the letters in the locked boxes for mail that are located inside each housing unit and around the facility. The letters are not monitored/inspected. The auditor tested the internal reporting hotline on March 17, 2022. The PC provided confirmation that the call was received and forwarded to him on the same date the call was placed. The auditor attempted to test the victim advocacy hotline, however the hotline required an inmate pin number and the auditor was advised the inmate would be charged for the call. The auditor did not want to have an inmate place the call and get charged, therefore the inmate phone lines were not tested. It should be noted that if inmates want to make a free confidential call to the victim advocacy number they can contact any staff member who can assist them with placing the call on an outside office line. The staff member will step outside the office and allow the inmate to make the call confidentially. Inmates are also able to send confidential correspondence to the local rape crisis center. Mail sent to the rape crisis center is not monitored/opened.

Documentation Sampling

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

<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>During the audit the auditor requested personnel and training files of staff, volunteers and contractors, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:</p> <p>Personnel and Training Files. The facility has 321 staff assigned. The auditor reviewed a random sample of 27 personnel and training records that included six individuals hired within the previous twelve months and three staff who were promoted over the previous six months. The sample included a variety of job functions and post assignments. Most of the files that were reviewed were the staff the auditor selected for interview. Additionally, personnel and training files for eight contractors and six medical and mental health care staff were reviewed.</p> <p>Inmate Files. A total of 42 inmate files were reviewed although some files were only reviewed for a specific area the auditor was reviewing. Fifteen inmate files were of those that arrived within the previous twelve months, eight were disabled inmates, two were LEP inmates, five were transgender inmates and ten were inmates who reported prior victimization during the risk screening or were identified with prior sexual abusiveness during the risk screening. Most inmate files reviewed were of those selected for random and targeted interviews.</p> <p>Medical and Mental Health Records. During the previous year, there were fifteen allegations reported, thirteen which were sexual abuse or sexual harassment. The auditor reviewed the medical and mental health records for all thirteen inmate victims as well as mental health documents for ten inmates who disclosed victimization during the risk screening or were identified with prior sexual abusiveness during the risk screening.</p> <p>Grievances. In the past year, the facility reported they had zero grievances of sexual abuse. A review of the grievance log confirmed there were zero sexual abuse grievances, however there were four grievances related to sexual harassment. The auditor reviewed the sexual harassment grievances as well as a sample of additional grievances.</p> <p>Hotline Calls. The facility did not indicate the number of hotline calls. Documentation indicated that three of the fifteen allegations made were reported via the hotline. The auditor tested the hotline while on-site to confirm functionality. The PC provided the auditor with confirmation that the call was received and forwarded to his office on the same day the call was made.</p> <p>Incident Reports. The auditor reviewed the incident report log for the previous twelve months, incident reports associated with the thirteen sexual abuse or sexual harassment allegations, the additional two incident reports of the allegations reported that did not rise to the level of sexual abuse or sexual harassment and a sample of 24 additional incident reports.</p>

Investigation Files. During the previous twelve months, there were fifteen allegations reported at the facility. Two of the fifteen did not rise to the level of sexual abuse or sexual harassment and as such there was a total of thirteen reported sexual abuse or sexual harassment allegations. The auditor reviewed all fifteen investigative reports (to include the two that did not rise to the level of sexual abuse or sexual harassment) to ensure all components were included from the investigating authority. In the previous twelve months there were two criminal investigations, both of which were still open. One was forwarded to the State Police via the facility and one was initiated by the State Police after information from interviews related to the referred investigation. Neither were referred for prosecution at the time of the on-site portion of the audit as both were still active investigations.

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	4	0	4	0
Staff-on-inmate sexual abuse	4	2	2	0
Total	8	2	6	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	1	0	1	0
Staff-on-inmate sexual harassment	4	0	4	0
Total	5	0	5	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	2	0	0	0	0
Total	2	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	1	0	3	0
Staff-on-inmate sexual abuse	0	0	2	0
Total	1	0	5	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	1	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	2	0	3	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	8
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	4
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	4
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	5

<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>1</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

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
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<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>All investigations over the previous twelve months were reviewed. The criminal investigations were still active and as such limited information was available for review. The auditor reviewed as much information as possible for those two investigations. There were zero criminal sexual harassment investigations completed.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>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.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>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.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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<p>Identify the name of the third-party auditing entity</p>	<p>CMG</p>
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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.

115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive (AD) 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Big Muddy River Correctional Center Institutional Directive (ID) 04.01.301 Sexual Abuse and Harassment Prevention and Intervention
4. Administrative Directive 01.02.103 Duty Administrative Officer, Back-up Duty Administrative Officer and Required Inspection Tours
5. Administrative Directive 04.03.104 Evaluation, Treatment and Correctional Management of Transgender Offenders
6. Administrative Directive 05.01.113 Searches of Offenders
7. Administrative Directive 04.01.105 Facility Orientation
8. Administrative Directive 04.01.111 ADA Accommodations
9. Administrative Directive 05.07.101 Reception and Classification Process
10. Administrative Directive 01.12.120 Investigations of Unusual Incidents
11. Administrative Directive 01.12.112 Preservation of Physical Evidence
12. Administrative Directive 01.12.101 Employee Criminal Misconduct
13. Administrative Directive 01.12.125 Uniform Investigative Reporting System
14. Administrative Directive 01.12.115 Institutional Investigative Assignment
15. Administrative Directives 01.01.101 Administrative Directives
16. Administrative Directive 01.02.101 Staff Meeting
17. Administrative Directive 04.01.122 Volunteer Services
18. Administrative Directive 03.03.102 Employee Training
19. Administrative Directive 05.15.100 Restrictive Housing
20. Administrative Directive 04.01.114 Local Offender Grievance Procedures
21. Administrative Directive 03.01.120 Employee Review Hearing
22. Standard Operating Procedural (SOP) Manual for Mental Health
23. Illinois Administrative Code 20.504
24. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)
25. Agency Organizational Chart
26. Facility Organizational Chart

Interviews:

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

Findings (By Provision):

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

115.11 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. AD 04.01.301, page 3 states that the Director shall designate an Agency PREA Coordinator who shall develop, implement and oversee the Department's Sexual Abuse and Harassment Prevention and Intervention Program. The agency's organizational chart reflects that the PC position is an upper-level, agency-wide position. The position is the Public Service Administrator who reports to the Chief Compliance Officer who reports to the Director. The interview with the PC indicated that he has enough time to manage all of his PREA related responsibilities. He stated that there are 31 facility PREA Compliance Managers and that he communicates with them via SharePoint, email, telephone and site visits. He stated that all IDOC facilities are aware of the open line of communication.

115.11 (c): The PAQ indicated the position of the PCM at the facility is Sex Offender Therapist and the position reports to the Warden. The PAQ indicated that the PCM has sufficient authority and time to coordinate the facility's PREA efforts. The facility's organizational chart indicates that the Sex Offender Therapist reports to the Assistant Warden of Programs who reports to the Warden. AD 04.01.301, page 4 states that the Chief Administrative Officer of each correctional facility shall designate a facility PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with PREA standards and who is trained in sexual abuse crisis issues and has the knowledge, skills and abilities for program implementation and evaluation. The interview with the PREA Compliance Manager indicated she felt she had enough time to manage all of her PREA related responsibilities She stated she consults and coordinates with Internal Affairs, Security Administration, Shift Commanders, medical and mental health care staff to ensure the facility is complying with PREA standards. The PCM further stated that if an issue is identified she would review the appropriate PREA standard to ensure understanding and then she would contact her supervisor to ensure implementation of any corrective action.

Based on a review of the PAQ, AD 04.01.301, ID 04.01.301, 01.02.103, 04.03.104, 05.01.113, 04.01.105, 04.01.111, 05.07.101, 01.12.120, 01.12.112, 01.12.101, 01.12.115, 01.01.101, 01.02.101, 04.01.122, 03.03.102, 05.15.100, 04.01.114, 03.01.120, SOP Manual for Mental Health, Illinois Administrative Code 20.504, the PREA Manual, the agency organizational chart, the facility organizational chart and information from interviews with the PC and PCM, this standard appears to be compliant.

115.12	Contracting with other entities for the confinement of inmates
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 365 300">Documents:</p> <ol data-bbox="242 327 651 412" style="list-style-type: none"> <li data-bbox="242 327 528 356">1. Pre-Audit Questionnaire <li data-bbox="242 383 651 412">2. Contract for Confinement of Inmates <p data-bbox="242 501 352 530">Interviews:</p> <ol data-bbox="242 557 791 586" style="list-style-type: none"> <li data-bbox="242 557 791 586">1. Interview with the Agency's Contract Administrator <p data-bbox="242 674 483 703">Findings (By Provision):</p> <p data-bbox="242 786 1484 981">115.12 (a): The PAQ indicated that the agency has entered into or renewed two contracts for the confinement of inmates since the last PREA audit. A review of the two contracts confirmed that language is included in each contract that states that the "vendor shall comply with all applicable fiscal, operational and program policies of the IDOC contained in Administrative Directives, Administrative Rules and applicable memoranda. IDOC shall provide at least one complete set to the Center". It also states that the "vendor shall grant open access, at all times, to the IDOC for inspection, audits, routine IDOC business and any other purposes relating to this program as determined by the IDOC".</p> <p data-bbox="242 1068 1493 1263">115.12 (b): The PAQ indicated that the two contracts require the agency to monitor the contractor's compliance with PREA standards. The interview with the Agency Contract Administrator indicated that individual correctional facilities do not contract for confinement services on their own. The IDOC does contract with Safer Foundations for the confinement of offenders in a Community Confinement setting. The two facilities are stand-alone facilities and both facilities undergo their own PREA audit every three years just like the facilities operated by the State. The Agency Contract Administrator confirmed that both contracts require full compliance with the PREA standards and both PREA audit reports are available on the IDOC website.</p> <p data-bbox="242 1350 1420 1411">Based on the review of the PAQ, the language within the contracts and information from the interview with the Agency Contract Administrator, this standard appears to be compliant.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

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

Documents Received During the Interim Report

1. Photos of Reflective Mirrors

Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.13 (a): The PAQ indicated that the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. 04.01.301 pages 4-5 address the agency's staffing plan development. Specifically, it states that the Chief Administrative Officer of each correctional facility shall ensure the facility develops, documents and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse and sexual harassment. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: generally accepted correctional practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant including blind-spots or areas where staff or offenders may be isolated, the composition of the offender population, the number and placement of supervisory staff, institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated that the staffing plan is based on 1962 inmates. Further communication with the PC indicated that staffing levels are calculated based on actual population. He stated that while the staffing plan is reviewed and approved on

an annual basis, staffing levels remain fluid. Rather than basing the analysis on a static figure (capacity or ADP), manpower requirements are based on current population periodically throughout the year. Overtime utilization, vacancies, utilization of benefit time, employee grievances, etc. are consistently reviewed to determine changes in staffing level or an increase or decrease in the number of posts. In addition to daily rosters being reviewed at the facility level, manpower requirements are consistently monitored and adjusted, when appropriate, on a Statewide level by our Operations Division (Roster Review Teams, Security Review Teams, etc.). The facility employs 321 staff. Security staff mainly make up three shifts; 7:00am-3:00pm, 3:00pm-11:00pm and 11:00pm-7:00am. Each shift has a Shift Commander as well as zone supervisors (Lieutenants), Sergeants and Correctional Officers. Supervisors and Officers are assigned to housing units as well as other areas including; tower, perimeter, recreation, food service, education, visitation, intake and control center. Additionally, medical and mental health care staff and administrative staff have their own varied scheduled work hours. During the tour the auditor observed security staff in each housing unit as well as in work, program and common areas. There were cameras located in the common area of the housing units and a few mirrors were located in common areas. The auditor observed that the mirror in commissary needed reposition to cover the blind spots and there were a few areas that would benefit from mirrors. The auditor observed that the laundry areas in the housing units as well as the dry storage area in food service would benefit from reflective mirrors. Additionally, the auditor recommended that cameras be installed in the back stairwells of the housing units, in the sally port area of the officer's station and in the back stairwell of education. The interview with the Warden confirmed that the facility has a staffing plan that includes adequate levels to protect inmates from sexual abuse and that the plan incorporates video monitoring technology. The Warden stated that the staffing plan is in accordance with 05.01.110, Roster Management and that the plan provides proper utilization of security staff to ensure the safety of staff, individuals in custody and visitors. He stated the staffing plan is documented and it is maintained in Operations. The Warden confirmed that the IDOC continually monitors updates from the National Institute of Corrections, American Correctional Association and the Association of State Correctional Administrators. He stated there was litigation related to *Rasho v. Baldwin* that increased staffing related to individual with mental health. The Warden stated that that additional security rounds are made in areas that have limited staffing or are identified as necessary, such as the green house. He stated that security rounds are conducted every fifteen to 30 minutes and that staff are assigned to areas such as vocation, the warehouse, etc. to make rounds. The Warden stated they are a medium security facility and as such staffing is based on those levels. He stated the number of supervisory staff is correlated with the total number of individuals in custody. The Warden further stated that at times of increased movement, including programming, there are additional staff available. The Warden indicated there have been minimal substantiated or unsubstantiated sexual abuse allegations but if there were it would be considered in the plan. The Warden stated that they check for compliance with the staffing plan through a review of the daily roster. The PCM indicated the same information as the Warden related to generally accepted detention practices and the *Rasho v. Baldwin* litigation. She stated that there has not been any other findings of inadequacies related to staffing. The PCM stated the facility is medium security facility and also has Sexually Dangerous Persons (SDP) and is staffed based on those characteristics. She stated supervisory staff are directly correlated with the number of individuals in custody and the amount of movement. She further indicated that programming occurs at specific times, mostly from 7am-4:30pm, when more staff are present. During the interim report period the facility provided the auditor with photos of the repositioning of the mirror in commissary as well as the installation of a mirror in the dry storage area of food service.

115.13 (b): The PAQ indicated that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PAQ further indicated that there have been no deviation because mandatory posts are always filled through voluntary and mandatory overtime. 04.01.301, page 5 states that if circumstances arise where the staffing plan is not complied with, the facility shall document and justify all deviation from the plan on the Daily Roster review, DOC 0531, in accordance with 05.01.101. The interview with the Warden confirmed that any deviations from the staffing plan would be documented on the daily roster. A review of ten daily rosters confirmed that deviations are documented through the number of staff in each category (i.e. call ins, training, military, etc.) as well the posts that are closed due to the deviations.

115.13 (c): The PAQ indicated that at least once a year the facility in collaboration with the PC, reviews the staffing plan to see where adjustments are needed. 04.01.301, page 5 states that whenever necessary, but no less frequent than once per year, the facility, in consultation with the Agency PREA Coordinator, shall assess, determine and document whether adjustments are needed to the staffing plan established herein, the facility's deployment of video monitoring systems and other monitoring technologies, and the resources the facility has available to ensure adherence to staffing plan. The staffing plan was most recently reviewed on July 8, 2021. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The staffing plan review included documentation on the facility staffing allocations, cameras and all the required components under provision (a) of this standard, including physical plant, finding of inadequacy, composition of inmate population, programs occurring on each shift, incidents of sexual abuse and other relevant factors. The PC confirmed that he is consulted regarding each facility's staffing plan. He stated that staffing assessments are reviewed on an agency level every two weeks. The review is in collaboration with the Chief of Staff, Operations Division and Chief Financial Officer. He stated that this information is strategically evaluated to ensure proper

staffing levels are managed.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. 01.02.103, page 3 states that the Back-up Duty Administrative Officer (BUDAO) or Duty Administrative Officer (DAO) shall at least every two days, excluding weekends and holidays, inspect activity areas of the facility, housing units, including restrictive housing, kitchens and dining rooms, health care units, recreation areas and educational, vocational, maintenance and industry buildings. Page 4 states that the BUDAO shall conduct unscheduled inspections of random areas within the facility for all major holidays, during back shift, each weekend and at satellite facilities. The policy states that the unscheduled inspection of random areas within the facility on the DOC 0481. The policy further states that staff shall be prohibited from alerting other staff member that supervisory rounds are occurring unless such announcement is related to the legitimate operational function of the facility. During the on-site portion of the audit, the auditor requested documentation from five specific days over the previous twelve months to determine if unannounced rounds were being made. A review of the documentation confirmed that zone Lieutenants and/or the Shift Supervisor made rounds in each of the housing units on each shift, with the exception of one day, the 3pm-11pm shift was missed in one housing unit. Additionally, informal conversation with staff confirmed that they see the supervisor at least once a shift. The interviews with the intermediate-level or higher-level staff confirm that they make unannounced rounds and that they document the unannounced rounds. The three staff stated that unannounced rounds are documented in the log books in the housing units. The supervisors indicated they ensure staff don't notify one another of their rounds by not telling them they are coming and by not following a pattern. One supervisor stated that he does different times and different locations and he tries to walk fast. Another stated that he does not tell the staff his schedule, he just leaves his office and tours the units in whatever way he feels that day.

Based on a review of the PAQ, 04.01.301, 01.02.103, the facility staffing plan, the staffing plan review, documentation of unannounced rounds, deviations from the staffing plan, observations made during the tour and interviews with the PC, PCM, Warden and intermediate-level or higher-level staff, this standard appears to be compliant.

115.14	Youthful inmates
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 365 300">Documents:</p> <ol data-bbox="242 327 635 470" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Public Act 99-628 3. Memorandum from Legal Counsel <p data-bbox="242 557 483 586">Findings (By Provision):</p> <p data-bbox="242 672 1489 866">115.14 (a): The PAQ and the memo from Legal Counsel indicated that no youthful inmates are housed at Big Muddy River and as such this standard is not applicable. Public Act 99-628 (effective January 1, 2017) states that all offenders under eighteen years of age when sentenced to imprisonment shall be committed to the Department of Juvenile Justice and the court in its order of commitment shall set a definite term. As of January 1, 2017, newly sentenced seventeen year old offenders are to be admitted into the penitentiary system at an Illinois Department of Juvenile Justice facility and later subject to permanent transfer to IDOC pursuant to 730 ILCS 5/3-10-7€ after attaining the age of eighteen.</p> <p data-bbox="242 952 1489 1146">115.14 (b): The PAQ and the memo from Legal Counsel indicated that no youthful inmates are housed at Big Muddy River and as such this standard is not applicable. Public Act 99-628 (effective January 1, 2017) states that all offenders under eighteen years of age when sentenced to imprisonment shall be committed to the Department of Juvenile Justice and the court in its order of commitment shall set a definite term. As of January 1, 2017, newly sentenced seventeen year old offenders are to be admitted into the penitentiary system at an Illinois Department of Juvenile Justice facility and later subject to permanent transfer to IDOC pursuant to 730 ILCS 5/3-10-7€ after attaining the age of eighteen.</p> <p data-bbox="242 1232 1489 1426">115.14 (c): The PAQ and the memo from Legal Counsel indicated that no youthful inmates are housed at Big Muddy River and as such this standard is not applicable. Public Act 99-628 (effective January 1, 2017) states that all offenders under eighteen years of age when sentenced to imprisonment shall be committed to the Department of Juvenile Justice and the court in its order of commitment shall set a definite term. As of January 1, 2017, newly sentenced seventeen year old offenders are to be admitted into the penitentiary system at an Illinois Department of Juvenile Justice facility and later subject to permanent transfer to IDOC pursuant to 730 ILCS 5/3-10-7€ after attaining the age of eighteen.</p> <p data-bbox="242 1512 1414 1579">Based on a review of the PAQ, the memo from Legal Counsel and Public Act 99-628, this standard appears to be not applicable and as such, compliant.</p>

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

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

Documents Received During the Interim Report

1. Memorandum Related to Training on the Opposite Gender Announcement
2. Photos of Physical Plant Modifications Related to Opposite Gender Viewing

Interviews:

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

Site Review Observations:

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

Findings (By Provision):

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

115.15 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances and the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The PAQ further indicated that there they do not house female inmates and as such this provision does not apply. The Personal Searches Curriculum, page 4 indicates that staff are trained that only female correctional employees, who are properly trained, are authorized to conduct pat down or clothed body searches of female offenders. There were zero female inmates at the facility. Interviews with four transgender indicated that three were never searched by a staff member of the opposite gender. One transgender inmate stated that she was searched

by male staff. A review of documentation indicated that one transgender inmate had just been designated in March 2022 and the facility was still working on accommodations through the appropriate committee. All thirteen staff indicated there is always a female available to conduct searches of transgender inmates.

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

115.15 (d): The PAQ stated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, the PAQ stated that policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. 04.01.301, page 7 indicates that offenders shall be able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except when such viewing is incidental to routine cell checks. Page 7 further notates that staff of the opposite gender, whether assigned to the unit or not, shall make the following verbal announcement upon their arrival in a housing unit "Male/Female in the housing unit". Additionally, Post Description Correctional Officer Housing Unit Wing 1, page 2 states that the assigned correctional officer is responsible for announcing any male staff member upon their entrance to the housing unit in accordance with PREA Standard 115.15 (Limits to Cross Gender Viewing) "Knock and Announce" policy. In addition, a general announcement that male staff will be present should occur at the beginning of each shift and at least once more during the shift. During the tour the auditor heard the opposite gender announcement when entering the housing units, however the announcement was inconsistent and was not done upon entry into each unit. The auditor observed that inmates were provided privacy in general population house units when showering, using the restroom and changing their clothes through curtains and doors with lattice type material. However, the general population housing units had additional toilets outside the cell near the showers and did not afford privacy. The view from the officer's station as well as the view in the housing units did not allow appropriate privacy for opposite gender viewing. The auditor also observed that the strip search areas in segregated housing (hearing room) and intake (hearing room) did not afford appropriate privacy. Additionally, the auditor observed that the restroom on the recreation yard did not afford appropriate privacy as well. All thirteen random staff interviewed stated that inmates have privacy when showering, using the restroom and changing clothes through curtains. 39 of the 42 inmates interviewed indicated they had never been naked in front of a staff member of the opposite gender and have privacy when using the restroom, showering and changing their clothes. The inmates stated that they have privacy through curtains. Ten of the 42 inmates stated that staff of the opposite gender announce when they enter inmate housing units. The inmates stated that there are signs up for opposite gender staff but that they never take them down. Twelve of the thirteen staff stated that opposite gender staff announce their presence when entering an inmate housing unit. Staff stated that there are signs posted in the units and they also have a paging system for inmates who are deaf or hard of hearing. One staff member stated that some staff make the announcement and some don't. During the interim report period the facility provided photos of modifications made related to the opposite gender viewing issues. The facility provided a photo of the restroom on the recreation yard with a privacy barrier across the front, alleviating the opposite gender viewing issue. The facility provided a photo of the mobile wall barrier that was constructed to be placed in front of the strip search area in restrictive housing and intake. Additionally, the facility provided photos of the housing units illustrating that the toilets were removed from the common area. During the interim report period the facility provided a memo from the Warden dated March 17, 2022 advising supervisors to conduct training during roll call on the appropriate procedure for the opposite gender announcement.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status and zero searches of this nature occurred in the past twelve months. 05.01.113, page 2 states that staff shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversation with the offender, reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Interviews with thirteen random staff indicated that eight were aware of an agency policy that prohibits strip searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. Interviews with four transgender inmates confirmed that none believed they were searched for the sole purpose of determining their genital status.

115.15 (f): 05.01.113, page 2 states that the Office of Staff Development and Training shall ensure security staff are trained in conducting searches of offenders in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Page 11 further states that offenders designated as transgender non-conforming shall be designated as such in Offender 360 and provided an offender identification card specifying the gender of staff that will perform strip searches of that offender as determined by the Transgender Administrative Committee in consultation with the offender. If a strip search is to be performed, the transgender or gender non-conforming offender shall be searched by the gender of the staff designated on their offender identification card. 04.03.104, pages 8-9 also outline the same information described in 05.01.113. The Personal Search Curriculum pages 3-4 outline the basic guidelines for conducting searches including being systematic, thorough, objective and consistent. Page 5 states that when conducting searches of a transgender or intersex offender, the searches should be conducted in a professional and respectful manner, consistent with the type of search being conducted, and security needs. Searches should be complete in accordance with applicable Administrative Directives or Institutional Directives based on the gender of the facility, unless otherwise directed by the CAO. The training further states that if an offender has been confirmed and identified in Offender 360 or on their identification badge to be transgender or gender non-conforming, the offender may express preferences to be searched by a male or female staff of their gender identify rather than the gender staff above, that request will be considered and if possible, honored, if staff are available to do so. Staff are also provided training titled Rehabilitation, Safety Management and Care for Transgender People in Correctional Settings. A review of the training confirmed that staff are provided information on definitions and terminology, appropriate language, bias, gender informed professional skills including appropriate language and misgendering, statistics and policy and procedure related to transgender care. Staff are also provided a personal search card that outlines the steps for offender pat-searches and offender strip searches. The PAQ indicated that 100% of staff have received this training. Interviews with random staff indicated that twelve of the thirteen had received training on how to conduct cross-gender pat down searches and searches of a transgender and intersex inmates. A review of eighteen staff training records confirmed that all eighteen had received the Personal Search training during cycle training.

Based on a review of the PAQ, 04.01.301, 04.03.104, 05.01.113 a random sample of staff training records, observations made during the tour to include doors with lattice type material and curtains, the opposite gender announcement, photos received during the interim report period, the training memo from the Warden, as information from interviews with random staff and random inmates indicates this standard appears to require further corrective action. While a training memo from the Warden was provided, the facility did not provide any records confirming that the training was conducted. Additionally, the auditor will need to see additional photos of the toilet removal in the common areas of the housing units to confirm that all toilets were removed.

Corrective Action

The facility will need to provide training records confirming that staff were trained on the opposite gender announcement. Additionally, photos will need to be provided from each of the housing units confirming that the toilets were removed.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Cross Gender Announcement Training Memorandum
2. Photos of Toilet Removal

On May 12, 2022 the facility provided a memorandum outlining that the information contained in the memo should be read for five consecutive days during roll call. The memo outlined the requirement for opposite gender announcements. The memo was dated May 2, 2022. On May 24, 2022 the facility provided four additional photos confirming that the toilets were removed from the common area of the housing units, alleviating any cross-gender viewing issues. Based on the documentation provided, the facility has corrected this standard.

115.16 Inmates with disabilities and inmates who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 04.01.105 Facility Orientation
4. Administrative Directive 04.01.111 ADA Accommodations
5. Administrative Directive 05.07.101 Reception and Classification Process
6. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)
7. Video Remote Interpreting Information
8. Language Interpretation Procedure – Propio Language Services, LLC.
9. Individuals In Custody Handbook (Handbook)
10. PREA Posters
11. Memorandum Related to Updated Policy Language

Interviews:

1. Interview with the Agency Head
2. Interviews with Inmates with Disabilities
3. Interviews with LEP Inmates
4. Interviews with Random Staff

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 04.01.301, pages 7-8 state that the Department shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to offender who have limited reading skills. 04.01.111, pages 3-4 indicate that the CAO shall ensure offenders are provide with information regarding ADA disability accommodations and shall establish procedures for offender access to teletypewriter (TTY) and Video Remote Interpreting (VRS) equipment. The policy also indicates that the CAO shall find alternative notification methods for auditory announcements (tactile paging system). 05.07.101, page 2 states that all videos used during orientation shall include closed captioning subtitles and closed captioning utilizing American Sign Language which has been reviewed for accuracy of the interpretation by the Illinois Deaf and Hard of Hearing Commissioner or a qualified interpreter. The policy further states that the department shall reserve the first row of seats during orientation for offenders who are disabled. A review of PREA Posters, Handbook and distributed information confirmed that information can be provided in large font and bright colors and can be read to inmates in terminology that they understand. Additionally, pages 23-24 of the Handbook provide information on Americans with Disabilities (ADA) including requesting accommodations, telecommunication equipment and sign language information. The interview with the Agency Head confirmed that the agency

has an Administrative Directive, 04.01.111 ADA Accommodations and Propio Language Service Contact that establishes procedures to provide inmates with disabilities and inmates who are limited English Proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The Agency Head stated that all orientation/educational materials are available in Spanish and that orientation is also available via video with the use of American Sign Language and Spanish translation. The interview further indicated that offenders have the ability to participate in interactive dialogue with staff if further clarification is warranted. Interviews with eight disabled inmates and two LEP inmates indicated that eight were provided information in a format that they could understand. One LEP inmate stated that he was not provided education but that the posters were in a format he could understand. It should be noted that most of the LEP and disabled inmates had arrived prior to 2017. During the tour the auditor observed the reporting posters in each housing unit and in common areas. The posters had reporting information and advocacy information and were posted at an adequate sight level. The posters had adequate size font, but were only available in English.

115.16 (b): The PAQ indicates that the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 04.01.301, pages 7-8 state that the Department shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to offender who have limited reading skills. 04.01.105, page 2 states that for a non-English speaking offender, reasonable efforts shall be made for the orientation to be explained to him or her in a language her or she understands. It further states that offenders shall receive written orientation material and/or translation in their own language and when a literacy problem exists, a staff member shall assist the offender in understanding the materials. The facility also has a contract with Propio Language Services, LLC. This company provides the facility a phone number that they can call that connects the staff member with a translator who can will translate information between the staff member and LEP inmate. The company has interpretation services for over 600 languages. A review of PREA Posters, Handbook and distributed information confirmed that information is available in both English and Spanish and can be translated into other languages, as needed. The auditor utilized a staff translator during the on-site portion of the audit when interview the LEP inmates. The auditor dialed the number, entered the agency information and was prompted to select a language for interpretation. Interviews with eight disabled inmates and two LEP inmates indicated that eight were provided information in a format that they could understand. One LEP inmate stated that he was not provided education but that the posters were in a format he could understand. It should be noted that most of the LEP and disabled inmates had arrived prior to 2017. The auditor observed the reporting posters in each housing unit and in common areas. The posters had reporting information and advocacy information and were posted at an adequate sight level. The posters had adequate size font, but were only available in English.

115.16 (c): The PAQ indicated that agency policy prohibits use of inmate interpreters, inmate readers, or other type of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties, or the investigation of the inmate's allegation. The PAQ further stated that there were no instances where an inmate was utilized to interpret, read or provide other types of assistance. The PREA Manual, page 16 states the agency shall not rely on inmate interpreters, inmate readers or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties under 115.64, or the investigation of the inmate's allegation. Interviews with thirteen random staff indicated that seven were aware of a policy that prohibits utilizing inmate interpreters, readers or other types of inmate assistants for sexual abuse allegations. None of the thirteen were aware of a time that another inmate was utilized for sexual abuse allegations. Interviews with eight disabled inmates and two LEP inmates indicated that eight were provided information in a format that they could understand. None of the inmates indicated that a translator, interpreter, reader or other assistant was utilized. It should be noted that during the interim report the PC provided a memo indicating that 04.01.301 was under review and that this provision was added to policy.

Based on a review of the PAQ, 04.01.301, 04.01.105, 04.01.111, 05.07.101, the PREA Manual, VRS/TTY information, Propio Language Services LLC information, PREA Posters, the Handbook, observations made during the tour to include the PREA Posters as well as interviews with the Agency Head, random staff, inmates with disabilities and LEP inmates indicates that this standard requires corrective action. While the facility had information in accessible formats, the PREA poster was observed to only be in English. Additionally, two of the disabled inmates indicated they did not receive PREA information in a format that they can understand. The two LEP inmates also stated they never received any PREA information other than the information that was posted. Because the PREA posters observed during the tour were only in English, appropriate corrective action is needed.

Corrective Action

The facility will need to ensure that PREA posters, including the reporting information and advocacy information, are available in both English and Spanish and are able to be translated in other languages as needed. Additionally, the facility will need to identify all LEP and disabled inmates and provide them PREA education in a format that they can understand. Photos of the posted information should be provided to the auditor as well as confirmation of the LEP and disabled inmate re-education.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. PREA Posters in Spanish
2. Photos of Posters Around the Facility
3. Instructions on the Utilization of the Language Interpretation Services
4. Documentation of LEP Inmate Education and Appropriate Accommodations

On March 23, 2022 the facility indicated they identified four LEP inmates. The facility provided the auditor with documentation confirming that each of the four inmates were provided an interpreter to complete PREA education. All four inmates signed a Spanish acknowledgment form indicating that they received the PREA education. Additionally, on April 20, 2022 the facility provided the Handbook in Spanish. On May 25, 2022 the facility provided the updated PREA poster in both English and Spanish. Photos were also provided of the English and Spanish posters throughout the facility. In addition, the facility provided the auditor with an instruction guide that is distributed to the staff, on how to contact and utilize the language interpretation services. Based on the information provided, the facility has corrected this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

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

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. 03.02.100, page 3 states that the Department shall not hire, promote or enlist the services of any employee, contractual or otherwise, who may have contact with offenders and: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution a defined in 42 U.S.C. 1997; has been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats or force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. A review of personnel files for six staff who were hired in the previous twelve months confirmed that all six had a criminal background records check completed. All six also completed the DOC 0450 Prison Rape Elimination Act Pre-Employment Self-Report, which contains the PREA questions outlined under this standard. Additionally, all four contractors reviewed had a criminal background records check completed, however one contractor only had a fingerprint card to show the background records check was completed due to the time elapsed from the initial background check (over ten years).

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

115.17 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its

best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. 01.02.107, pages 2-3 state that background investigations shall be completed on person prior to employment or prior to placement in safety sensitive position and on person who provide services for the Department. There shall be two levels of background investigations: a computer criminal history check which include a check of an individual's criminal history through the Law Enforcement Agencies Data System (LEADS) and a complete background investigation which includes a check of LEADS and nine other database queries. Policy indicates a complete background investigation is required for all applicants prior to employment, employees, contractual employees and interns. The policy also indicates that the DOC 0450 is also required for the background investigation. A review of the DOC 0589 confirms that the PREA Questionnaire for Institutional Employers is sent to all prior institutional employers and contains four questions including if the individual was involved in a substantiated sexual abuse allegation and/or a sexual harassment allegation and/or if the individual resigned during a pending investigation of sexual abuse and/or a pending investigation of sexual harassment. The PAQ indicated there were 32 people hired in the past twelve months that may have contact with inmates and all 32 had a criminal background records check completed. The PAQ further clarified that seventeen were new hires and fifteen were transfers, so only seventeen required a new criminal background records check. A review of six personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background records check completed. One of the six staff had a prior institutional employer listed on the application however the institution was not contacted related to prior sexual abuse and sexual harassment. This issue was discovered at a prior IDOC facility audit. On January 18, 2021 the PC provided the auditor with a memo sent to the Manager of the Background Investigation Unit and the Manager of Central Screening that provided appropriate direction and information related to the issue found during the on-site portion of the audit related to the missing prior institutional check. The memo directed the staff to ensure this process (as outlined in policy) is in place and implemented for all newly hired employees. The memo indicated the appropriate process and the form to be utilized. On April 14, 2022 the PC provided the auditor with four examples of the prior institutional check process being conducted appropriately. The interview with Human Resource staff confirmed that the Background Investigation Unit performs a background check on all request for background investigations sent by facilities. The BIU performs a check of IDOC intel, work discipline and any PREA related incidents for all employees promoting.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. The PAQ indicated that there have been four contracts at the facility within the past twelve months where criminal background record checks were conducted on all staff covered under the contract. 01.02.107, pages 2-3 state that background investigations shall be completed on person prior to employment or prior to placement in safety sensitive position and on person who provide services for the Department. There shall be two levels of background investigations: a computer criminal history check which include a check of an individual's criminal history through the Law Enforcement Agencies Data System (LEADS) and a complete background investigation which includes a check of LEADS and nine other database queries. Policy indicates a complete background investigation is required for all applicants prior to employment, employees, contractual employees and interns. The policy also indicates that the DOC 0450 is also required for the background investigation. A review of four contractor personnel files indicated that all four had a criminal background records check completed. One contractor only had a fingerprint card available to confirm the background records check due to the time lapse of the initial background records check (over ten years). The Human Resource staff confirmed that all contractors who have routine access to offenders go through the same background process as staff.

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

115.17 (f): A review of the DOC 0450 Prison Rape Elimination Act Pre-Employment Self-Report confirms that all staff (new applicant and promotion) are required to fill out the form which contains the following questions: have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other correctional facility, a pretrial detention facility, a

juvenile facility, a facility for persons who are mentally ill or disabled or have intellectual disabilities or are chronically ill or handicapped, a facility providing skilled nursing intermediate or long-term care custodial or residential care or other institution as defined in the Civil Rights Institutionalized Persons Act (42 U.S.C. 1997)?; have you been convicted of engaging or attempting to engage in sexual activity in the community that was facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?; and have you been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and has there ever been any allegation, complaint or finding made against you regarding any incidents of sexual harassment? A review of personnel files for six staff who were hired in the previous twelve months indicated that all six had answered the questions, and none had answered yes. Additionally, the auditor reviewed three staff who were promoted during the previous twelve months and all three had completed the DOC 0450 prior to promotion. The Human Resource staff stated that when an individual applies for employment with IDOC they are required to fill out the DOC 0031, Applicant Information Sheet (AIS). There are numerous questions within the AIS that ask about visiting, corresponding with and living with IDOC offenders. Additionally, the applicant is asked about any contact with law enforcement. The Human Resource staff also stated that applicants and promoting employees are also required to complete the DOC 0450, PREA self-report. The interview further confirmed that the Standards of Conduct require employees to disclose misconduct and the agency imposes a continuing affirmative duty to disclose any such previous misconduct.

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

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

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

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- 1. Pre-Audit Questionnaire

Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. The interview with the Agency Head indicated that the Illinois Department of Corrections manages all facilities with care, custody and safety in mind. If at any time in the department, there is a facility under a physical change and/or the department is opening new space for those under its custody, the department considers the ability to protect the inmates from sexual abuse as a main directing factor. The Agency Head stated that the department uses a multi-faceted strategy to attain a zero tolerance environment for those that are under the department's care and control. The interview with the Warden confirmed there were no substantial expansions or modifications to the existing facility since the last PREA audit. During the tour the auditor confirmed that there were no modifications to the existing facility. The auditor viewed the facility map and confirmed there were no new building or structures.

115.18 (b): The PAQ stated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later. The PAQ indicated that the facility has added 40 cameras over the previous six months. The interview with the Agency Head confirmed that any use of newly updated or installed monitoring technology would be utilized to assist in enhancing the agency's ability to protect inmates from sexual abuse. The Agency Head stated that the department has placed over 2500 new cameras and adjusted the usage of other cameras within facilities to ensure the proper protection of inmates from sexual abuse. He further stated that the department uses cameras to increase supervision and to combat the blind spots within the facilities. The Operations Division continues to work with facilities to prioritize any additional areas that need to be under surveillance. The Warden confirmed that when installing or updating video monitoring technology they consider how that technology will protect inmates from sexual abuse. The Warden stated that they have reviewed the deployment of video monitoring systems and that it has been determined that adjustments are need. He stated additional monitoring equipment is planned to be added in addition to the 40 cameras that were recently added. During the tour, the auditor observed video monitoring technology in common areas of the housing units. The facility also had a few reflective mirrors in common areas.

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

Corrective Action

The facility will need to provide documentation related to the 40 cameras that were previously installed as well as the cameras that the facility plans to install.

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. List of Cameras
2. Camera Installation Plan for Pickneyville Correctional Center (Identical Facility Layout)

On May 16, 2022 the facility provided the auditor with a list of 40 cameras that were installed to include the locations. The listings indicated they were installed in housing units, intake and health services. The cameras were installed to increase monitoring in areas with the most inmate activity and to cover blind spots. In addition, the facility provided a camera installation plan for Pickneyville Correctional Center. This facility is identical to Big Muddy River Correctional Center and as such this plan will be utilized to install cameras at Big Muddy River Correctional Center. The plan was previously reviewed by the agency to ensure appropriate camera placement for supervision and monitoring. The plan was reviewed to determine best camera placement for blind spots, supervision, privacy and protection from sexual abuse. Based on the documentation provide, the facility has corrected this standard.

115.21 Evidence protocol and forensic medical examinations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

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

Interviews:

1. Interviews with Random Staff
2. Interview with the PREA Compliance Manager
3. Interview with SAFE/SANE
4. Interviews with Inmates who Reported Sexual Abuse

Findings (By Provision):

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

115.21 (b): The PAQ indicated that the evidence protocol is not developmentally appropriate for youth as the agency does not house youthful inmates. It further stated that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents". Further clarification with the PCM indicated that it was not developed for youth as they do not house youth, however it was developed based on the most recent edition of the DOJ's publication. 01.12.112 indicates that prior to evidence collection the scene shall be secured; evidence shall be collected subsequent of searches, sketches and photographs; evidence shall be handled as little as possible and evidence shall be marked and tagged. The memo from

the Chief of Investigations and Intelligence also indicated that all Sexual Assault Evidence Kits will be completed by an outside hospital or outside hospital emergency room with trained medical staff and the hospital completing the kit will be responsible for submitting the kit to the Illinois State Police Division of Forensic Services.

115.21 (c): The PAQ indicated that the facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside medical facility. The PAQ stated that forensic medical examinations are offered without financial cost to the victim. It further indicated forensic medical examinations are conducted by SAFE or SANE, and when SAFE or SANE are not available examinations are conducted by a qualified medical practitioner. The PAQ confirmed that state statute (Illinois Compiled Statutes ILCS) requires forensic medical examination to be performed by SANE/SAFE. 04.01.301, page 9 states that offenders shall not be charged for co-payments for medical treatment, including a forensic medical examination, obtained for alleged sexual abuse. Treatment shall be provided by a certified Sexual Assault Forensic Examiner (SAFE) or a certified Sexual Assault Nurse Examiner (SANE) at a local emergency room as determined by the local facility. The memo from the Chief of Investigations and Intelligence also indicated that all Sexual Assault Evidence Kits will be completed by an outside hospital or outside hospital emergency room with trained medical staff. The PAQ indicated that during the previous twelve months there was one forensic medical examination conducted by a SANE/SAFE. The auditor contacted Heartland Regional Medical Center related to forensic medical examinations. The staff member advised that they do not provide forensic medical examination on-site and that they transfer all individuals requiring a forensic medical examination to Good Samaritan Hospital in Mt. Vernon. The auditor contacted Good Samaritan Hospital to confirm their services. The staff member confirmed that the hospital does provide forensic medical examinations and all examinations are conducted by SAFE/SANE. A review of investigations indicated there were zero inmates transported to the local hospital for a forensic medical examination. The staff member from Sexual Assault & Family Emergencies (victim advocacy center) advised that they have provided medical advocacy for one inmate at Big Muddy, which was within the last few weeks. She indicated the organization has not had a lot of contact with inmates at the facility, however she did have a concern with regard to inmate victims receiving treatment for SAFE/SANE at an outside hospital. Further clarification from the victim advocate indicated that the hospital called the rape crisis center, per State Law, and the inmate victim declined their services and indicated he did not want the services because Internal Affairs was conducting an investigation. Based on a review of investigations and the information from the staff at Sexual Assault & Family Emergencies, the auditor determined there was conflicting information and additional information would need to be provided related to this provision.

115.21 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center and the efforts are documented. The PAQ further indicated that if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member, however a rape crisis center advocate is always provided. 04.01.301, page 5 states that the PCM shall identify community agencies, including advocacy and crisis organizations, where reports can be made or that provide assistance or support services to staff or offenders in the prevention or intervention of sexual abuse and harassment. Page 8 further states that all response efforts, including efforts to secure advocacy services from a rape crisis center, shall be documented. The facility has a Memorandum of Understanding with Sexual Assault & Family Emergencies, which was signed on July 28, 2021. The MOU states the purpose and scope of the MOU is to establish a joint effort between IDOC and Rape Crisis Services of the Sexual Assault & Family Emergencies to make available to inmates access to an outside entity to provide emotional support services related to sexual abuse, including crisis intervention and sexual assault counseling. The MOU further states that it is understood that face-to-face emotional support will be provided in as confidential a manner as possible or emotional support would be provided through confidential, unmonitored, unrecorded phone calls and shall comply with 735 ILCS 5/8-802.1 "Confidentiality of Statements Made to Rape Crisis Personnel". The interview with the PCM confirmed that individuals in custody are provided access to victim advocacy services through mental health professionals or a victim advocate from the Women's Center in Carbondale, Illinois. The PCM stated that the victim advocates from the Women's Center serve as victim advocates during the PREA investigative process, if requested by the victim. She further confirmed that the facility has an MOU with the Women's Center in Carbondale, Illinois to provide community advocate services. It should be noted that the PCM was advised that the current MOU is not with the Women's Center, but with Sexual Assault & Family Emergencies. Interviews with inmates who reported sexual abuse indicated that two were asked if they wanted to speak to mental health care staff. None of the six stated they were provided contact information to the local rape crisis center for emotional support services. One inmate stated there were numbers on the wall, but that was all he knew about.

115.21 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. 04.01.301, page 5 states that the PCM shall identify community agencies, including advocacy and crisis organizations, where reports can be made or that provide assistance or support services to staff or offenders in the prevention or intervention of sexual abuse and harassment. Page 8 further states that all response efforts, including efforts to secure advocacy services from a rape crisis center, shall be documented. The facility has a

Memorandum of Understanding with Sexual Assault & Family Emergencies, which was signed on July 28, 2021. The MOU states it is expected that the treatment hospital will contact a local rape crisis center as may be specified within a memorandum of understanding or other agreement between the treatment hospital's local rape crisis center pursuant to Sexual Assault Survivors Emergency Treatment Act (SASETA). IDOC will allow an inmate transported to a treatment hospital for medical forensic services to access crisis intervention and medical advocacy while at the treatment hospital. If the PCM is on duty, and as time and circumstances allow, the PCM shall provide notice to the appropriate rape crisis center of an inmate being transported to a treatment hospital for medical forensic services to allow for an advocate to be dispatched earlier than when the hospital calls upon arrival. The MOU further states that after the forensic services is performed, IDOC will inform the inmate how to contact the rape crisis center so that the inmate can independently decide whether to avail himself or herself of additional rape crisis services. The PCM stated that victim advocate services are provided by qualified and/or licensed Mental Health Professionals either from and outside rape crisis center or the facility. She stated the facility has a MOU with The Women's Center in Carbondale, Illinois for these purposes. She confirmed that the MOU was established by the agency and is maintained by administration in Springfield, Illinois. It should be noted that the PCM was advised that the current MOU is not with the Women's Center, but with Sexual Assault & Family Emergencies. Interviews with inmates who reported sexual abuse indicated that two were asked if they wanted to speak to mental health care staff. None of the six stated they were provided a contact information to the local rape crisis center for emotional support services. One inmate stated there were numbers on the wall, but that was all he knew about.

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

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

115.21 (h): The facility has an MOU with Sexual Assault & Family Emergencies, which is the local rape crisis center with trained/certified victim advocates. The PCM indicated that facility mental health staff are utilized as well, if needed. These staff are screened to ensure they have appropriate mental health credentials prior to hire at the facility.

Based on a review of the PAQ, 04.01.301, 01.12.120, 01.12.112, the MOU with Sexual Assault & Family Emergencies, investigative reports, the MOU with the Illinois State Police, the correspondence with the Illinois State Police and information from interviews with the random staff, the PREA Compliance Manager, SAFE/SANE and inmate who reported sexual abuse indicates that this standard appears to require corrective action. While the facility transports inmates for forensic medical examinations to the local hospital, appropriate documentation was not provided to the auditor. A review of investigations indicated there were zero inmates transported to the local hospital for a forensic medical examination. The staff member from Sexual Assault & Family Emergencies advised that they have provided medical advocacy for one inmate at Big Muddy, which was within the last few weeks. She indicated the organization has not had a lot of contact with inmates at the facility, however she did have a concern with regard to inmate victims receiving treatment for SAFE/SANE at an outside hospital. Further clarification from the victim advocate indicated that the hospital called the rape crisis center, per State Law, and the inmate victim declined their services and indicated he did not want the services because Internal Affairs was conducting an investigation. Based on a review of investigations and the information from the staff at Sexual Assault & Family Emergencies, the auditor determined there was conflicting information and additional information would need to be provided related to this provision. Additionally, interviews with inmates who reported sexual abuse indicated that two were asked if they wanted to speak to mental health care staff. None of the six stated they were provided a contact information to the local rape crisis center for emotional support services. One inmate stated there were numbers on the wall, but that was all he knew about.

Corrective Action

The facility will need to provide the auditor with documentation related to the forensic medical examination provided. If any additional exams were conducted the documentation should be provided as well. The facility will also need to develop a mechanism to ensure that inmate victims of sexual abuse are offered contact with the local rape crisis center. The facility

should develop a process on this, train appropriate staff and have a way to document it. The facility will need to provide confirmation of the process and training and documentation confirming that inmate victims of sexual abuse during the corrective action period were offered the ability to contact an advocate from the local rape crisis center.

Recommendation

The auditor recommends that the facility emphasize who is responsible for conducting sexual abuse investigations during the next cycle training.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Forensic Medical Examination Documentation
2. Victim Advocate Form
3. Staff Training

On May 16, 2022 the facility provided confirmation on the forensic medical examination completed in February 2022 which was reported by the victim advocacy center. On August 25, 2022 the facility provided the auditor a form that was developed to comply with this standard. The form is to be utilized after a report of sexual abuse. The victim is advised that he/she has access to a victim advocate for emotional support services at no charge. The victim is further advised that the emotional support can be provided by phone or in-person. The victim is then asked if they want the services and a box is marked regarding their choice. The form has a space for the victim to sign and date as well as the staff who offered the services to sign and date. The facility provided documentation confirming that all facility staff were trained on the form and offering of victim advocacy services to victims of sexual abuse. There have not been any sexual abuse allegations after the creation of the form. The auditor determined the facility has corrected this standard with documentation of the forensic medical examination, the creation of the victim advocacy form and staff training on the form.

115.22 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 01.12.120 Investigations of Unusual Incidents
4. Memorandum of Understanding with the Illinois State Police/Office of Executive Inspector General
5. Investigative Reports

Interviews:

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

Findings (By Provision):

115.22 (a): The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. The initial investigative report shall be provided to the Chief Administrative Officer within 24 hours of the onset of the investigation. Policy further states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. 01.12.120, pages 1-2 state that The CAO shall ensure that an internal investigation is conducted by facility staff, or by staff assigned by the Chief of Investigations and Intelligence, on each unusual incident report, if it is determined that further facts are required. The Director or the respective Deputy Director or Chief may request that the Chief of Operations initiate a Department investigation of any other major incident. Department investigations shall be conducted by the Investigations and Intelligence Unit. The PAQ noted there were eighteen allegations reported within the previous twelve months, fifteen which resulted in an administrative investigation and two which resulted in a criminal investigation. Two of the eighteen did not result in any investigation as they were determined not to rise to the level of sexual abuse or sexual harassment. The PAQ stated that two investigations were still on-going during the audit period. A review of documentation indicated there were fifteen allegations reported during the previous twelve months, seven were sexual abuse, five were sexual harassment and two were determined not to rise to the level of PREA. All fifteen allegations were referred for investigation. At the time of the on-site portion of the audit, eleven allegations had a completed administrative investigation, two were open/ongoing administrative investigations and two were open/ongoing criminal investigations. The interview with the Agency Head confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. He stated that 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 Agency Head further states that in accordance with AD 04.01.301, the department utilizes the required standard of the preponderance of evidence in determining the outcome of such investigations. He indicated that if needed, the department has the ability to call in the Illinois State Police to assist in such investigations.

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

involving staff on staff or staff on inmate. A review of the agency website indicates that it states that IDOC investigates all allegations of offender on offender sexual abuse and staff sexual misconduct. It further states that investigations are initiated by the Investigations Unit at IDOC Headquarters. A review of the fifteen allegations indicated that thirteen were investigated by IDOC investigators and two were currently under investigation by the State Police. The interview with the investigator confirmed that all allegations are referred to an investigative agency with the authority to conduct criminal investigations.

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

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

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

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 03.03.102 Employee Training
4. Administrative Directives 01.01.101 Administrative Directives
5. Administrative Directive 01.02.101 Staff Meeting
6. PREA Pre-Service Orientation Training Curriculum
7. PREA – Individual in Custody Sexual Assault Prevention and Intervention Curriculum
8. Transgender and Non-Binary Individuals in Custody Setting – A Guide to Rehabilitation, Safety Management and Care
9. Supervising Individuals in Custody in the IDOC Women’s Division
10. Sample of Staff Training Records

Interviews:

1. Interviews with Random Staff

Findings (By Provision):

115.31 (a): The PAQ indicated that the agency trains all employees who may have contact with inmates on the requirements under this provision. 04.01.301, pages 3-4 state that the PC shall develop or approve standardized modules for training staff. Training shall include, but may not be limited to: the Department’s zero tolerance policy; the Department’s Sexual Abuse and Harassment Prevention and Intervention Policy; an offender’s right to be free from sexual abuse and harassment and to be free from retaliation for reporting sexual abuse and harassment; common signs of sexually abusive or harassing behavior; common signs of being a victim of sexual abuse or harassment; protocol for initial response, including identification and separation of offenders; reporting procedures and preservation of physical evidence of sexual abuse. 03.03.102, page 1 states that the Department shall ensure all new employees receive orientation and pre-service training and all employees receive in-service training on a fiscal year basis. A review of the PREA Pre-Service Orientation Training Curriculum and the PREA –Individual in Custody Sexual Assault Prevention and Intervention Curriculum confirm that both trainings includes information on: the agency’s zero-tolerance policy, how to fulfill their responsibilities under the agency’s sexual abuse and sexual harassment policies and procedures, the inmates’ right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse how to avoid inappropriate relationship with inmates and how to comply with relevant laws related to mandatory reporting. With regard to how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates, staff are required to complete the Transgender and Non-Binary Individuals in Custody Setting – A Guide to Rehabilitation, Safety Management and Care video. A review of eighteen staff training records indicated that 100% of those reviewed received PREA training. Interviews with thirteen random staff confirmed that all thirteen had received PREA training. Staff stated they receive training annually during cycle training. All thirteen staff confirmed that the required components under this provision are discussed during the PREA training. Staff stated the training mainly discusses what to do once an inmate reports sexual abuse.

115.31 (b): The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. 03.03.102, page 4 states that all employees employed at a women’s facility shall receive an additional 40 hours of gender responsive and trauma informed training onsite

upon hire. Each employee shall then be provided a gender responsive and trauma informed refresher each subsequent year of employment. A review of the Supervising Individuals in Custody in the IDOC Women's Division training curriculum confirms the training includes 83 slides related to trauma informed practices, gender specific programs and services, different level of value of communication for women and health boundaries and professional distance. Big Muddy River houses adult male inmates and as such additional training was not required or conducted.

115.31 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment and that staff are provided training annually. The PAQ stated that daily roll call is held with all security staff on all shifts and pertinent policy changes and Warden Bulletins are provided. 03.03.102, page 4 states that employees shall receive an additional 40 hours of training each subsequent year of employment. 01.01.101, page 7 states that the Policy and Directives Unit shall provide monthly notice of, and make available via the Department Intranet any new or revised directives, rescission notices, or provide a notice of no change. Additionally, 01.02.101 states that administrative and supervisory staff meeting shall be held at least once a month to ensure that lines of two-way communication are established between all levels of supervision and that the meeting will be used for discussing policy and program changes and topics which are of general interest to the group. A review of eighteen staff training records indicated that seventeen had PREA training the previous two years. One staff member was hired in 2020, had training in 2020 but did not have the refresher training yet as it was due in later 2022 based on his training schedule.

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

Based on a review of the PAQ, 04.01.301, 03.03.102, 01.01.101, 01.02.101, PREA Pre-Service Orientation Training Curriculum, PREA – Individual in Custody Sexual Assault Prevention and Intervention Curriculum, Transgender and Non-Binary Individuals in Custody Setting – A Guide to Rehabilitation, Safety Management and Care training, Supervising Individuals in Custody in the IDOC Women's Division, a review of a sample of staff training records as well as interviews with random staff indicates that this standard is compliant.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 04.01.122 Volunteer Services
4. Administrative Directive 03.03.102 Employee Training
5. Volunteer Services Handbook
6. PREA Pre-Service Orientation Training Curriculum
7. PREA – Individual in Custody Sexual Assault Prevention and Intervention Curriculum
8. Contractor Training Records

Interviews:

1. Interviews with Volunteers or Contractors who have Contact with Inmates

Findings (By Provision):

115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. 04.01.301, pages 3-4 state that the PC shall develop or approve standardized modules for training staff. Training shall include, but may not be limited to: the Department's zero tolerance policy; the Department's Sexual Abuse and Harassment Prevention and Intervention Policy; an offender's right to be free from sexual abuse and harassment and to be free from retaliation for reporting sexual abuse and harassment; common signs of sexually abusive or harassing behavior; common signs of being a victim of sexual abuse or harassment; protocol for initial response, including identification and separation of offenders; reporting procedures and preservation of physical evidence of sexual abuse. Page 2 states that the term staff for the purpose of this directive shall mean any Department employee, contracted employee, employee of a vendor or volunteer. 04.01.122, page 3 states that the Facility Volunteer Coordinator shall ensure volunteers receive orientation and training appropriate to the type of volunteer assignment at the facility or program site prior to service. Training shall include, but not be limited to, preparation of an incident report, volunteer rules of conduct and the Department's zero tolerance policy toward all forms of sexual abuse and sexual harassment. The PAQ indicated that 99 volunteers and contractors had received PREA training, which is equivalent to 100% of the total volunteers and contractors. A review of the PREA Pre-Service Orientation Training Curriculum and the PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum confirms that the trainings discuss responsibilities under the agency's sexual abuse and sexual harassment policy. A review of the Volunteer Handbook confirms that page 19 includes information on the zero tolerance, how to report and red flags. A review of a sample of training documents for eight contractors confirmed that all eight had documentation that they received PREA training. One of the staff was documented with training in 2011 and as such the auditor advised that the staff would need to be provided updated training as standards were released in 2013. The interviews with the two contractors confirmed that they had received information on the agency's sexual abuse and sexual harassment policies. It should be noted that there have been no volunteers authorized to enter the facility over the previous twelve months due to COVID-19.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ indicates that all volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 04.01.301, pages 3-4 state that the PC shall develop or approve standardized modules for training staff. Training shall include, but may not be limited to: the Department's zero

tolerance policy; the Department's Sexual Abuse and Harassment Prevention and Intervention Policy; an offender's right to be free from sexual abuse and harassment and to be free from retaliation for reporting sexual abuse and harassment; common signs of sexually abusive or harassing behavior; common signs of being a victim of sexual abuse or harassment; protocol for initial response, including identification and separation of offenders; reporting procedures and preservation of physical evidence of sexual abuse. Page 2 states that the term staff for the purpose of this directive shall mean any Department employee, contracted employee, employee of a vendor or volunteer. 04.01.122, page 3 states that the Facility Volunteer Coordinator shall ensure volunteers receive orientation and training appropriate to the type of volunteer assignment at the facility or program site prior to service. Training shall include, but not be limited to, preparation of an incident report, volunteer rules of conduct and the Department's zero tolerance policy toward all forms of sexual abuse and sexual harassment. A review of the PREA Pre-Service Orientation Training Curriculum and the PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum confirms that the trainings discuss responsibilities under the agency's sexual abuse and sexual harassment policy. A review of the Volunteer Services Handbook confirms that page 19 includes information on the zero tolerance, how to report and red flags. A review of a sample of training documents for eight contractors confirmed that all eight had documentation that they received PREA training. One of the staff was documented with training in 2011 and as such the auditor advised that the staff would need to be provided updated training as standards were released in 2013. The two contractors confirmed that they received training on PREA, which covered the zero tolerance policy and how/who to report the information to. One contractor stated the training was a mandatory video and they also reviewed the policy (04.01.301). The other contractor stated that she received training on the intranet and that it is required to be completed annually during cycle training. It should be noted that there have been no volunteers authorized to enter the facility over the previous twelve months due to COVID-19.

115.32 (c): The PAQ indicated that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. 03.03.102, page 6 states that certificates or other verification of training received shall be provided to the Training Coordinator. The certificates or verification of training shall include all information required on the DOC 0200. Additionally, all newly hired staff are required to complete the Acknowledgement of Participation which indicates that the staff has read and understood 04.01.301. Additionally, 04.01.122, page 3 states that individual volunteer files shall include training documentation including documented orientation and any additional training. Training documentation shall be signed and dated by the volunteer along with the Volunteer Coordinator. A review of a sample of training documents for eight contractors confirmed that all eight had documentation that they received PREA training. One of the staff was documented with training in 2011 and as such the auditor advised that the staff would need to be provided updated training as standards were released in 2013.

Based on a review of the PAQ, 04.01.301, 04.01.122, 03.03.102, the Volunteer Services Handbook, PREA Pre-Service Orientation Training Curriculum, PREA – Individual in Custody Sexual Assault Prevention and Intervention Curriculum, a review of a sample of contractor training records as well as the interviews with contractors indicate that this standard appears to be compliant.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 04.01.105 Facility Orientation
4. Administrative Directive Administrative Directive 04.01.111 ADA Accommodations
5. Administrative Directive 05.07.101 Reception and Classification Process
6. Video Remote Interpreting Information
7. Language Interpretation Procedure – Propio Language Services, LLC.
8. Individuals In Custody Handbook (Handbook)
9. PREA Posters (English and Spanish)
10. Inmate Training Records (Offender Orientation Receipt)

Documents Received During the Interim Report

1. Education Memorandum Related to Inmate Education Prior to 2013
2. Sample of Inmate Education Documents

Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.33 (a): The PAQ indicated that inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The PAQ indicated that 829 inmates received information on the zero-tolerance policy and how to report at intake, which is equivalent to less than 100% of inmates who arrived in the previous twelve months. Further communication with the PC indicated that all 830 inmates received information at intake. 04.01.301, page 7 states that during the admission and orientation process, offenders shall be provided with a presentation regarding the Department's Sexual Abuse and Harassment Prevention and Intervention Program, including reporting procedures and available services and the zero tolerance policy. Offenders shall be informed that victims need not name their attacker to receive medical and mental health services. The policy further states that the offender handbook shall include an explanation of reporting procedures and programs and services available to victims or predators of sexual abuse and harassment. A review of the Handbook confirmed that it includes information on the zero tolerance policy and the methods to report sexual abuse. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates are provided a Handbook upon arrival and then subsequently go through orientation. The interview

with intake staff indicated that inmates are provided information related to the agency's sexual abuse and sexual harassment policies, including the zero tolerance policy and methods to report, during intake. He stated this is done through the orientation process. The intake staff stated that information is available in the orientation manual (Handbook) and the signs that are posted. He stated he also gives them a brief overview of the information such as how to report, that there are signs all over the facility with all the information and the other information in the handbook. He stated he shows them a PREA video on the inmate channel as well. The staff member stated everyone is required to go through orientation, which covers many other topics other than PREA. Interviews with 42 inmates indicated that 30 were provided information on the agency's sexual abuse and sexual harassment policies. Inmates stated the information is available on the television and through the tablet. A review of fifteen inmate files of those received in the previous twelve months indicated that eleven were provided information at intake. Three inmates were documented with receiving information at the facility prior to intake and one was documented with receiving education weeks after arrival. An additional review of seventeen inmate files of those arriving prior to the previous twelve months indicated that nine were not documented with receiving any type of PREA education. All nine had arrived prior to 2013. During the interim report period the facility provided the auditor with a memo indicating that 169 inmates that arrived prior to 2013 were provided comprehensive PREA education on March 13, 2022. The facility also provided ten samples indicating that inmates were provided a copy of the orientation manual (Handbook) and went through the orientation process.

115.33 (b): 04.01.301, page 7 states that during the admission and orientation process, offenders shall be provided with a presentation regarding the Department's Sexual Abuse and Harassment Prevention and Intervention Program, including reporting procedures and available services and the zero tolerance policy. Offenders shall be informed that victims need not name their attacker to receive medical and mental health services. The policy further states that the offender handbook shall include an explanation of reporting procedures and programs and services available to victims or predators of sexual abuse and harassment. The PAQ indicated that 829 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to over 100% of those received in the previous twelve months whose length of stay was for 30 days or more. Further communication with the PC indicated that all inmates receive comprehensive PREA education upon arrival at the facility and 830 inmates received the comprehensive PREA education. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates are provided a Handbook upon arrival and then subsequently go through orientation. All inmates watch the PREA video during the orientation, which covers inmate's rights under PREA and reporting mechanisms and the staff member also goes over the information in the Handbook verbally during orientation. The interview with intake staff indicated that inmates are provided information related to the agency's sexual abuse and sexual harassment policies, including the zero tolerance policy and methods to report, during intake. He stated this is done through the orientation process. The intake staff stated that information is available in the orientation manual (Handbook) and the signs that are posted. He stated he also gives them a brief overview of the information such as how to report, that there are signs all over the facility with all the information and the other information in the handbook. He stated he shows them a PREA video on the inmate channel as well. The staff member stated everyone is required to go through orientation, which covers many other topics other than PREA, and that orientation is completed within seven days. Interviews with 42 inmates indicated that 20 were provided information on their right to be free from sexual abuse, their right to be free from retaliation and how to report allegations of sexual abuse and sexual harassment. Most of the inmates stated they were provided the information at orientation and that it is also on the television and the tablet. A review of fifteen inmate files of those received in the previous twelve months indicated that all fifteen were provided comprehensive PREA education, however three inmates were documented with receiving information at the facility prior to arrival and one was documented with receiving education after the 30 day timeframe. An additional review of seventeen inmate files of those arriving prior to the previous twelve months indicated that nine were not documented with receiving any type of PREA education. All nine had arrived prior to 2013. During the interim report period the facility provided the auditor with a memo indicating that 169 inmates that arrived prior to 2013 were provided comprehensive PREA education on March 13, 2022. The facility also provided ten samples indicating that inmates were provided a copy of the orientation manual (Handbook) and went through the orientation process.

115.33 (c): The PAQ indicated that all current inmates at the facility had been educated on PREA within 30 days or were educated by June 30, 2014. Additionally, the PAQ indicated that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. 04.01.301, page 7 states that during the admission and orientation process, offenders shall be provided with a presentation regarding the Department's Sexual Abuse and Harassment Prevention and Intervention Program, including reporting procedures and available services and the zero tolerance policy. Offenders shall be informed that victims need not name their attacker to receive medical and mental health services. The policy further states that the offender handbook shall include an explanation of reporting procedures and programs and services available to victims or predators of sexual abuse and harassment. A review of 42 total inmate files indicated that 33 had received comprehensive PREA education. One of the 42 had education prior to the

release of the PREA standards and nine inmates that arrived prior to 2013 were not documented with any PREA education. The interview with intake staff indicated that inmates are provided information related to the agency's sexual abuse and sexual harassment policies, including the zero tolerance policy and methods to report, during intake. He stated this is done through the orientation process. The intake staff stated that information is available in the orientation manual (Handbook) and the signs that are posted. He stated he also gives them a brief overview of the information such as how to report, that there are signs all over the facility with all the information and the other information in the handbook. He stated he shows them a PREA video on the inmate channel as well. The staff member stated everyone is required to go through orientation, which covers many other topics other than PREA. During the interim report period the facility provided the auditor with a memo indicating that 169 inmates that arrived prior to 2013 were provided comprehensive PREA education on March 13, 2022. The facility also provided ten samples indicating that inmates were provided a copy of the orientation manual (Handbook) and went through the orientation process.

115.33 (d): The PAQ indicated that inmate PREA education is available in formats accessible to all inmates, including those who are disabled or limited English proficient. 04.01.301, pages 7-8 state that the Department shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to offender who have limited reading skills. 04.01.111, pages 3-4 indicate that the CAO shall ensure offenders are provide with information regarding ADA disability accommodations and shall establish procedures for offender access to teletypewriter (TTY) and Video Remote Interpreting (VRS) equipment. The policy also indicates that the CAO shall find alternative notification methods for auditory announcements (tactile paging system). 05.07.101, page 2 states that all videos used during orientation shall include closed captioning subtitles and closed captioning utilizing American Sign Language which has been reviewed for accuracy of the interpretation by the Illinois Deaf and Hard of Hearing Commissioner or a qualified interpreter. The policy further states that he department shall reserve the first row of seats during orientation for offenders who are disabled. 04.01.105, page 2 states that for a non-English speaking offender, reasonable efforts shall be made for the orientation to be explained to him or her in a language her or she understands. It further states that offenders shall receive written orientation material and/or translation in their own language and when a literacy problem exists, a staff member shall assist the offender in understanding the materials. The facility also has a contract with Propio Language Services, LLC. This company provides the facility a phone number that they can call that connects the staff member with a translator who can will translate information between the staff member and LEP inmate. The company has interpretation services for over 600 languages. A review of PREA Posters, the Handbook and distributed information confirmed that information can be provided in large font, bright colors, can be read to inmates in terminology that they understand and is available in Spanish. Additionally, pages 23-24 of the Handbook provides information on Americans with Disabilities (ADA) including requesting accommodations, telecommunication equipment and sign language information. A review of eight disabled inmate files and two LEP inmate files indicated that four had signed that they received and understood the PREA information. Six of the disabled inmates did not have PREA education documented and five of the six were inmates that arrived prior to 2013. The two LEP inmates had documentation indicating they received comprehensive PREA education, however the acknowledgment forms were in English. During the interim report period the facility provided the auditor with a memo indicating that 169 inmates that arrived prior to 2013 were provided comprehensive PREA education on March 13, 2022. The facility also provided ten samples indicating that inmates were provided a copy of the orientation manual (Handbook) and went through the orientation process. On March 22, 2022 the facility provided five examples of LEP inmate PREA education. All five had signed a Spanish acknowledgment form and documentation showed that a translator was utilized for the education. A copy of the Spanish Handbook was also provided confirming the inmates received a copy of the Handbook in the appropriate language.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. 04.01.105, page 2 states that at the conclusion of the orientation program, each offender shall be requested to sign an Offender Orientation Receipt, DOC 0291, indicating he or she has participated in the orientation program and has obtained a copy of the manual. A review of 42 total inmate files indicated that 33 were documented with receiving information at intake and comprehensive PREA education. The inmates that did not have documented PREA education had arrived at the facility prior to 2013. During the interim report period the facility provided the auditor with a memo indicating that 169 inmates that arrived prior to 2013 were provided comprehensive PREA education on March 13, 2022. The facility also provided ten samples indicating that inmates were provided a copy of the orientation manual (Handbook) and went through the orientation process.

115.33 (f): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks or other written formats. 04.01.301, page 7 states that the offender handbook shall include an explanation of reporting procedures and programs and services available to victims or predators of sexual abuse and harassment. A review of the Handbook and PREA Posters confirmed information is accessible to inmates through these avenues. Additionally, during the tour the auditor observed the reporting posters in each

housing unit and in common areas. The posters had reporting information and advocacy information and was posted at an adequate sight level. The posters had adequate size font, but were only available in English.

Based on a review of the PAQ, 04.01.301, 04.01.105, 04.01.111, 05.07.101, Propio Language Services, LLC. information, Video Remote Interpreting information, the Individuals in Custody Handbook, PREA posters, inmate education documents, the memo related to education during the interim report period, a sample of inmate training documents, observations made during the tour to include the availability of PREA information via posters as well as information obtained during interviews with intake staff and random inmates indicates that this standard requires corrective action. During the on-site portion of the audit, the auditor determined that inmates that arrived at the facility prior to 2013 did not receive PREA education. While the facility conducted comprehensive education with all inmates that arrived prior to 2013 and the facility provided confirmation that the education was complete, the facility did not provide documentation confirming the disabled inmates had received comprehensive PREA education. Additionally, the key information around the facility was only observed in English. Further documentation is required to show this standard corrected.

Corrective Action

The facility will need to provide confirmation that the disabled inmates were provided comprehensive PREA education. Additionally, the facility will need to provide documentation (photos) showing the PREA posters in both English and Spanish around the facility.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. PREA Posters in Spanish
2. Photos of Posters Around the Facility
3. Updated Individual in Custody Orientation Manual (Handbook)
4. Instructions on the Utilization of the Language Interpretation Services
5. Documentation of LEP Inmate Education and Appropriate Accommodations
6. Documentation of Disabled Inmate Education
7. Updated Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
8. Updated Administrative Directive 04.01.105 Facility Orientation
9. Updated Administrative Directive 04.01.111 ADA Accommodations

On March 23, 2022 the facility indicated they identified four LEP inmates. The facility provided the auditor with documentation confirming that each of the four inmates were provided an interpreter to complete PREA education. All four inmates signed a Spanish acknowledgment form indicating that they received the PREA education. Additionally, on April 20, 2022 the facility provided the Handbook in Spanish. On May 25, 2022 the facility provided the updated PREA poster in both English and Spanish. Photos were also provided of the English and Spanish posters throughout the facility. In addition, the facility provided the auditor with an instruction guide that is distributed to the staff on how to contact and utilize the language interpretation services. On July 12, 2022 the facility provided documentation confirming that all disabled inmates were provided education in an accessible format. Seven disabled inmate training records were provided (the seven requested during the on-site) to confirm the education was completed during the corrective action period. The agency also updated the policies under this standard that stated all individuals in custody are provided orientation in a format they can understand.

Based on the information provided, the facility has corrected this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 01.12.115 Institutional Investigative Assignments
4. Prison Rape Elimination Act (PREA) for Investigators Training Curriculum
5. Investigator Training Records

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

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

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

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that four facility investigators have completed the specialized training. A review of documentation

indicated that five facility staff were documented with the specialized investigations training. A review of fifteen investigations revealed they were completed by two investigators, both of which had completed the specialized investigator training.

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

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

115.35 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 03.03.102 Employee Training
4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)
5. Prison Rape Elimination Act: What Healthcare and Mental Health Providers Need to Know Training Curriculum
6. Wexford Health Prison Rape Elimination Act (PREA) and Implementation Training Curriculum
7. Medical and Mental Health Staff Training Records
8. Memorandum Related to Updated Policy Language

Interviews:

1. Interviews with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): The PAQ indicated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The PREA Manual, page 24 states that the agency shall ensure that all full and part time medical and mental health care practitioners who work regularly in its facilities shall be trained in: detecting and assessing signs of sexual abuse and sexual harassment; preserving physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations or suspicions of sexual abuse and sexual harassment. The training is conducted via the Prison Rape Elimination Act: What Healthcare and Mental Health Providers Need to Know and the Wexford Health Overview of the 2003 Prison Rape Elimination Act (PREA) and Implementation. A review of the training curriculums confirmed that they include the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 63 medical and mental health staff and that 100% of these staff received the specialized training. A review of six medical and mental health care staff training records indicated that zero were documented with the specialized medical and mental health training. Interviews with medical and mental health care staff confirm that they received specialized training. The mental health staff member stated that the training went over different types of sexual abuse and harassment, ways to report, how to help the inmate victim and making sure the inmates are secure. The medical staff member stated that the training discussed SAFE/SANE topics as well. Both staff confirmed that all the required topics under this provision were covered in the training. It should be noted that during the interim report the PC provided a memo indicating that 04.01.301 was under review and that this provision was added to policy.

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

115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. A review of six medical and mental health care staff training records indicated that zero were documented with the specialized medical and mental health training.

115.35 (d): 04.01.301, pages 3-4 state that the PC shall develop or approve standardized modules for training staff. Training shall include, but may not be limited to: the Department's zero tolerance policy; the Department's Sexual Abuse and Harassment Prevention and Intervention Policy; an offender's right to be free from sexual abuse and harassment and to be free from retaliation for reporting sexual abuse and harassment; common signs of sexually abusive or harassing behavior; common signs of being a victim of sexual abuse or harassment; protocol for initial response, including identification and separation of offenders; reporting procedures and preservation of physical evidence of sexual abuse. 03.03.102, page 1 states that the Department shall ensure all new employees receive orientation and pre-service training and all employees receive in-service training on a fiscal year basis. A review of the PREA Pre-Service Orientation Training Curriculum and the PREA –Individual in Custody Sexual Assault Prevention and Intervention Curriculum confirm that both trainings includes information on responsibilities in prevention, detection and response as well as the zero tolerance policy and how to report allegations of sexual abuse. A review of six medical and mental health staff training records indicated that two had received staff training as required under 115.31 and four had received staff training as required under 115.32. It should be noted that one contractor had PREA training, however it was prior to 2013 when the PREA standards were released

Based on a review of the PAQ, 04.01.301, 03.03.102, Prison Rape Elimination Act: What Healthcare and Mental Health Providers Need to Know training curriculum, the Wexford Health Overview of the 2003 Prison Rape Elimination Act (PREA) and Implementation training curriculum, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate this standard requires corrective action. A review of six medical and mental health care staff training records indicated that zero were documented with the specialized medical and mental health training.

Corrective Action

The facility will need to provide documentation that the six medical and mental health care staff had received specialized medical and mental health training. If the training was previously completed no additional documentation is required. If the training was not completed and all staff received it during the corrective action period, the facility will need to provide a list of all medical and mental health care staff and their corresponding specialized training.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Specialized Medical and Mental Health Training Curriculum Prison Rape Elimination Act: What Healthcare and Mental Health Providers Need to Know Training Curriculum)
2. List of Medical and Mental Health Staff with Training Confirmation

On June 23, 2022 the facility provided documentation indicating that they provided specialized medical and mental health training to all medical and mental health care staff. The facility provided the curriculum they utilized for the training. A review of the curriculum indicated it covered numerous PREA standards and the requirements of medical and mental health care staff. The training included possible signs to look for as an indicator of sexual abuse, the SAFE/SANE process and how to preserve evidence for collection, how to respond to an allegation including communicating with the victim and how and who to report information to, including mandatory reporting laws. The auditor was provided three pages of medical and mental health care staff names as well as their corresponding signature that they received the training (completed May 5, 2022 through May 30, 2022). The auditor compared the list to the six staff that were missing the specialized training during the on-site portion of the audit and noted that four of the six were on the training list. Two of the staff were still missing training confirmation. On August 15, 2022 the facility provided the remaining two staff's training records confirming that both received the specialized medical and mental health care training on a date in August 2022. Based on the documentation provided this

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)
4. Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494)
5. Inmate Assessment and Reassessment Documents
6. Memorandum Related to Updated Policy Language

Documents Received During the Interim Report

1. Risk Screening Assessments for Inmates Arrived Prior to 2013

Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.41 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. 04.01.301, page 6 states that staff shall make a reasonable effort to ensure the screening and assessment is conducted in consideration of sound confidentiality and sensitivity to the offender. Screening and assessment shall be documented on the Screening for Potential Sexual Victimization or Sexual Abuse, DOC 0494, or an electronic equivalent and shall occur ordinarily within 24 hours of admission or transfer to any facility by staff designated by the Chief Administrative Officer who shall screen each offender for sexually abusive behavior or victimization. Policy further states that the ordinarily within 72 hours of admission or transfer to any facility clinical services staff review the pre-sentence report, statement of facts and other materials in the master file for sexually abusive behavior and victimization. Concerns shall be forwarded to the PCM. Mental health professionals will also inquire whether the offender has been a victim of sexual abuse in the past. The interview with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness upon arrival at the facility. Interviews with fifteen inmates that arrived within the previous twelve months indicated that fourteen were asked questions related to risk of victimization and abusiveness. During the tour the auditor observed the risk screening process. The risk screening is completed in a private office setting to allow for comfort in disclosing information. During the on-site portion of the audit, the auditor identified that the inmates that arrived at the facility prior to 2013 did not have a risk screening completed and as such did not have a risk designation. During the interim report period the facility completed risk assessments for all inmates that arrived prior to 2013. The facility provided confirmation of the risk assessments through a

sample of 20 records.

115.41 (b): The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. 04.01.301, page 6 states that staff shall make a reasonable effort to ensure the screening and assessment is conducted in consideration of sound confidentiality and sensitivity to the offender. Screening and assessment shall be documented on the Screening for Potential Sexual Victimization or Sexual Abuse, DOC 0494, or an electronic equivalent and shall occur ordinarily within 24 hours of admission or transfer to any facility by staff designated by the Chief Administrative Officer who shall screen each offender for sexually abusive behavior or victimization. Policy further states that the ordinarily within 72 hours of admission or transfer to any facility clinical services staff review the pre-sentence report, statement of facts and other materials in the master file for sexually abusive behavior and victimization. Concerns shall be forwarded to the PCM. Mental health professionals will also inquire whether the offender has been a victim of sexual abuse in the past. The PAQ noted that 829 inmates were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received a risk screening within 72 hours. A review of fifteen inmate files of those that arrived within the previous twelve months indicated that all fifteen had an initial risk screening completed, one of which was over 72 hours. The interview with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness within 72 hours. Interviews with fifteen inmates that arrived within the previous twelve months indicate that fourteen were asked the questions related to risk of victimization and abusiveness the on the first day of arrival.

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

115.41 (d): A review of the Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494) indicates that the tool has two sections; vulnerability and predatory. The vulnerability section includes general information such as age, height, weight, number of incarcerations, non-violent or violent criminal history, disabilities (developmental, mental illness and physical), education level, socioeconomic status and immigrant status/language. Inmates are also asked about identified or perceived sexual orientation, gender identity and history or sexual victimization. The inmate is also asked about his/her own perception of their safety at the time of the screening. Each question has appropriate responses that correspond to a number. The numbers are added up at the end of the victimization section and the total number determines where the inmate falls on the continuum. The continuum ranges from not likely, likely, moderately likely to highly likely for vulnerability. The inmates who fall in the highly likely or moderately likely range are then reviewed for the official vulnerable designation. The staff responsible for the risk screening stated that the initial risk screening is yes or no questions and the answers to the questions determine a score. She stated the information is all self-reported but that there is certain information that is already determined through the system, such as prior criminal history. She stated the questions asked include; prior sexual victimization in the community and in IDOC, if they ever perpetrated any sex crimes in the community, their age, if they have any mental health issues, their sexual preference and their gender identity. The auditor probed the risk screening staff related to other factors and she confirmed that all the required factors in provisions (d) and (e) were included.

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

initial risk screening is yes or no questions and the answers to the questions determine a score. She stated the information is all self-reported but that there is certain information that is already determined through the system, such as prior criminal history. She stated the questions asked include; prior sexual victimization in the community and in IDOC, if they ever perpetrated any sex crimes in the community, their age, if they have any mental health issues, their sexual preference and their gender identity. The auditor probed the risk screening staff related to other factors and she confirmed that all the required factors in provisions (d) and (e) were included.

115.41 (f): The PAQ indicated that the policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 04.01.301, page 6 states that within 30 days of admission or transfer to the facility, each offender, including any offender returned to Reception and Classification as a parole or mandatory supervised release violator, shall be screened again for sexually abusive behavior or victimization and potentially predator or vulnerable offender identification based upon any additional, relevant information received by the facility since the intake screening. The PAQ noted that 676 inmates were reassessed within 30 days, which is equivalent to 100% of the inmates who arrived and stayed longer than 30 days. The interview with the staff responsible for the risk screening indicated that inmates are reassessed within 30 days. The auditor spoke to a second staff member who only conducts the reassessment and she advised that the reassessment process is the same as the initial. Inmates are called down to the staff member's office where they go back through the entire risk screening form a second time. Interviews with fifteen inmates that arrived within the previous twelve months indicated that seven had been asked questions related to their risk of victimization and abusiveness more than once. The seven inmates stated they were asked the risk screening questions a second time about two to three weeks after arrival. A review of fifteen inmate files of those that arrived in the previous twelve months indicated that thirteen had a reassessment, however five of the inmates had a reassessment completed over the 30 day timeframe. One of the two inmates without a reassessment was not yet due based on the date of arrival.

115.41 (g): The PAQ indicated that the policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. 04.01.301, page 6 states screening and assessment shall occur when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. The interview with staff responsible for the risk screening confirmed that inmates are reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. Interviews with fifteen inmates that arrived within the previous twelve months indicated that seven had been asked questions related to their risk of victimization and abusiveness more than once. The seven inmates stated they were asked the risk screening questions a second time about two to three weeks after arrival. A review of fifteen inmate files of those that arrived in the previous twelve months indicated that thirteen had a reassessment, however five of the inmates had a reassessment completed over the 30 day timeframe. One of the two inmates without a reassessment was not yet due based on the date of arrival. A review of investigations indicated that three sexual abuse allegations should have been unfounded as the third party who reported it admitted he made it up, one inmate was not at the facility for a reassessment, three were still open/active investigations and one involved being touched on the butt and did not require a reassessment.

115.41 (h): The PAQ indicated that policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's own perception of vulnerability. The PREA Manual, page 25 states that offenders shall be encouraged to disclose as much information as possible for the Department to provide the most protection possible under this practice. If an offender chooses not to respond to questions relating to his/her level of risk, he/she shall not be disciplined. Additionally, page 27 states if an offender refuses to respond or elects not to disclose information that applies only to questions about disabilities; gay, lesbian, bisexual, transgender, intersex (GLBTI) status; gender nonconformance; previous sexual victimization; and the offender's self-perception of vulnerability, he/she shall not be disciplined. The interview with the staff responsible for risk screening confirmed that inmates are not disciplined for refusing to answer or for not fully disclosing information any of the risk screening questions. It should be noted that during the interim report the PC provided a memo indicating that 04.01.301 was under review and that this provision was added to policy.

115.41 (i): 04.01.301, page 6 states that staff shall make a reasonable effort to ensure the screening and assessment is conducted with consideration of sound confidentiality and sensitivity to the offender. The interview with the PREA

Coordinator indicated that the agency has outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. He stated that confidential medical and mental health access is outlined in AD 04.01.301. The PCM stated that the DOC 0494 is maintained in Offender 360 as an electronic document. She stated that the information is available to mental health, if they are identified as vulnerable or predator. She also stated that the PCM also has access to the screening to determine appropriate designation as a vulnerable or predator is warranted. The staff responsible for risk screening confirmed that the agency has outlined who should have access to the risk screening information so that sensitive information is not exploited. She indicated that not everyone is allowed access to the screening information. During the tour the auditor observed that inmate files are mainly electronic, however some older files are paper. Electronic files can only be viewed by staff with appropriate profiles, those with a need to know. Paper files were located in records, behind a locked door, when not staffed by a records clerk.

Based on a review of the PAQ, 04.01.301, the PREA Manual, DOC 0494, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard requires corrective action. Interviews with fifteen inmates that arrived within the previous twelve months indicated that seven had been asked questions related to their risk of victimization and abusiveness more than once. The seven inmates stated they were asked the risk screening questions a second time about two to three weeks after arrival. A review of fifteen inmate files of those that arrived in the previous twelve months indicated that thirteen had a reassessment, however five of the inmates had a reassessment completed over the 30 day timeframe. One of the two inmates without a reassessment was not yet due based on the date of arrival. Thus additional information is needed to confirm reassessments are being completed within the appropriate time frame.

Corrective Action

The facility will need to provide the auditor with a list of inmates that arrived during the corrective action plan including their date of arrival. The auditor will select a sample to view their initial risk assessment and reassessment.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Inmates that Arrived During the Corrective Action Period
2. Inmate Risk Assessments

On May 24, 2022 the facility provided a list of inmates that arrived during the CAP. Due to the agency's increased COVID-19 numbers, the facility had minimal transfers. There were five inmates identified to have arrived at Big Muddy during the CAP. On the same date, the facility provided the initial risk assessments for all five inmates. Documentation confirmed that all five were completed within the required 72 hour timeframe. On August 12, 2022 the facility provided the 30 day reassessments for the inmates. Documentation confirmed that all five had a reassessment completed within 30 days. On August 12, 2022 the facility provided a list of ten additional inmates that arrived at the facility during the corrective action period. A review of risk assessments confirmed that nine of the ten had an initial risk assessment within 72 hours and all ten had a reassessment within 30 days. One inmate had an initial risk assessment past the 72 hours. Based on the information provided, the facility has corrected this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 04.03.104 Evaluation, Treatment and Correctional Management of Transgender Offenders
4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)
5. Housing Assignments of Inmates at Risk of Sexual Victimization and/or Sexual Abusiveness
6. Transgender/Intersex Housing Determination Documents
7. Transgender/Intersex Biannual Reassessments
8. LGBTI Housing Assignments

Documents Received During the Interim Report Period

1. Risk Screening Assessments for Inmates Arrived Prior to 2013
2. Updated Housing Assignments of Inmates at Risk of Sexual Victimization and/or Sexual Abusiveness

Interviews:

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

Site Review Observations:

1. Location of Inmate Records
2. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ indicated that the agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. 04.01.301, page 6 states that any indication of sexually abusive behavior, victimization or potential victimization in a correctional setting identified at a Reception and Classification Center or any assigned facility shall be referred to the facility PREA Compliance Manager. The PCM shall promptly review any referrals to assess whether an offender should be identified as a predator or vulnerable offender using the DOC 0494 and make recommendations regarding safety consideration and treatment or counseling needs. Page 7 further states that an offender identified as vulnerable shall not be housed with an offender identified as a predator. Prior to housing an offender identified as vulnerable or an offender identified as a predator, the proposed housing assignment shall be reviewed and approved by the Chief Administrative Officer in consultation with the facility PCM. During the tour the

auditor observed that inmate files are mainly electronic, however some older files are paper. Electronic files can only be viewed by staff with appropriate profiles, those with a need to know. Paper files were located in records, behind a locked door, when not staffed by a records clerk. The interview with the PREA Compliance Manager indicated that inmates are assessed upon intake and again within 30 days for possible vulnerable or predatory factors. Once identified as vulnerable or predator, all possible cell (housing) arrangements are screened to reduce the risk of future victimization or future perpetration. The interview with the staff responsible for the risk screening indicated that information from the risk screening is utilized by the PCM and placement staff to determine appropriate housing. She stated that if an individual scores high they would be referred to the PCM who would interview them and review their file. She stated the PCM along with placement staff would make sure the inmate is placed appropriately. During the on-site portion of the audit, the auditor identified that the inmates that arrived at the facility prior to 2013 did not have a risk screening completed and as such did not have a risk designation. During the interim report period the facility completed risk assessments for all inmates that arrived prior to 2013. The facility provided confirmation of the risk assessments through a sample of 20 records. The facility also provided the updated housing assignments for inmates identified as predator and vulnerable. A review of the housing locations confirmed that predators were not placed in the same housing unit as inmates identified as vulnerable, confirming that the facility utilizes the information from the risk screening to keep those at high risk of being sexual victimized from those at high risk of being sexually abusive.

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

115.42 (c): The PAQ indicated that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. 04.03.104, page 7 indicates that transgender, intersex and gender incongruent offenders shall not be assigned to gender-specific facilities based solely on their external genital anatomy. The Transgender Administrative Committee (TAC) shall make individualized determinations about how to ensure the safety of each offender including considering transfer from one gender-specific facility to an opposite gender facility and specifically the gender of staff which will perform searches of the offender. The determination shall consider, on a case-by-case basis, whether specific placement ensure the offender's health and safety, and whether the placement would present management or security concerns. The agency as a whole houses approximately 150 transgender inmates. Currently the agency houses nine transgender female inmates at female facilities and zero transgender male inmates at male facilities. The documentation confirms that housing is reviewed on a case-by-case basis for each inmate. An additional review of documentation for the five transgender inmates housed at Big Muddy confirmed that four had a completed housing determination review. The one that did not have a review had just recently been designated as transgender (March 2022). The interview with the PCM indicated that housing and program assignments for transgender and intersex inmates follow the same protocol as housing and program assignments for general population inmates on a case-by-case basis taking special consideration for age, physical size, race/ethnicity, gang affiliation, etc. She stated if the inmate is identified as vulnerable or predator, all cell moves are screened based on that protocol by the facility PREA Compliance Manager. The PCM confirmed that placement would take into consideration the safety of the inmate and the presentation of any security or management problems. Interviews with four transgender inmates indicated that only one was asked how she felt about her safety. All four indicated that they did not believe LGBTI inmates are placed in one facility, housing unit or wing. While only one transgender inmate indicated she was asked how she felt about her safety, interviews with staff and documentation confirm that the inmates were asked about their perception of vulnerability and issues/concerns during their risk assessments and reviews.

115.42 (d): 04.03.104, page 7 states that a review of each transgender, intersex and gender incongruent offender's placement and programming assignments shall be conducted by the facility twice annually to review any threats to safety experienced or posed by the offender. The agency as a whole houses approximately 150 transgender inmates. A review of documentation for eight transgender inmates indicated that they were seen by mental health more frequently than twice a year and they were also seen by a correctional counselor during the year. An additional review of documentation for the five transgender inmates at Big Muddy confirmed that all five were documented with at least two risk assessments in the

previous twelve months. The PCM confirmed that transgender and intersex inmates are reviewed at least twice a year to review any threats to safety experienced by the inmate. The staff responsible for the risk screening stated that transgender and intersex inmates would be reassessed at least twice per year.

115.42 (e): 04.03.104, page 7 states that decisions shall be made by the TAC on a case-by-case basis with serious consideration given to circumstances including, but not limited to, the following: the offender's perception of whether a male or female facility is safest for him or her, as well as the preferred gender of staff to perform searches. The interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates' views with respect to their safety are given serious consideration. Interviews with four transgender inmates indicated that only one was asked how she felt about her safety. While only one transgender inmate indicated she was asked how she felt about her safety, interviews with staff and documentation confirm that the inmates were asked about their perception of vulnerability and issues/concerns during their risk assessments and reviews.

115.42 (f): 04.03.104, page 9 states that transgender, intersex and gender incongruent offenders shall be allowed the same frequency of showers in accordance with his or her classification. Showers shall be separated and private from other offenders. During the tour the auditor observed that showers had privacy through curtains. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are afforded the opportunity to shower separately. The PCM stated that transgender and intersex inmates are given the opportunity to shower when there are no other inmates in the dayroom during the second shift. Interviews with four transgender inmates indicated that all four have been afforded the opportunity to shower separately.

115.42 (g): 04.03.104, page 7 states that transgender, intersex and gender incongruent offenders shall not be assigned to gender specific facilities based solely on their external genital anatomy. Additionally, the PREA Manual, pages 27-28 indicate that the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. The interview with the PC confirmed that the agency is not subject to a consent decree and that there is not a dedicated facility for LGBTI inmates. He further stated housing is based on the confidential assessment tool (DOC 0494). The PCM confirmed that the agency does not have a consent decree and that LGBTI inmates are not placed in dedicated facilities, units or wings solely because of their identification or status. Interviews with two LGB inmates and four transgender inmates indicated that all six did not feel the facility places LGBTI inmates in dedicated facilities, units, or wings solely on the basis of such identification or status. A review of housing assignments for LGBTI inmates confirmed that they were spread across numerous different housing units at the facility, confirming that LGBTI inmates were not placed in one dedicated unit or wing at Big Muddy.

Based on a review of the PAQ, 04.01.301, 04.03.104, the PREA Manual, inmates at risk of sexual abusiveness and sexual victimization housing determinations, transgender or intersex inmate house determinations, transgender or intersex biannual assessments, LGBTI inmate housing assignments, observations made during the tour and information from interviews with the PC, PCM, staff responsible for conducting the risk screening and LGBTI inmates, indicates that this standard appears to be compliant.

115.43	Protective Custody
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 05.15.100 Restrictive Housing 4. Inmates at High Risk of Victimization Housing Assignments <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Staff who Supervise Inmates in Segregated Housing <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations in the Segregated Housing Unit <p>Findings (By Provision):</p> <p>115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ noted that there were zero inmates at high risk of victimization that were placed in involuntary segregated housing. 04.01.301, page 7 states that an offender identified as vulnerable shall not be housed in a segregated status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided and such placement in segregation shall not ordinarily exceed a period of 30 days. The interview with the Warden confirmed that agency policy prohibits placing inmates at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are not alternative means of separation from likely abusers. He stated that individuals in custody at high risk of victimization are not placed in the restrictive housing unit. A review of housing assignments for current inmates at high risk of sexual victimization confirmed that none of the inmates identified as vulnerable were housed in the segregated housing unit.</p> <p>115.43 (b): During the tour the auditor observed that the segregated housing unit had a separate recreation area as well as a hearing office that could be utilized for programming. The auditor confirmed that inmates can request a safety pen and paper to report any information in written format. Inmates also have access to the phones. The interview with the staff who supervise inmates in segregated housing confirmed that inmates at high risk of sexual victimization who are involuntary segregated would have limited access to work opportunities but they would have access to programs, privileges and education to the extent possible. The staff member confirmed that they do not restrict them from anything but if they had to they would document it. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.</p> <p>115.43 (c): The PAQ indicated there were zero inmates at risk of sexual victimization who were assigned to involuntary segregated housing due to their risk of sexual victimization. 04.01.301, page 7 states that an offender identified as vulnerable shall not be housed in a segregated status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided and such placement in segregation shall not ordinarily exceed a period of 30 days. The interview with the Warden confirmed that inmates would only</p>	

be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. He stated that individuals in custody at high risk of victimization are not placed in restrictive housing at Big Muddy. The interview with the staff who supervise inmates in segregated housing indicated that inmates would only be placed in involuntary segregated housing until they could find an alternative means of separation. He stated typically they would not remain in segregated housing for longer than seven days. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (d): The PAQ indicated there were zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months who had both a statement of the basis for the facility's concern for the inmate's safety and the reason why alternative means of separation could not be arranged. A review of housing assignments for current inmates at high risk of sexual victimization confirmed that none of the inmates identified as vulnerable were housed in the segregated housing unit.

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

Based on a review of the PAQ, 04.01.301, 05.15.100, high risk inmate housing assignments, observations from the facility tour as well as information from the interviews with the Warden and staff who supervise inmates in segregated housing indicates this standard appears to be compliant.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

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

Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.51 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. The PREA Manual, page 29 states that offenders shall be encouraged to report allegations to staff at all levels. Offenders shall be provided with avenues of internal reporting, including, but not limited to, a telephone hotline maintained by the Investigations and Intelligence Unit, or by mail to an outside entity (e.g. John Howard Association). Offenders shall be provided information on reporting mechanisms as noted in section 115.33. A review of additional documentation to include the Handbook and PREA Posters indicated that they outline methods for reporting. These methods include: telling any staff member; calling the hotline and/or sending a note, grievance or request slip. The auditor observed the reporting posters in each housing unit and in common areas. The posters had reporting information and advocacy information and was posted at an adequate sight level. The posters had adequate size font, but were only available in English. The auditor tested the internal reporting hotline on March 17, 2022. The PC provided confirmation that the call was received and forwarded to him on the same date the call was placed. Interviews with 42 inmates confirm that all 42 were aware of at least one method to report sexual abuse and sexual harassment. Most inmates indicated that they would report through a staff member, a written request or through the hotline. Interviews with thirteen random staff indicate that inmates can report through the hotline, a kite, a request, through staff, by contacting the John Howard Association, through their family or through the tablet.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ indicated that the facility does not house inmates solely for civil immigration purposes. The PREA Manual, page 29 indicates that offenders shall be provided contact

information to the John Howard Association to make such reports. This information shall be available in the facility orientation manual. A review of Handbook and PREA Poster confirmed that inmates can report externally to the John Howard Association. The Handbook states that privileged mail can be sent to John Howard Association and that anonymous reports may be submitted. The PREA Poster states that inmates can report via privileged mail to the John Howard Association through the PO Box in Chicago, Illinois. The auditor observed the reporting posters in each housing unit and in common areas. The posters had reporting information and advocacy information and was posted at an adequate sight level. The posters had adequate size font, but were only available in English. The auditor previously tested the outside reporting entity during the on-site portion of another IDOC audit. A letter was mailed to the John Howard Association on December 6, 2021 and the auditor received confirmation, including a copy of the letter that was sent, from the PREA Coordinator on December 10, 2021. The auditor verified that the mail process is the same at Big Muddy as the facility where the test letter was sent. Inmates are able to mail letters to John Howard Association through the U.S. mail. Inmates can drop the letters in the locked boxes for mail that are located outside inside each housing unit and around the facility. The letters are not monitored/inspected. The interview with the PCM indicated inmates are provided contact information to the John Howard Association to make such reports. She stated the information is available in the facility orientation manual (Handbook). The PCM confirmed that the reports made to the John Howard Association would be referred back to the facility through Internal Affairs. She stated identifying information regarding the involvement of inmates is limited to a need-to-know for the purpose of the investigation and inmate can request to remain anonymous. Interviews with 42 inmates indicated that six were aware of an outside reporting entity and 28 were aware they could anonymously report. While the inmates were not aware of the outside reporting mechanism, the information was observed throughout the facility on the PREA Poster and was contained in the Handbook. The facility does not house inmates detained solely for immigration services and as such this part of the provision is not applicable.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. It further indicated that staff are required to document verbal reports immediately. 04.01.301, page 10 states that any alleged sexual abuse or harassment shall be reported through chain of command as an unusual incident in accordance with 01.12.105. The PREA Manual, page 29 further states that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Interviews with 42 inmates indicate that 42 knew they could report verbally and/or in writing to staff and 33 knew they could report through a third party. Interviews with thirteen staff indicate that inmates can report verbally, in writing, anonymously and through a third party. The staff stated if an inmate reported verbally they would document it immediately after notifying the Shift Commander. A review of investigations indicated that three were reported through a third party, three were reported through the hotline by the victim, three were reported in written format, one was reported verbally to mental health staff, two were reported Warden to Warden, one was discovered through an outside investigative agency and two were not documented with how they were reported. All fifteen included incident reports from staff involved to ensure the information was documented and referred for investigation.

115.51 (d): The PAQ indicates the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. It further states that staff can report through the hotline, in a written report, to John Howard and/or privately to any staff member. The PAQ indicated that staff are informed of this method through staff training, roll call and memorandums. The PREA Manual, page 29 states that the agency shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates. Interviews with thirteen staff indicated that eleven were aware that they could privately report sexual abuse of an inmate. Most staff stated they could report directly to the supervisor or over the phone.

Based on a review of the PAQ, PREA Manual, memo related to John Howard Association, TRUST Act memo, the Handbook, the PREA Poster, observations during the tour, information from interviews with the PCM, random inmates and random staff, and the documentation provided related to the auditors test of the outside entity reporting and the internal reporting line, this standard appears to require corrective action. While the agency has a method for inmates to report to a public or private entity that is not part of the agency, the inmates were unaware of the mechanism. The information on the John Howard Association is contained in the Handbook and was also observed to be posted in the housing units, however only six of the 42 inmates interviewed were aware of the method.

Corrective Action

The facility will need to provide education to all current inmates on the information for the John Howard Association. Additionally, the facility will need to ensure this information is discussed during orientation to ensure all future inmates

verbally receive and retain the information.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Training Documentation for the Staff Responsible for Inmate Education (Orientation)
2. Photos of PREA Poster
3. Photos of PREA Information on Television Channel

On May 25, 2022 the facility provided a signed training memo that described that the John Howard Association was the outside reporting entity and that the staff was responsible for notifying the inmates about the organization and information on how to contact them. It also advised on where the information is found and to advise the inmates on this information as well. On June 23, 2022 the facility provided documentation confirming that the current inmate population was educated on the outside reporting entity, to include how to contact them and the ability to remain anonymous upon request. The facility provided photos that the updated posters were printed in bright colors and posted throughout the facility near the phones in the housing units and in common areas. Additionally, the facility placed the information on the facility tv channel and provided photos confirming the information was placed on the tv channel. Based on the information provided the facility has corrected this standard

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.114 Local Offender Grievance Procedures
3. Individuals In Custody Handbook (Handbook)
4. Grievance Log
5. Sample Grievances

Interviews:

1. Interviews with Inmates who Reported Sexual Abuse

Findings (By Provision):

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

115.52 (b): The PAQ indicated that agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The PAQ further indicated that inmates are not required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. 04.01.114, page 2 states that offender grievances related to allegations of sexual abuse shall not be subject to any filing time frame. Policy further states that offender grievances involving alleged incidents of sexual abuse shall be exempt from any informal grievance process. A review of Handbook confirmed that information on grievances is provided to inmates on pages 79-80.

115.52 (c): The PAQ stated that agency policy and procedure allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. It further stated that agency policy and procedure requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. 04.01.114, page 6 indicates an offender may submit the grievance without submitting it to any staff member who is the subject of the complaint. Policy further states that no grievance shall be referred to any staff member who is the subject of the complaint. A review of Handbook confirmed that information on grievances is provided to inmates on pages 79-80.

115.52 (d): The PAQ stated that agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PAQ indicated that there were zero sexual abuse grievances filed in the previous twelve months (there were four sexual harassment grievances filed). The PAQ further indicates that the agency always notifies an inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made. 04.01.114, page 6 states that the Department shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90 day time period shall not include time consumed by the offender in preparing any administrative appeal. Policy further states that the Department may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The offender shall be notified, in writing, of such extension and provided with a date by which a decision will be made. Page 6 also states that at any level of the grievance process, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level. The auditor reviewed the

grievance log and a sample of grievances. The auditor confirmed there were four sexual harassment grievances, however there were zero sexual abuse grievances. Interviews with inmates who reported sexual abuse indicated four were aware that they were to be notified of the outcome of their investigation. Three of the four indicated they were informed between a month and three months after they reported. None of the inmates indicated they reported their allegation via a grievance.

115.52 (e): The PAQ indicated that agency policy and procedure does not permit third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. Further communication with the PC indicated this was incorrect and that the PAQ should have been marked yes to indicate third parties can file such request on behalf of inmates. The PAQ further indicated that agency policy and procedure requires that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. 04.01.114, page 6 states that third parties, including other offenders, staff members, family members, attorneys, etc., shall be permitted to assist offenders in filing grievances relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of the offender. Policy further states that the Department shall require, as a condition of processing the grievance, the alleged victim to agree to have the grievance filed on his or her behalf. If the alleged victim declines, the decision shall be documented. The PAQ stated that there were zero grievances alleging sexual abuse by inmates in the past twelve months in which the inmate declined third-party assistance and which contained documentation of the inmate's decision to decline. The auditor reviewed the grievance log and a sample of grievances. The auditor confirmed there were four sexual harassment grievances, however there were zero sexual abuse grievances.

115.52 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. It further indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The PAQ also indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days. 04.01.114, page 7 states that for emergency grievances alleging an offender is subject to a substantial risk of imminent sexual abuse, the Department shall provide an initial response within 48 hours, and shall have a final decision provided within five calendar days. The initial response and the final decision shall document the Department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PAQ stated there were zero emergency grievances alleging substantial risk of imminent sexual abuse. The auditor reviewed the grievance log and a sample of grievances. The auditor confirmed there were four sexual harassment grievances, however there were zero sexual abuse grievances.

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

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

115.53 Inmate access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Memorandum of Understanding with Sexual Assault & Family Emergencies
4. Individuals in Custody Handbook (Handbook)
5. PREA Poster

Interviews:

1. Interviews with Random Inmates
2. Interviews with Inmates who Reported Sexual Abuse
3. Interview with Victim Advocate

Site Review Observations:

1. Observation of Victim Advocacy Information

Findings (By Provision):

115.53 (a): The PAQ indicated that the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. It further stated that the facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers for local, state or national victim advocacy or rape crisis organizations and that the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in a confidential a manner as possible. The PAQ stated that IDOC does not hold individuals strictly for immigration purposes. 04.01.301, page 5 states that the PCM shall identify community agencies, including advocacy and crisis organizations, where reports can be made or that provide assistance or support services to staff or offenders in the prevention or intervention of sexual abuse and harassment. Contact information such as mailing addresses shall be provided via offender handbook, bulletins, etc. The MOU with Sexual Assault & Family Emergencies indicates that the purpose and scope of the MOU is to establish a joint effort between IDOC and Sexual Assault & Family Emergencies to make available to inmates access to an outside entity to provide emotional support services related to sexual abuse, including crisis intervention and sexual assault counseling, to aid IDOC in fulfilling compliance with 115.53 while inmates are incarcerated at the Big Muddy River Correctional Center and within the IDOC prison. The MOU further states that it understood face-to-face emotional support provided in a confidential a manner as possible or emotional support through confidential unmonitored, unrecorded phone call(s) shall comply with 735 ILCS 5/8-802.1 "Confidentiality of Statements Made to Rape Crisis Personnel". A review of the PREA poster confirmed that inmates are provided the mailing address and telephone number to Sexual Assault & Family Emergencies. The PREA poster states "if you are a victim of sexual abuse, individuals in custody may contact victim advocates for emotional support services related to sexual abuse". Page 21 of the Handbook has victim advocacy information, however it is the incorrect information. It has information for the Rape Crisis Services of the Woman's Center rather than Sexual Assault & Family Emergencies. Interviews with 42 inmates indicated that eight were aware of outside victim advocacy services and were provided a phone number and mailing address to a local rape crisis center. Most of the eight indicated they received the information but they were not familiar with specifics on the organization. Interview with inmates who reported sexual abuse indicated that none of the six were provided contact information for a local rape crisis center for emotional support services. The staff member from Sexual Assault & Family Emergencies advised they do have an MOU with the facility, however they never received the reciprocated fully executed document with the signatures. She stated they provide 24/7 medical advocacy, legal advocacy, counseling services and a 24/7 hotline for support. She stated they have provided medical advocacy for one inmate at Big Muddy, which was within the

last few weeks. She indicated the organization has not had a lot of contact with inmates at the facility, however she did have a concern with regard to inmate victims receiving treatment for SAFE/SANE at an outside hospital. Further clarification from the victim advocate indicated that the hospital called the rape crisis center, per State Law, and the inmate victim declined their services and indicated he did not want the services because Internal Affairs was conducting an investigation.

115.53 (b): The PAQ indicated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. It further stated that the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The MOU with Sexual Assault & Family Emergencies indicates that the purpose and scope of the MOU is to establish a joint effort between IDOC and Sexual Assault & Family Emergencies to make available to inmates access to an outside entity to provide emotional support services related to sexual abuse, including crisis intervention and sexual assault counseling, to aid IDOC in fulfilling compliance with 115.53 while inmates are incarcerated at the Big Muddy River Correctional Center and within the IDOC prison. The MOU further states that it understood face-to-face emotional support provided in a confidential a manner as possible or emotional support through confidential unmonitored, unrecorded phone call(s) shall comply with 735 ILCS 5/8-802.1 "Confidentiality of Statements Made to Rape Crisis Personnel". A review of the PREA poster confirmed that inmates are provided the mailing address and telephone number to Sexual Assault & Family Emergencies. The PREA poster states "if you are a victim of sexual abuse, individuals in custody may contact victim advocates for emotional support services related to sexual abuse". Page 81 of the Handbook states that mail office staff may spot check and read incoming non-privileged mail. Incoming mail may be inspected, reproduced or withheld from delivery if it poses a threat to the security of the institution, public officials, the general public or is being used to further illegal activities. Page 83 states Only incoming checks, special delivery, registered, certified, privileged or any tagged mail (see below) is recorded by the Mailroom. All other mail is shaken down and sent to the living units for delivery. Privileged mail, as listed in Department Rule 525B, comes into you sealed and unopened. Additionally, it states that incoming privileged will be opened in your presence by the housing unit officer to check for contraband, to verify the identity of the sender, and to determine that nothing other than legal or official matter is enclosed. It then will be handed directly to the addressee in accordance with Department Rule 525B. Page 87 of the Handbook states telephone calls are subject to monitoring and recording at any time unless prior arrangements have been made to make or receive a confidential phone call to your attorney. Additionally, page 21 of the Handbook has victim advocacy information, however it is the incorrect information. It has information for the Rape Crisis Services of the Woman's Center rather than Sexual Assault & Family Emergencies. The Handbook also advises inmates they can report to the Rape Crisis Services of the Women's Center, which is not what the organization is utilized for. Interviews with 42 inmates indicated that eight were aware of outside victim advocacy services and were provided a phone number and mailing address to a local rape crisis center. Most of the eight indicated they received the information but they were not familiar with specifics on the organization. Interview with inmates who reported sexual abuse indicated that none of the six were provided contact information for a local rape crisis center for emotional support services.

115.53 (c): The PAQ indicated that the facility maintains a memorandum of understanding or other agreement with a community service provider that is able to provide inmates with emotional support services related to sexual abuse. The PAQ also indicated that the facility maintains copies of the agreement. A review of documentation confirms that the facility has an MOU with Sexual Assault & Family Emergencies a local rape crisis center. The MOU was signed July 29, 2021 and the facility maintains a copy of the MOU.

Based on a review of the PAQ, 04.01.301, the MOU with Sexual Assault & Family Emergencies, the Inmate Handbook, the PREA Poster and interviews with random inmates, inmates who reported sexual abuse and the staff member at Sexual Assault & Family Emergencies this standard appears to require corrective action. The facility provides the inmates with contact information for the local rape crisis center, however the information is inconsistent. The documents have two different rape crisis centers. Inmates are also not provided with enough information related to when to contact the organization, whether it is free and the level of confidentiality. Additionally, they do not advise the inmates about mandatory reporting laws if they attempt to report to the rape crisis center. In fact, the Handbook indicates that inmates can write to one of the rape crisis center to report incidents of sexual abuse, which is not what the organization are utilized for. In addition, only eight of the 42 inmates were aware of and outside victim advocate and/or said they received contact information for a local rape crisis center. The auditor also identified through interview with the victim advocate that they never received an executed contract and that they did have concerns related to staff at the facility authorizing transportation to the hospital for forensic medical examinations.

Corrective Action

The facility will need to update the current information distributed to inmates (Handbook, Posters, etc.) to include the correct contact information to the local rape crisis center (Sexual Assault & Family Emergencies), how to contact the local rape crisis center, the hours to contact the organization, if it costs to contact the organization, the level of confidentiality and mandatory reporting related to disclosure of sexual abuse to the victim advocate. The facility will need to remove the information in the Handbook about reporting to the local rape crisis center. Once the information is updated the facility will need to provide it to the auditor. Additionally, the facility will need to post the information and provide inmates education on the information. Confirmation should be provided to the auditor of this distribution and education. The facility will also need to provide the Sexual Assault & Family Emergencies with an executed MOU and follow-up with regard to their concerns related to forensic medical examinations.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Updated PREA Poster
2. Photos of Updated PREA Posters
3. Updated Individual In Custody Handbook
4. Email Related to the Executed MOU
5. Photos of PREA Information on Television Channel

On May 2, 2022 the agency provided an email that was sent from the PC to all IDOC facilities. The email outlined that updated PREA information was required to be posted and added to each Handbook. The email indicated that each facility's local rape crisis center information should be added. The email further outlined that the postings should be placed near the phones in each housing unit in bright colored paper. The email stated that the postings are available in English and Spanish.

On May 25, 2022 the facility provided the updated PREA Poster and the Updated Handbook to the auditor. The Handbook included the PREA Poster (page 23). The PREA Poster contained the contact information (mailing address and telephone number) to Sexual Assault & Family Emergencies. The PREA Poster was provided in both English and Spanish. The Poster advised the inmates that they are provided services with the organization in a confidential manner consistent with Legal calls/visits. The Poster further advises the inmates that calls are at no charge and they are to contact their Counselor, Mental Health staff or the PCM for more information on contacting the organization. The Poster also states that any calls made from the inmate phones are subject to monitoring and recording and any reports to the organization may fall under mandatory reporting. The facility provided photos of the updated Poster throughout the facility. On May 25, 2022 the facility provided an email confirming that the executed MOU was sent to staff at Sexual Assault & Family Emergencies.

On June 23, 2022 the facility provided documentation confirming that the current inmate population was educated on the victim advocacy information. The facility provided photos that the updated posters were printed in bright colors and posted throughout the facility near the phones in the housing units and in common areas. Additionally, the facility placed the information on the facility tv channel and provided photos confirming the information was posted on the tv channel. Based on the documentation provided the facility has corrected this standard.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 367 297">Documents:</p> <ol data-bbox="242 327 1289 465" style="list-style-type: none"> <li data-bbox="242 327 536 353">1. Pre-Audit Questionnaire <li data-bbox="242 383 1289 409">2. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) <li data-bbox="242 439 427 465">3. PREA Poster <p data-bbox="242 557 483 584">Findings (By Provision):</p> <p data-bbox="242 674 1477 999">115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and the agency publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. The PREA Manual, page 32 states that the Department shall post publicly, and maintain, the third-party reporting avenue on its public website. A review of the agency's website as well as the PREA Poster confirm that there is information on how to report sexual abuse and/or staff sexual misconduct. Individuals can call the IDOC Headquarters number (217-558-4013) and leave a message. Additionally, the PREA Posters state that individuals can write to the IDOC PREA Coordinator and/or to the John Howard Association. The auditor contacted the phone number on the agency website on April 6, 2022 and left a message. The PC provided the auditor confirmation the same day of the call that the message was received. He indicated that if the allegation was sexual abuse or sexual harassment that the information would be forwarded for investigation.</p> <p data-bbox="242 1088 1461 1149">Based on a review of the PAQ, the PREA Manual, the PREA Poster and the agency's website this standard appears to be compliant.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 01.12.105 Reporting of Unusual Incidents
4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)
5. Investigative Reports

Interviews:

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

Findings (By Provision):

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

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

allegation. Interviews with thirteen staff confirm that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would report the information to the Shift Commander through the chain of command.

115.61 (c): Interviews with medical and mental health care staff confirm that at the initiation of services with an inmate they disclose limitations of confidentiality and their duty to report. Both staff stated they are required to report any knowledge, suspicion or information related an incident of sexual abuse or sexual harassment. One of the two staff members stated that she has worked for 22 years so she was sure she had become aware of an incident at some point. She stated she did report the information to security.

115.61 (d): The interview with the PREA Coordinator indicated that these allegations would be handled the same as the others. The Warden stated that they do not house offenders under eighteen and have no situations where this has occurred. He stated they would follow appropriate procedures for reporting.

115.61 (e): 04.01.301, page 8 states that any verbal report or observance of sexual activity shall be treated as possible sexual abuse. Any report or observance of sexual abuse or harassment shall be documented on an Incident Report, DOC 0434, and reported to the facility PCM in accordance with Paragraph II.G.6. All reports shall be investigated accordingly. Page 10 (Paragraph II.G.6) states that any alleged sexual abuse or harassment shall be reported through chain of command as an unusual incident in accordance with 01.12.105. All staff who observe the alleged abuse or harassment or to whom the initial report was made shall complete a DOC 0434 and may be required to be interviewed by an investigator or other staff designated by the Chief Administrative Officer prior to leaving the facility at the end of their shift. The interview with the Warden confirmed that all allegations are reported to the designated facility investigator. A review of investigations indicated that three were reported through a third party, three were reported through the hotline by the victim, three were reported in written format, one was reported verbally to mental health staff, two were reported Warden to Warden, one was discovered through an outside investigative agency and two were not documented with how they were reported. All fifteen included incident reports from staff involved to ensure the information was documented and referred for investigation.

Based on a review of the PAQ, 04.01.301, 01.12.105, the PREA Manual, investigative reports and information from interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden indicates that this standard appears to be compliant.

115.62	Agency protection duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 363 300">Documents:</p> <ol data-bbox="242 327 1326 472" style="list-style-type: none"> <li data-bbox="242 327 536 356">1. Pre-Audit Questionnaire <li data-bbox="242 383 1326 412">2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <li data-bbox="242 439 1289 468">3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) <p data-bbox="242 557 352 586">Interviews:</p> <ol data-bbox="242 613 611 759" style="list-style-type: none"> <li data-bbox="242 613 611 642">1. Interview with the Agency Head <li data-bbox="242 669 555 698">2. Interview with the Warden <li data-bbox="242 725 587 754">3. Interviews with Random Staff <p data-bbox="242 844 483 873">Findings (By Provision):</p> <p data-bbox="242 958 1481 1554">115.62 (a): The PAQ indicated that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be immediately provided protection from the alleged abuser and the incident shall be investigated. The PREA Manual, page 33 states that in cases where the alleged perpetrator is another offender, the Shift Supervisor shall be notified immediately. The Shift Supervisor shall ensure appropriate and immediate safeguards to protect the offender are taken. Depending on the severity, safeguards may include monitoring the situation, changing housing assignments, changing work assignments, placing the alleged victim and perpetrator in Special Housing, etc. The PREA Manual further states that if the alleged perpetrator is a staff member, all options for safeguarding the offender shall be considered as described above. Options may include reassignment to another unit or post, or other measures that will effectively separate the staff member from the offender. The PAQ stated that there were zero determinations made in the past twelve months that an inmate was at substantial risk of imminent sexual abuse. The Agency Head stated that in accordance with AD 04.01.301, all allegations and threats of imminent sexual abuse are taken seriously. The department extends all measures to the offender to include movement within the facility and/or transfer. He stated all such risk would be fully investigated and the offender at risk would have access to medical, mental health care and support services. The interview with the Warden indicated the facility would place the inmate in the receiving unit to ensure that Internal Affairs can speak to the inmate about the situation. He stated they would be placed in intake in order to keep them away from any other individuals in custody.</p> <p data-bbox="242 1644 1453 1704">Based on a review of the PAQ, 04.01.301, PREA Manual and information from interviews with the Agency Head, Warden and random staff indicates that this standard appears to be compliant.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

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

Interviews:

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

Findings (By Provision):

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

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

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

115.63 (d): The PAQ indicated that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. The PREA Manual, pages 33-34 state that in cases where there is an allegation that sexual abuse occurred at another Department facility, the Chief Administrative Officer of the victim's current facility shall report the allegation to the Chief Administrative of the identified facility. In cases alleging sexual abuse by staff at another facility, the Chief Administrative Officer of the offender's current facility shall refer the matter directly to Internal Affairs. The PAQ stated there was one allegation reported to the facility from another facility in the previous twelve months. A review of documentation indicated there were two allegations received through a Warden to Warden notification.

Both allegations has a completed investigation. The Agency Head stated that when notified by another agency of an allegation within an IDOC facility, the PCM of that respective facility is notified and the PREA procedures and protocols are implemented. He indicated that if an offender provides an allegation to IDOC regarding another jurisdiction, the Chief Administrative Officer (Warden) of the IDOC facility receiving the allegation reports such complaint to the Chief Administrative Officer (Warden) of the jurisdiction in which the report was alleged to have occurred. The Agency Head confirmed there have been examples and that cross jurisdictional reports happen regularly. The interview with the Warden indicated that the Chief Agency Officer (CAO) would notify the other CAO and that the allegation would be investigated. The Warden stated there have been no examples of this occurring during the audit period. It should be noted that during the interim report the PC provided a memo indicating that 04.01.301 was under review and that this provision was added to policy.

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

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 363 297">Documents:</p> <ol data-bbox="242 327 1326 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. PREA Checklist 4. Investigative Reports <p data-bbox="242 613 352 640">Interviews:</p> <ol data-bbox="242 669 820 813" style="list-style-type: none"> 1. Interview with First Responders 2. Interviews with Random Staff 3. Interviews with Inmates who Reported Sexual Abuse <p data-bbox="242 898 483 925">Findings (By Provision):</p> <p data-bbox="242 1014 1493 2045">115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse and that the policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. It further states that the policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be immediately provided protection from the alleged abuser and the incident shall be investigated. The victim shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and be evaluated by mental health or a crisis intervention team member within 24 hours to assess the need for counseling services. Policy further states that staff responding to any allegation of sexual abuse shall take steps to ensure preservation of the area in which the alleged abuse occurred, including requesting the alleged victim and abuser not to take any action that may destroy physical evidence, including changing clothes, bathing, brushing teeth, urinating, defecating drinking or eating, etc. The PREA Checklist also provides staff with a checklist of duties to ensure is completed post sexual abuse allegation. The PREA Checklist includes the required first responder duties. The PAQ stated there were four allegations of sexual abuse in the previous twelve months and all four involved the immediate separation of the alleged victim and abuser. None of the allegations involved the collection of physical evidence or securing of the crime scene. A review of the fifteen investigations indicated eight were sexual abuse. One involved the separation from the alleged perpetrator through a housing change and two involved a transfer of the inmate from the facility due to the alleged staff perpetrator. None were documented with evidence collection or instructions not to take any action to destroy physical evidence, however there were three open sexual abuse investigations that had limited information available for the auditor to review. The one security first responder stated he would separate the individuals, secure the scene, maintain and preserve any evidence, take the individuals to healthcare, notify Internal Affairs, notify mental health and then write a report. The second first responder indicated that he had been a first responder and what he did was radio for the supervisor, kept an eye on the cell, took the victim to the core area way from the perpetrator and then sealed off the cell. The non-security first responder stated that she would immediately notify the supervisor and make sure the individual was safe. Five of the six inmates who reported sexual abuse indicated that they were either moved or the other individual was moved the same day that they spoke with Internal Affairs. Most stated that they reported the information and then they were interviewed by Internal Affairs. One inmate stated he reported after the other inmate was already moved, because they both went to segregation for an unrelated issue.</p> <p data-bbox="242 2134 1474 2161">115.64 (b): The PAQ indicated that agency policy requires that if the first staff responder is not a security staff member, that</p>

responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. It further indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. 04.01.301, page 8 states that a member of the security staff shall be promptly notified if the staff responding is other than security staff. The PREA Checklist also provides staff with a checklist of duties to ensure is completed post sexual abuse allegation. The PREA Checklist includes the required first responder duties. The PAQ stated there were zero allegations of sexual abuse that involved a non-security staff first responder. A review of the fifteen investigations indicated the one allegation was reported to a non-security first responder but did not involve first responder duties. The allegation was subsequently deemed to not meet the definition of sexual abuse or sexual harassment. The one security first responder stated he would separate the individuals, secure the scene, maintain and preserve any evidence, take the individuals to healthcare, notify Internal Affairs, notify mental health and then write a report. The second first responder indicated that he had been a first responder and what he did was radio for the supervisor, kept an eye on the cell, took the victim to the core area way from the perpetrator and then sealed off the cell. The non-security first responder stated that she would immediately notify the supervisor and make sure the individual was safe. The interviews with thirteen random staff confirm that staff are aware of first responder duties. Most staff stated that they would separate the individuals, secure the scene and report to their supervisor.

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

115.65	Coordinated response
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 363 300">Documents:</p> <ol data-bbox="242 327 1458 501" style="list-style-type: none"> <li data-bbox="242 327 536 356">1. Pre-Audit Questionnaire <li data-bbox="242 383 1326 412">2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <li data-bbox="242 439 1458 501">3. Big Muddy River Correctional Center Institutional Directive (ID) 04.01.301 Sexual Abuse and Harassment Prevention and Intervention <p data-bbox="242 591 352 620">Interviews:</p> <ol data-bbox="242 647 555 676" style="list-style-type: none"> <li data-bbox="242 647 555 676">1. Interview with the Warden <p data-bbox="242 766 483 795">Findings (By Provision):</p> <p data-bbox="242 880 1490 1339">115.65 (a): The PAQ indicated that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. ID 04.01.301, page 7 states that any offender who alleges to be a victim of sexual abuse shall be immediately provided protection from the alleged abuser and the incident shall be investigated. The victim shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5. The decision to collect evidence shall be made on a case-by-case basis in accordance with standard investigative procedures. The victim will be evaluated by mental health or a crisis intervention team member within 24 hours to assess the need for counseling services. Policy further states that staff responding to any allegation of sexual abuse shall take steps to ensure preservation of the area in which the alleged abuse occurred, including requesting the alleged victim and abuser not to take any action that may destroy physical evidence, including changing clothes, bathing, brushing teeth, urinating, defecating drinking or eating, etc. Page 9 describes medical and mental health treatment for victims of sexual abuse, pages 10-11 describes the investigative process for allegations of sexual abuse and pages 3-7 describe the facility leaderships responsibilities. The Warden confirmed that the facility has an institutional plan that coordinates actions among staff first responders, medical and mental health practitioners, investigators and facility leadership.</p> <p data-bbox="242 1429 1490 1487">Based on a review of the PAQ, ID 04.01.301 and information from the interview with the Warden, this standard appears to be compliant.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 365 300">Documents:</p> <ol data-bbox="242 329 635 412" style="list-style-type: none"> <li data-bbox="242 329 536 358">1. Pre-Audit Questionnaire <li data-bbox="242 387 635 416">2. Collective Bargaining Agreements <p data-bbox="242 501 352 530">Interviews:</p> <ol data-bbox="242 560 611 589" style="list-style-type: none"> <li data-bbox="242 560 611 589">1. Interview with the Agency Head <p data-bbox="242 674 483 703">Findings (By Provision):</p> <p data-bbox="242 788 1493 1117">115.66 (a): The PAQ indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. A review of a sample of the agency's collective bargaining agreements confirm that those reviewed allowed for the removal of the alleged staff abuser. Most of the agreements indicated that a written reason for the removal, discipline or termination should be provided to the union. The interview with the Agency Head confirmed that the agency has entered into or renewed any collective bargaining agreements or other agreements since August 20, 2012. He stated that the agreements permit the agency to remove alleged staff sexual abusers from contact with any inmate pending an investigation or a determination on whether and to what extent discipline is warranted. The Agency Head stated that at minimum, all collective bargaining agreements provide the department the ability to place an employee on paid administrative leave.</p> <p data-bbox="242 1202 847 1232">115.66 (b): The auditor is not required to audit this provision.</p> <p data-bbox="242 1317 1461 1377">Based on a review of the PAQ, a sample of collective bargaining agreements and the interview with the Agency Head, this standard appears to be compliant.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

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

Interviews:

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

Findings (By Provision):

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

115.67 (b): 04.01.301, pages 11-12 state that for a minimum of 90 days following the initial report of sexual abuse or harassment, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to observe if there are changes that may suggest possible retaliation by offenders or staff. Offender conduct and treatment shall be documented on the PREA Retaliation Monitor – Offender, DOC 0498. The review shall include, but not be limited to, disciplinary reports, housing or programming changes and facility transfers and include periodic status checks to ensure he or she displays no changes that may suggest retaliation. Staff conduct and treatment shall be documented on the PREA Retaliation Monitor – Staff, DOC 0499. The review shall include, but not be limited to, negative performance reviews and reassignments. A review of investigative reports and monitoring documents indicated that there were no reported allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The Agency Head stated that the department has the tools of investigation, transfer of housing units, transfer to another facility, moving staff to different posts, medical evaluations and mental health evaluations to monitor for and prevent such retaliatory actions. He further stated that the department has an MOU with John Howard Association to receive complaints from offender to include retaliatory actions, which are then investigated by the department. The Agency Head also indicated that support services are provided throughout facilities by qualified mental health and local community providers, as necessary, and that offender and staff reporting such allegations are monitored for a period of no less than 90 days. The Warden stated that the facility can take protective actions including separating the individuals, referring the individual to medical and/or mental health, initiating an investigation, providing outside agency referrals and initiating transfers, if necessary. The interview with the staff who monitor for retaliation indicated that she is responsible for reviewing individuals in custody to ensure they are not being retaliated

against. She stated she reviews unnecessary discipline and housing changes. She indicated they offer emotional support for any individuals who may fear retaliation. The staff member responsible for monitoring stated that the facility can provide housing changes or possible transfers from those individuals who fear retaliation in order to protect them. She also stated they can remove the alleged individual in custody or staff member from contact with the individual reporting the allegations in order to protect them. The staff also stated they would offer emotional support services, if needed. She stated that while she does monitor she does not initiate contact with the individual who reported the allegation. Interviews with six inmates who reported sexual abuse indicated that four felt protected against retaliation because the other inmate was moved. One stated he was felt protected most of the time but he gets paranoid sometimes and that if you upset the wrong person they may not do anything but others might. There were no inmates in segregated housing for risk of victimization or for reporting sexual abuse and as such no interviews were conducted.

115.67 (c): The PAQ indicated that the agency/facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The PAQ stated that monitoring is completed for a minimum of 90 days. The PAQ further stated that the agency/facility acts promptly to remedy any relation and that the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. 04.01.301, pages 11-12 state that for a minimum of 90 days following the initial report of sexual abuse or harassment, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to observe if there are changes that may suggest possible retaliation by offenders or staff. Offender conduct and treatment shall be documented on the PREA Retaliation Monitor – Offender, DOC 0498. The review shall include, but not be limited to, disciplinary reports, housing or programming changes and facility transfers and include periodic status checks to ensure he or she displays no changes that may suggest retaliation. Policy further states that the Department shall act promptly to remedy any such retaliation. The PAQ noted there were zero incidents of retaliation reported in the previous twelve months. The interview with the Warden indicated that if retaliation is suspected or reported they would separate the individuals, continue with an investigation, extend the monitoring for retaliation time, transfer one of the inmates and/or place a “keep separate from” order. The interview with the staff member responsible for monitoring retaliation indicated that during monitoring she would review discipline to determine if there was any unnecessary discipline, she would review any housing or cell changes, any changes in programming or job assignment and any job assignment terminations. The staff member stated that monitoring starts as soon as the allegation is made and can last up to 90 day. She stated if initial monitoring indicates a need, they would continue monitoring past the 90 days until any concerns with retaliation are addressed and resolved. A review of fifteen investigative reports indicated that five required monitoring. Two of the allegations did not have an inmate victim and as such monitoring was not required, however the other three did have a named victim but did not have any monitoring documented.

115.67 (d): 04.01.301, pages 11-12 state that for a minimum of 90 days following the initial report of sexual abuse or harassment, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to observe if there are changes that may suggest possible retaliation by offenders or staff. Offender conduct and treatment shall be documented on the PREA Retaliation Monitor – Offender, DOC 0498. The review shall include, but not be limited to, disciplinary reports, housing or programming changes and facility transfers and include periodic status checks to ensure he or she displays no changes that may suggest retaliation. The staff member responsible for monitoring stated she does monitor but does not initiate contact with the individual who reported the allegation. A review of fifteen investigative reports indicated that five required monitoring. Two of the allegations did not have an inmate victim and as such monitoring was not required, however the other three did have a named victim but did not have any monitoring documented.

115.67 (e): 04.01.301, page 12 states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect the individuals against retaliation. The Agency Head stated that the department has the tools of investigation, transfer of housing units, transfer to another facility, moving staff to different posts, medical evaluations and mental health evaluations to monitor for and prevent such retaliatory actions. He further stated that the department has an MOU with John Howard Association to receive complaints from offender to include retaliatory actions, which are then investigated by the department. The Warden stated that the facility can take protective actions including separating the individuals, referring the individual to medical and/or mental health, initiating an investigation, providing outside agency referrals and initiating transfers, if necessary. He further indicated that if retaliation is suspected or reported they would separate the individuals, continue with an investigation, extend the monitoring for retaliation time, transfer one of the inmates and/or place a “keep separate from” order.

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

Based on a review of the PAQ, 04.01.301, investigative reports, DOC 0498 and interviews with the Agency Head, Warden and staff charged with monitoring for retaliation, this standard appears require corrective action. The staff member responsible for monitoring stated she does monitor but does not initiate contact with the individual who reported the allegation. A review of fifteen investigative reports indicated that five required monitoring. Two of the allegations did not have an inmate victim and as such monitoring was not required, however the other three did have a named victim but did not have any monitoring documented.

Corrective Action

The facility will need to train appropriate staff on what is required under monitoring for retaliation, including period in-person status checks. Additionally, the facility will need to ensure monitoring for retaliation is completed for all inmate victims of sexual abuse and any staff or inmate who witness or cooperate with an investigation, express a fear of retaliation. The facility will need to provide the auditor with a list of sexual abuse allegations during the corrective action period and the corresponding monitoring for retaliation documents.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Training Documentation for the Staff Responsible for Monitoring Retaliation
2. List of Sexual Abuse Allegations During the Corrective Action Period
3. Monitoring for Retaliation During the Corrective Action Period

On May 25, 2022 the facility provided training documents for staff responsible for monitoring for retaliation. The training was conducted on May 5, 2022. The training included a review of the policy (Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program) as well as a flow chart that described when monitoring for retaliation should be initiated and when it can cease. On May 25, 2022 the facility provided monitoring documentation for two inmates who reported sexual abuse after the on-site portion of the audit. One inmate had monitoring completed up until his parole (a month after the reported allegation). The other inmate had monitoring documented after the reported allegation (April 2022) and was still ongoing.

On August 24, 2022 the facility provided a list of three sexual abuse allegations reported during the corrective action period. The facility also provided the corresponding monitoring documents related to the allegations. A review of the documentation indicated all three included monitoring for retaliation. Two had the full 90 day monitoring and one was still in the process of the 90 days. All involved documentation of the protective measures employed and concerns reported by the inmate. The review included information on housing changes, program changes, work assignments and disciplinary reports. Periodic status checks were also conducted. Based on the documentation provided, the facility has corrected this standard.

115.68 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 05.15.100 Restrictive Housing
4. Inmate Victim Housing Assignments

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing

Site Review Observations:

1. Observations of the Segregated Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ further indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ noted there were zero inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 day. 04.01.301, page 7 states that an offender identified as vulnerable shall not be housed in a segregated status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided and such placement in segregation shall not ordinarily exceed a period of 30 days. Page 9 further states that any offender who alleges sexual abuse shall have their housing needs reviewed to determine appropriate placement. If the offender is transferred to another facility, the PCM of the sending facility shall promptly notify the PCM of the receiving facility of the alleged sexual abuse or harassment to ensure the offender receives proper follow-up services. Additionally, 05.15.100, page 6 states that a Restrictive Housing Review Committee (RHRC) shall be established at each facility with restrictive housing. The committee shall review the status of each individual in custody's placement into restrictive housing every seven days for the first 60 days and at least every 30 days thereafter, unless more frequently if clinically indicated. During the tour the auditor observed that the segregated housing unit had a separate recreation area as well as offices that could be utilized for programming. A review of housing documents for the eight inmates who reported sexual abuse indicated two did not have a named victim, two remained in their same housing unit at the time of the reported allegation, one was not at the facility as it was reported Warden to Warden, one was placed in segregated housing due to a physical altercation and a disciplinary report and two were placed in segregated housing less than 24 hours while they awaited their transported to another facility. The interview with the Warden confirmed that agency policy prohibits placing inmates who report sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are no alternative means of separation from likely abusers. He stated that individuals in custody who report sexual abuse are not placed in the restrictive housing unit. The Warden confirmed that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. He stated that individuals in custody who report sexual abuse are not placed in restrictive housing at Big Muddy and there have been no instances of this. The interview with the staff who supervise inmates in segregated housing confirmed that inmates who report sexual abuse who are involuntary segregated would have limited access to work opportunities but they would have access to programs, privileges and education to the extent possible. The staff member confirmed that they do not restrict them from anything but if they had to they would document it. The staff who

supervise inmates in segregated housing indicated that inmates would only be placed in involuntary segregated housing until they could find an alternative means of separation. He stated typically they would not remain in segregated housing for longer than seven days. He further confirmed that inmates in involuntary segregated housing would be reviewed at least every 30 days to review if there was a continued need for the inmate to remain in segregated housing. There were no inmates identified to be in segregated housing due to an allegation of sexual abuse and as such no interviews were conducted.

Based on a review of the PAQ, 04.01.301, 05.15.100, housing documentation for inmates who reported sexual abuse and the interview with the Warden and staff who supervise inmates in segregated housing, this standard appears to be compliant.

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

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

Interviews:

1. Interview with Investigative Staff
2. Interview with the Warden
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager
5. Interviews with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.71 (a): The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. The initial investigative report shall be provided to the Chief Administrative Officer within 24 hours of the onset of the investigation. Policy further states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. 01.12.120, page 1 states the CAO shall ensure that an internal investigation is conducted by facility staff, or by staff assigned by the Chief of Investigations and Intelligence, on each unusual incident reported, if it is determined that further facts are required. Page 2 states that the facility investigation shall include, but not be limited to: obtaining statements from all involved individuals; obtaining statements from all known and any possible witnesses; securing and preserving all weapons; securing and preserving any other evidence; determining if all policies and procedures were followed; determining the quality of offender and staff supervision; conferring with local State Attorney to determine if criminal prosecution is warranted and referring individuals to the prosecuting authority for criminal prosecution, when warranted. 01.12.101, 01.12.105, 01.12.115, 01.12.112 and 01.12.125 all outline different elements to the investigative process for the agency. A review of the fifteen investigations confirmed all were referred for investigation, two were being investigated by the State Police and thirteen were investigated by the facility investigator. The two investigations by the State Police were open and had been open for over eight months. The thirteen investigations at the facility involved three that were ongoing and ten that were closed. Of the ten that were closed, three were not completed within 30 days. It should be noted that all three allegations were investigated under the same case and the case was eight months after it was reported. All ten of the closed investigations were objective and thorough. All ten involved interviews with the alleged victim, perpetrator and witnesses, when applicable. Six of the ten involved collection of some type of evidence (i.e. video, letters, etc.). The investigator stated

that an investigation would be initially immediately after being reported. He confirmed that anonymous and third party investigation would be completed the same as any other method of reported allegation. He stated the investigation is the same process no matter how it is reported.

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

115.71 (c): 04.01.301, page 10 states that for reports of sexual abuse, the crime scene shall always be protected and investigators shall collect and tag evidence from the scene in accordance with established procedures. Evidence collected shall be submitted to the State Police within ten business days of receipt. 01.12.120, page 1 states the CAO shall ensure that an internal investigation is conducted by facility staff, or by staff assigned by the Chief of Investigations and Intelligence, on each unusual incident reported, if it is determined that further facts are required. Page 2 states that the facility investigation shall include, but not be limited to: obtaining statements from all involved individuals; obtaining statements from all known and any possible witnesses; securing and preserving all weapons; securing and preserving any other evidence; determining if all policies and procedures were followed; determining the quality of offender and staff supervision; conferring with local State Attorney to determine if criminal prosecution is warranted and referring individuals to the prosecuting authority for criminal prosecution, when warranted. 01.12.101, 01.12.105, 01.12.115, 01.12.112 and 01.12.125 all outline different elements to the investigative process for the agency. A review of the ten closed investigation confirmed that all ten involved interviews with the alleged victim, perpetrator and witnesses, when applicable. Six of the ten involved collection of some type of evidence (i.e. video, letters, etc.). The interview with the investigator indicated that his first steps in the investigative process would involve collecting evidence and speaking to the inmate victim. He stated he would also make sure that the victim was taken to medical and mental health. The investigator further stated his investigative process would involve opening a case; interviewing any witnesses, the perpetrator and anyone else involved in the allegation; interviewing staff and the victim; compiling the information; writing a report; determining the outcome and sending a notification to the victim related to the outcome. He further stated he would be responsible for collecting evidence such as clothing, video, objects, DNA, video, statements and anything else involved in the allegation. He confirmed that he would review the alleged perpetrators history.

115.71 (d): The interview with the investigator indicated that he would not consult with prosecutor before conducting any compelled interviews. He stated that the case would be turned over to the State Police if it was determined to be criminal and compelled interviews were required. A review of investigative reports confirmed none of the closed investigations involved compelled interviews.

115.71 (e): 04.01.301, page 10 states that alleged victims of sexual abuse shall not be required to submit to truth telling verification examinations such as voice stress analysis or polygraph exam as part of or as a condition of the investigation. The interview with the investigator confirmed that the agency does require inmate victims of sexual abuse to submit to a polygraph tests or any other truth-telling devices. He stated that credibility would be determined through interviews related to other evidence corroborating. Interviews with inmates who reported sexual abuse confirmed none of the six were required to take a polygraph test.

115.71 (f): 01.12.120, page 3 states that the supervisor of the internal investigation team shall submit an initial report, verbal or written, to the CAO within 48 hours of the incident and shall submit a final written report utilizing the Report of Investigation, DOC 0262, within ten working day from the conclusion of the investigation. A review of the fifteen allegations indicated that ten were closed. All ten were documented in a written report with information related to the initial allegation, a description of statements/interviews with the alleged victim, perpetrator(s) and/or witnesses, if applicable, whether video was

reviewed and investigatory facts and findings. The interview with investigative staff confirmed that all administrative investigations are documented in a written report and include: who is interviewed, the reasoning for the investigation; information related to the interviews conducted; information on the evidence collected; attachments of all documents collected during the investigation (i.e. video, statements, etc.); findings and a conclusion. He further stated that during the investigation he would determine through statements and video whether staff actions or failure to act contributed to the sexual abuse.

115.71 (g): 01.12.120, page 3 states that the supervisor of the internal investigation team shall submit an initial report, verbal or written, to the CAO within 48 hours of the incident and shall submit a final written report utilizing the Report of Investigation, DOC 0262, within ten working day from the conclusion of the investigation. There were zero criminal investigations available for review during the on-site portion of the audit. Two allegations were currently under criminal investigation by the State Police, however they were still open during the on-site portion of the audit. The interview with investigative staff confirmed that criminal investigations would be documented in written reports and include the same elements as an administrative investigative report. This would include: who is interviewed, the reasoning for the investigation; information related to the interviews conducted; information on the evidence collected; attachments of all documents collected during the investigation (i.e. video, statements, etc.); findings and a conclusion.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution. 04.01.301, page 11 states that upon conclusion of the investigation, if applicable, the case shall be reviewed with the appropriate State's Attorney for possible referral for prosecution. The PAQ noted there were zero allegations referred for prosecution since the last PREA audit but there were two still pending. A review of documentation confirmed that there are two criminal investigations that were being investigated by the State Police. The investigations were still open and the facility was unsure if they were referred for prosecution. The interview with the investigator indicated that an allegation would be referred for prosecution if the investigation was substantiated or if criminal charges were pending.

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

115.71 (j): The interview with the investigator confirmed that if a staff member terminates employment or an inmate departs the facility that the case would remain open but the State Police would track the individuals down to conduct interviews and assist with completing the investigation.

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

115.71 (l): 04.01.301 states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. Additionally, the MOU with the Illinois State Police (signed in 2019) indicates that they conduct investigations related to sexual assault involving staff on staff or staff on inmate. The PREA Coordinator stated that the outside agency would provide confidential updates through the agency and this information would be shared with the identified agency specialized trained staff. The Warden stated that Internal Affairs would continue to work in conjunction with the outside agency and would receive updates. The PCM stated that Internal Affairs staff would remain in contact with the outside investigators and the outside investigators would notify Internal Affairs of any findings. The interview with the investigator indicated once he turns the investigation over to the State Police he would be taken out of the equation. He stated he would provide them with whatever information he had and then they would take over the investigation.

Based on a review of the PAQ, 04.01.310, 01.12.101, 01.12.112, 01.12.115, 01.12.120, 01.12.125, the MOU with the State Police, investigative reports, investigative training records and information from interviews with the Warden, PREA Coordinator, PREA Compliance Manager and investigator, indicate that this standard appears to be compliant.

115.72	Evidentiary standard for administrative investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 367 300">Documents:</p> <ol data-bbox="242 327 1329 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Prison Rape Elimination Act (PREA) for Investigators Training Curriculum 4. Investigative Reports <p data-bbox="242 613 352 642">Interviews:</p> <ol data-bbox="242 669 616 698" style="list-style-type: none"> 1. Interview with Investigative Staff <p data-bbox="242 784 483 813">Findings (By Provision):</p> <p data-bbox="242 898 1485 1263">115.72 (a): The PAQ stated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 04.01.301, page 10 states that the Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Additionally, the PREA for Investigators Training Curriculum includes information on the elements to substantiate an investigation (preponderance of evidence). A review of the fifteen investigations indicated that five of the sexual abuse allegation was deemed unsubstantiated and three sexual abuse investigation were open. A review of the investigative reports indicated that all findings were appropriate based on the evidence, and none should have been substantiated due to a preponderance of evidence. The interview with the investigator indicated that he did not know the name of the level of evidence required to substantiated a case, however he did know examples. He stated he would need two or more statements corroborating the allegation or he would need the perpetrator to admit to the allegation or he would need evidence from the sexual assault kit to indicate it occurred.</p> <p data-bbox="242 1348 1445 1413">Based on a review of the PAQ, 04.01.301, PREA Investigators Training Curriculum, investigative reports and information from the interview with the investigator, it is determined that this standard appears to be compliant.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

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

Interviews:

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

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. 04.01.301, page 10 states that the alleged victim will be notified, in writing, of the outcome of the investigation. The PAQ stated there were fifteen completed sexual abuse investigations in the previous twelve months and all fifteen had a verbal or written victim notification. It further clarified there were four sexual abuse investigations completed and eleven sexual harassment investigations completed, and all fifteen has a victim notification. A review of the eight sexual abuse investigations indicated five had a completed investigation. Two of the investigations were reported by a third party and did not have a named victim and the other three were documented with a victim notification. The interviews with the Warden and the investigators confirm that inmates are informed of the outcome of the investigation into their allegation. Interviews with inmates who reported sexual abuse indicated four were aware that they were to be notified of the outcome of their investigation. Three of the four indicated they were informed between a month and three months after they reported.

115.73 (b): The PAQ indicate that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. The PAQ stated there were zero investigations completed by an outside agency in the previous twelve months. 04.01.301, page 10 states that the alleged victim will be notified, in writing, of the outcome of the investigation. A review of investigations confirmed that two were investigated by the State Police. Both investigations were recent and were still open. As such no notifications under this provision were required.

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

the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PREA Manual further states that an assessment shall be completed to determine if actions described above are warranted in accordance with section 115.65. The actions may not be appropriate in all cases. Offenders shall be notified only if there is a link between the listed actions in this section and an incident of sexual abuse. The timing of such notifications shall not interfere with any pending criminal or administrative investigations. A review of the fifteen investigations indicated that four were staff-on-inmate allegations. Two of the allegations were still under investigation by the State Police, however both staff resigned. The facility did not have any documentation indicating the inmate victims were notified that the staff member was no longer employed at the facility. Interviews with inmates who reported sexual abuse indicated that one of the six had an allegation against staff. The inmate advised he was not informed anything about the staff member. The inmate stated that it was not really sexual abuse but more of a misconduct thing where the staff member made a sexual comment.

115.73 (d): The PAQ indicated following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PREA Manual, page 40 states that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of fifteen investigative reports indicated there were four inmate-on-inmate sexual abuse allegations, however none were substantiated. As such there were zero notifications under this provision required. Interviews with inmates who reported sexual abuse indicated that five were inmate-on-inmate allegations. All five stated that they had not been notified of anything related to the allegation.

115.73 (e): The PAQ indicated the agency has a policy that all notifications to inmates described under this standard are documented. 04.01.301, page 10 states that the alleged victim will be notified, in writing, of the outcome of the investigation. The PAQ stated there were zero notification made pursuant to this standard. Further communication with the PC indicated this was a mistake and there were fifteen total notifications under this standard. A review of the eight sexual abuse investigations indicated five had a completed investigation. Two of the investigations were reported by a third party and did not have a named victim and the other three were documented with a victim notification. Additionally, a review of the fifteen investigations indicated that four were staff-on-inmate allegations. Two of the allegations were still under investigation by the State Police, however both staff resigned. The facility did not have any documentation indicating the inmate victims were notified that the staff member was no longer employed at the facility.

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

Based on a review of the PAQ, 04.01.301, the PREA Manual, investigative reports, victim notification memos and information from interviews with the Warden and the investigator indicate that this standard requires corrective action. A review of the eight sexual abuse investigations indicated five had a completed investigation. Two of the investigations were reported by a third party and did not have a named victim and the other three were documented with a victim notification. Additionally, a review of the fifteen investigations indicated that four were staff-on-inmate allegations. Two of the allegations were still under investigation by the State Police, however both staff resigned. The facility did not have any documentation indicating the inmate victims were notified that the staff member was no longer employed at the facility.

Corrective Action

The facility will need to train staff on the requirements under this provision. A copy of the training records will need to be provided to the auditor. Additionally, the facility will need to provide the list of sexual abuse allegations during the corrective action period and all associated notifications.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Training Documentation for Investigative Staff
2. List of Sexual Abuse Allegations During the Corrective Action Period
3. Investigative Outcome Notification Documents

On May 16, 2022 the facility provided the auditor with an email that was sent on May 12, 2022 from the Acting Deputy Commander of the Southern Region for the Investigation Unit to all investigators. The email outlined the requirements for reporting to inmates under provision (c), related to alleged staff perpetrators and provision (d), related to alleged inmate perpetrators.

On August 24, 2022 the facility provided a list of three sexual abuse allegations reported during the corrective action period. The facility provided the victim notification for the one sexual abuse investigation that was closed (two investigations were still open). The facility also provided the corresponding victim notification for one sexual harassment investigation that was closed. A review of the documentation confirmed the two inmate victims (one sexual abuse and one sexual harassment) were provided a letter indicating the investigative outcome. Neither investigation required notification of staff reassignments, no longer employed at the facility, etc. Based on the documentation provided the facility has corrected this standard.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Administrative Directive 03.01.120 Employee Review Hearing
4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)
5. Investigative Reports

Findings (By Provision):

115.76 (a): The PAQ indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 04.01.301, page 11 states that all terminations for violating the agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PREA Manual, page 41 states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. A review of investigative reports indicated that there were two staff-on-inmate allegations that involved the staff member resigning during the investigation. Both allegations were currently being investigated by the State Police and did not have an investigative finding.

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

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

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

Based on a review of the PAQ, 04.01.301, 03.01.120, the PREA Manual and investigative reports, this standard appears to be compliant.

115.77	Corrective action for contractors and volunteers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 365 300">Documents:</p> <ol data-bbox="242 327 1329 472" style="list-style-type: none"> <li data-bbox="242 327 536 356">1. Pre-Audit Questionnaire <li data-bbox="242 383 1329 412">2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <li data-bbox="242 439 507 468">3. Investigative Reports <p data-bbox="242 557 352 586">Interviews:</p> <ol data-bbox="242 613 555 642" style="list-style-type: none"> <li data-bbox="242 613 555 642">1. Interview with the Warden <p data-bbox="242 728 483 757">Findings (By Provision):</p> <p data-bbox="242 842 1493 1137">115.77 (a): The PAQ indicated that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. 04.01.301, page 11 states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there have been no contractors or volunteers who violated the sexual abuse or sexual harassment policies nor were there any who were reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports confirmed there were zero contractors or volunteers who violated the agency's sexual abuse or sexual harassment policies.</p> <p data-bbox="242 1225 1493 1453">115.77 (b): The PAQ indicated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 04.01.301, page 11 states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies. The interview with the Warden indicated that if a volunteer or contractor violated the sexual abuse and/or sexual harassment policies an investigation would be initiated and the vendor would not be allowed back into the facility until the investigation was completed.</p> <p data-bbox="242 1541 1436 1603">Based on a review of the PAQ, 04.01.301, investigative reports and information from the interview with the Warden, this standard appears to be compliant.</p>

115.78 **Disciplinary sanctions for inmates**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. Illinois Administrative Code 20.504
4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual)
5. Investigative Reports

Interviews:

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

Findings (By Provision):

115.78 (a): The PAQ indicated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that an inmate engaged in inmate-on-inmate sexual abuse. 04.01.301, page 10 states that upon conclusion of the investigation disciplinary reports shall be completed, served and processed, where warranted. 20.504, page 2 states that no offender shall be found guilty of any violation without a hearing before the Adjustment Committee or Program Unit. 20.504 further describes the formal disciplinary process required. The PAQ stated there were zero administrative finding of inmate-on-inmate sexual abuse and zero criminal findings of inmate-on-inmate sexual abuse. A review of investigative reports confirmed there were zero substantiated inmate-on-inmate sexual abuse and/or sexual harassment allegation.

115.78 (b): 20.507, pages 2-3 stated that in determining the appropriate sanctions, the Adjustment Committee or Program Unit, the CAO and the Director shall consider, among other matters, mitigating or aggravating factors including; the offenders age, medical and mental health state, if the offender was determined to be mentally ill, the extent and degree of participation in the commission of the offense and the offender's prior disciplinary record. The Warden confirmed that if an inmate perpetrator is found to have violated the sexual abuse or sexual harassment policies he/she would be subject to up to one year in segregated housing, up to one year loss of privileges, 90 days B or C grade, six months of sentence revocation and additional charges. The Warden confirmed that they are consistent in the disciplinary process and that sanctions would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

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

115.78 (d): The PAQ indicated the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. It further stated that the facility does not require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Interviews with medical and mental health staff indicated that they would offer services to the alleged perpetrator and that they do not require participation

in order to gain access to any other benefits or programs.

115.78 (e): The PAQ indicated that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

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

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

Based on a review of the PAQ, 04.01.301, 20.507, the PREA Manual, investigative reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

115.81

Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- 1. Pre-Audit Questionnaire
- 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
- 3. Standard Operating Procedural (SOP) Manual for Mental Health
- 4. Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494)
- 5. Medical/Mental Health Documents
- 6. Memorandum Related to Mental Health Follow-Ups
- 7. Documentation Related to the Eleven Mental Health Follow-Ups

Interviews:

- 1. Interview with Staff Responsible for Risk Screening
- 2. Interviews with Medical and Mental Health Staff
- 3. Interviews with Inmates who Disclose Sexual Victimization at Risk Screening

Site Review Observations:

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

Findings (By Provision):

115.81 (a): The PAQ indicated that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. 04.01.301, page 6 states that if it is determined that the offender was previously a victim of sexual abuse, the facility PCM shall notify medical and mental health staff within fourteen days of the screening. The PAQ noted that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. A review of mental health documents for seven inmates who disclosed prior sexual victimization during the risk screening indicated that none were documented with being provided a follow-up with mental health. The interview with the staff responsible for the risk screening indicated that inmates are offered a follow-up with medical or mental health care staff within 14 days. Interviews with two inmates who disclosed sexual victimization during the risk screening indicated neither were offered a follow-up with medical or mental health care staff.

115.81 (b): The PAQ indicated that all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. 04.01.301, page 7 states that if it is determined that the offender previously perpetrated sexual abuse, the facility PCM shall notify mental health staff within fourteen days of the screening. The PAQ noted that 100% of those inmates who reported prior perpetration were seen within fourteen days by medical or mental health. During documentation review the auditor identified three inmates with prior sexual abusiveness. A review of documentation indicated that zero of the three were offered a follow-up with mental health care staff. The interview with the staff responsible for the risk screening indicated that inmates identified during the risk screening

with prior sexual abusiveness would be offered a follow-up with mental health within fourteen days.

115.81 (c): The PAQ indicated that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. 04.01.301, page 6 states that if it is determined that the offender was previously a victim of sexual abuse, the facility PCM shall notify medical and mental health staff within fourteen days of the screening. The PAQ noted that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. A review of mental health documents for seven inmates who disclosed prior sexual victimization during the risk screening indicated that none were documented with being provided a follow-up with mental health. The interview with the staff responsible for the risk screening indicated that inmates are offered a follow-up with medical or mental health care staff within 14 days. Interviews with two inmates who disclosed sexual victimization during the risk screening indicated neither were offered a follow-up with medical or mental health care staff.

115.81 (d): The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners, however it stated that the information is only shared with staff to assist with security and management decisions. 04.01.301, page 5 states that access to information related to sexual abuse occurring in an correctional setting shall be treated as confidential and limited to staff directly related to the assessment, treatment, placement or investigations of the offender to the extent possible when ensuring the safety and security of the offender. During the tour the auditor observed that all inmate medical files were paper and were maintained in a records room. The records room is staffed during normal business hours by a staff member who limits access to the records. The records room is locked after hours and only medical or mental health care staff have access. The risk screening information is maintained either paper or electronic. Paper records are maintained in a locked records room with limited access. Electronic records are visible based on type of staff profile. Only those with a need to know have access.

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

Based on a review of the PAQ, 04.01.301, SOP Manual for Mental Health, DOC 0494, medical and mental health documents, information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening indicate that this standard requires corrective action. A review of mental health documents for seven inmates who disclosed prior sexual victimization during the risk screening indicated that none were documented with being provided a follow-up with mental health. Additionally, interviews with two inmates who disclosed sexual victimization during the risk screening indicated neither were offered a follow-up with medical or mental health care staff. In addition, during documentation review the auditor identified three inmates with prior sexual abusiveness. A review of documentation indicated that zero of the three were offered a follow-up with mental health care staff.

Corrective Action

The facility will need to train appropriate staff on the requirements under this standard. Documentation will need to be provided of inmates who disclose victimization during the risk screening and those identified with prior sexual abusiveness during the corrective action period. Additional documentation should be provided confirming that all inmates were provided a mental health follow-up within fourteen days.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Risk Assessments During the Corrective Action Period
2. Mental Health Follow-Up Documentation

On May 24, 2022 the facility provided documentation for the five inmates that arrived at the facility during the corrective action period (there has been limited inmate movement due to an increase activity of COVID-19 across the agency). Of the five inmates, two were documented with disclosing prior sexual victimization during the risk screening and one was documented with prior abusiveness during the risk screening. All three were documented with a follow-up referral to mental health and all three were seen by mental health within the required fourteen days. On July 12, 2022 the facility provided twelve additional examples, eight prior perpetrators and four prior victims. All twelve were documented with being offered a mental health follow-up the same date as the risk assessment.

On August 12, 2022 the facility provided documentation that illustrated that the electronic risk assessment system was updated to require documentation of a mental health referral for any individual who discloses prior sexual victimization or is identified with prior sexual abusiveness. The facility provided two examples of the updated system referrals. Both were documented with an accepted mental health referral the same date of the disclosure/discovery. Further documentation was provided that confirmed that both inmates were seen by a mental health staff member, one within a week of the referral and one within three weeks of the referral. Based on the documentation provided the facility has corrected this standard.

115.82 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

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

Interviews:

- 1. Interviews with Medical and Mental Health Staff
- 2. Interviews with First Responders
- 3. Interviews with Inmates who Reported Sexual Abuse

Site Review Observations:

- 1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature of scope of services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further indicates that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. During the tour, the auditor observed that health services included medical, mental health, dental and x-ray. The waiting area was a small space with chairs. Exam rooms and treatment rooms provided privacy through doors with windows and curtains. The ancillary room was a larger room with a door and mobile barrier. Health services also contained a small infirmary and suicide observation rooms with appropriate privacy. A review of the eight sexual abuse allegations indicated two of the allegations did not have named inmate victims, three of the inmate victims refused services, one was provided mental health services at the facility where it was reported (Warden to Warden), one received medical and mental health services and one inmate did not have any documents related to medical and mental health services. The one inmate without documentation was a recent investigation that was initiated by the State Police and the facility had extremely limited information on the allegation/investigation. Interviews with medical and mental health care staff confirmed that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention service. Medical staff stated that victims would receive services as soon as they were notified and the inmate was brought to health services. The mental health staff stated she would provide services as soon as the inmate was brought to health services after being interviewed by Internal Affairs. Interviews with inmates who reported sexual abuse indicated that five were offered medical and/or mental health services. Two advised they declined the services. One inmate state he was not offered medical or mental health services. A review of the investigation indicated the inmate refused medical and mental health services.

115.82 (b): 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling

services. Page 9 (Paragraph II.G.5) further states that treatment shall be provided by a certified SAFE or SANE at a local emergency room and that the medical examination provided by Department facilities shall include a general physical examination for recent sexual abuse. The one security first responder stated he would separate the individuals, secure the scene, maintain and preserve any evidence, take the individuals to healthcare, notify Internal Affairs, notify mental health and then write a report. The second first responder indicated that he had been a first responder and what he did was radio for the supervisor, kept an eye on the cell, took the victim to the core area way from the perpetrator and then sealed off the cell. The non-security first responder stated that she would immediately notify the supervisor and make sure the individual was safe.

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

Based on a review of the PAQ, 04.01.301, medical and mental health documents and information from interviews with medical and mental health care staff indicate that this standard appears to require additional documentation to determine compliance. A review of documentation indicated that one sexual abuse allegation involved penetration. It was determined after the on-site portion of the audit that the inmate was transported to the local hospital for a forensic medical examination. The auditor was not provided any documentation related to this service and was not provided any documentation related to follow-up services for the inmate. The inmate was documented with medical and mental health services at the facility, however there was no documentation confirming whether the inmate was offered information and access to sexually transmitted infection prophylaxis. The investigation was currently open and there was limited documentation provided to the auditor. Two allegations had limited information as they were being investigated by the State Police and the facility had limited information.

Corrective Action

The facility will need to provide the auditor with medical and mental health documentation for the three sexual abuse allegations that are still under investigation to confirm whether the inmates were provided appropriate access and information under provision (c).

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. List of Sexual Abuse Allegations Reported During the Corrective Action Period
2. Medical and Mental Health Documentation

On May 16, 2022 the facility provided the auditor with documentation showing a forensic medical examination was conducted on the inmate victim of case 2022-BMR-5003. The documentation confirmed that the inmate victim was provided sexually transmitted infection prophylaxis and testing at the hospital on February 23, 2022. The facility provided documentation indicating another one of the three inmates refused medical and mental health services. The one inmate that the facility did not provide documentation for was immediately transferred to another facility as the allegation involved staff sexual misconduct.

On August 24, 2022 the facility provided a list of three sexual abuse allegations and one sexual harassment allegation reported during the corrective action period. The facility also provided the corresponding medical and mental health

documents related to the allegations. A review of the documentation confirmed all four inmate victims were offered medical and mental health services after the reported allegation. Two of the inmate victims were also documented with follow-up appointments with mental health. None of the allegations involved penetration and as such there was no documentation necessary related to sexually transmitted infection prophylaxis. Based on the documentation provided, the facility has corrected this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

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

Interviews:

1. Interviews with Medical and Mental Health Staff
2. Interviews with Inmates who Reported Sexual Abuse

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The PAQ indicated the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. Additionally, 04.01.301, page 6 states that if it is determined that the offender was previously a victim of sexual abuse, the facility PCM shall notify medical and mental health staff within fourteen days of the screening. During the tour, the auditor observed that health services included medical, mental health, dental and x-ray. The waiting area was a small space with chairs. Exam rooms and treatment rooms provided privacy through doors with windows and curtains. The ancillary room was a larger room with a door and mobile barrier. Health services also contained a small infirmary and suicide observation rooms with appropriate privacy.

115.83 (b): 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. A review of the eight sexual abuse allegations indicated that two of the allegations did not have named inmate victims, three of the inmate victims refused services, one was provided mental health services at the facility where it was reported (Warden to Warden), one received medical and mental health services and one inmate did not have any documents related to medical and mental health services. The one inmate without documentation was a recent investigation that was initiated by the State Police and the facility had extremely limited information on the allegation/investigation. None of the inmates were documented with follow-up services. It was determined after the on-site portion of the audit that one inmate was transported to the local hospital for a forensic medical examination. The auditor was not provided any documentation related to this service and was not provided any documentation related to follow-up services for the inmate. Interviews with medical and mental health care staff confirmed that they provide on-going and follow-up services to inmate victims of sexual abuse. A few of the services include HIV/STI testing and medication, therapy, coping techniques, treatment plans and access to outside services for victim advocates to provide therapy. Interviews with inmates who reported sexual abuse indicated that none were provided follow-up services. Two inmates stated they declined services so no follow-up was necessary, one stated he did not receive any services and three stated they received medical and/or mental health services but no follow-up services. None of the inmates interviewed had an allegation that involved penetration or need for follow-up medical services.

115.83 (c): The facility provides access to medical and mental health staff on-site and also transports inmates to the local hospital for treatment that is not available at the facility. All medical and mental health care staff are required to have the appropriate licensure and credentials. A review of the eight sexual abuse allegations indicated that two of the allegations did not have named inmate victims, three of the inmate victims refused services, one was provided mental health services at the facility where it was reported (Warden to Warden), one received medical and mental health services and one inmate did not have any documents related to medical and mental health services. The one inmate without documentation was a recent investigation that was initiated by the State Police and the facility had extremely limited information on the allegation/investigation. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): The PAQ indicated that the facility does not house female inmates and as such this provision does not apply. The PREA Manual, page 45 states that inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

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

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. 04.01.301, page 9 states that a general physical examination for recent sexual abuse shall include, but not be limited to: a blood test (RPR for Syphilis); culture smears for seminal fluid, Gonorrhea, Chlamydia and other Sexually Transmitted Diseases (STD) as appropriate; Hepatitis C antibody test and Hepatitis B surface antigen and antibody blood test and an HIV test and counseling shall be offered. A review of documentation indicated that one sexual abuse allegation involved penetration. It was determined after the on-site portion of the audit that the inmate was transported to the local hospital for a forensic medical examination. The auditor was not provided any documentation related to this service and was not provided any documentation related to follow-up services for the inmate. The inmate was documented with medical and mental health services at the facility, however there was no documentation confirming whether the inmate was offered testing for sexually transmitted infections. The investigation was currently open and there was limited documentation provided to the auditor. Two allegations had limited information as they were being investigated by the State Police and the facility had limited information.

115.83 (g): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 04.01.301, page 9 states that offenders shall not be charged a co-payment for medical treatment, including forensic medical examinations, obtained for alleged sexual abuse. The interviews with inmates who reported sexual abuse indicated that three were seen by medical and/or mental health and they were not required to pay for their services. Two inmates advised they declined services and one stated he did not receive any medical or mental health services.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. The PREA Manual, page 46 states that all prisons shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. There were zero inmate-on-inmate sexual abuse allegations that were deemed substantiated and as such there were no confirmed inmate-on-inmate abusers who required an evaluation under this provision. Interviews with medical and mental health staff indicate that mental health would see the inmate abuser as soon as they spoke with Internal Affairs or as soon as they get a referral.

Based on a review of the PAQ, 04.01.301, the PREA Manual, medical and mental health documents, observations made during the tour and information from interviews with medical and mental health care staff, this standard appears to require additional information in order to determine compliance. A review of documentation indicated that one sexual abuse

allegation involved penetration. It was determined after the on-site portion of the audit that the inmate was transported to the local hospital for a forensic medical examination. The auditor was not provided any documentation related to this service and was not provided any documentation related to follow-up services for the inmate. The inmate was documented with medical and mental health services at the facility, however there was no documentation confirming whether the inmate was offered testing for sexually transmitted infections. The investigation was currently open and there was limited documentation provided to the auditor. Two allegations had limited information as they were being investigated by the State Police and the facility had limited information.

Corrective Action

The facility will need to provide the auditor with medical and mental health documentation for the three sexual abuse allegations that are still under investigation to confirm whether the inmates were provided appropriate access and information under provision (f).

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. List of Sexual Abuse Allegations Reported During the Corrective Action Period
2. Medical and Mental Health Documentation

On May 24, 2022 the facility provided documentation for the five inmates that arrived at the facility during the corrective action period (there has been limited inmate movement due to an increase activity of COVID-19 across the agency). Of the five inmates, two were documented with disclosing prior sexual victimization during the risk screening and one was documented with prior abusiveness during the risk screening. All three were documented with a follow-up referral to mental health and all three were seen by mental health within the required fourteen days. On July 12, 2022 the facility provided twelve additional examples, eight prior perpetrators and four prior victims. All twelve were documented with being offered a mental health follow-up the same date as the risk assessment.

On August 12, 2022 the facility provided documentation that illustrated that the electronic risk assessment system was updated to require documentation of a mental health referral for any individual who discloses prior sexual victimization or is identified with prior sexual abusiveness. The facility provided two examples of the updated system referrals. Both were documented with an accepted mental health referral the same date of the disclosure/discovery. Further documentation was provided that confirmed that both inmates were seen by a mental health staff member, one within a week of the referral and one within three weeks of the referral.

On May 16, 2022 the facility provided the auditor with documentation showing a forensic medical examination was conducted on the inmate victim of case 2022-BMR-5003. The documentation confirmed that the inmate victim was provided sexually transmitted infection prophylaxis and testing at the hospital on February 23, 2022. The facility provided documentation indicating another one of the three inmates refused medical and mental health services. The one inmate that the facility did not provide documentation for was immediately transferred to another facility as the allegation involved staff sexual misconduct. The facility provided a list of sexual abuse allegations reported during the corrective action period.

On August 24, 2022 the facility provided a list of three sexual abuse allegations and one sexual harassment allegation reported during the corrective action period. The facility also provided the corresponding medical and mental health documents related to the allegations. A review of the documentation confirmed all four inmate victims were offered medical

and mental health services after the reported allegation. Two of the inmate victims were also documented with follow-up appointments with mental health. None of the allegations involved penetration and as such there was no documentation necessary related to sexually transmitted infection prophylaxis. Based on the documentation provided, the facility has corrected this standard.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 365 297">Documents:</p> <ol data-bbox="240 327 1329 526" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Investigative Reports 4. Sexual Abuse Incident Reviews (DOC 0593) <p data-bbox="240 613 352 640">Interviews:</p> <ol data-bbox="240 669 756 813" style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager 3. Interview with Incident Review Team <p data-bbox="240 900 483 927">Findings (By Provision):</p> <p data-bbox="240 1014 1484 1243">115.86 (a): The PAQ indicated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 04.01.301, page 11 states that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ stated there were four criminal and/or administrative investigations of alleged sexual abuse completed at the facility excluding only unfounded incidents. A review investigations indicated that five required a sexual abuse incident review. Of the five, two had documentation that a sexual abuse incident review completed.</p> <p data-bbox="240 1330 1489 1592">115.86 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The PAQ further stated that there were two sexual abuse incident review completed within 30 days over the previous twelve months. 04.01.301, page 11 states that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. A review investigations indicated that five required a sexual abuse incident review. Of the five, two had documentation that a sexual abuse incident review completed. One review was completed within the 30 day timeframe. The second review did not have a date so the auditor was unable to determine if the review was completed in the appropriate timeframe.</p> <p data-bbox="240 1680 1479 1942">115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. 04.01.301, page 11 states that the review team, at minimum, shall include: Assistant Chief Administrative Officer; Shift Commander or Lieutenant; a representative from Internal Affairs; the PCM, a representative from medical and a representative from mental health. The two completed sexual abuse incident reviews included upper level management, a supervisor, an investigator and medical and/or mental health care staff. The interview with the Warden confirmed that the facility has a sexual abuse incident review team and the team is made up of several departments including; the Health Care Administrator, the Mental Health Administrator, the Warden, the Assistant Warden of Operations, the Assistant Warden of Program and Internal Affairs.</p> <p data-bbox="240 2029 1485 2159">115.86 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. 04.01.301, page 11 states that the review, including any reports of findings or any recommendation for improvement, shall be</p>

documented on the DOC 0593, Sexual Abuse Incident Review. A review of the two completed sexual abuse incident review indicated that they included the required elements under this provision. Both reviews were completed using the DOC 0593, which has section for each element as well as recommendations. Interviews with the Warden, PCM and incident review team member confirmed that these reviews are being completed and they include all the required elements under this provision. The Warden stated that they use the information from the review to make recommendations to deter any future instances of sexual abuse. The PCM stated that they complete sexual abuse incident reviews monthly. She stated that she is part of the review team and that she completes the report. She further stated that the reports are forwarded to the CAO for review. The PCM indicated that most reports are sexual harassment and that they are generally unsubstantiated because there are no witnesses. The PCM further stated that once the review is submitted she would ensure any changes or recommendations are implemented. She indicated there have been no recommendation for improvement identified during the audit period.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 04.01.301, page 11 states that the DOC 0593 shall be forwarded to the Chief Administrative Officer so recommendations for improvement may be considered. Any recommendation not implemented shall be documented on the DOC 0593 including justification for not doing so. A review of the two completed sexual abuse incident review indicated that a section exists for recommendations and corrective action, however neither included any recommendations.

Based on a review of the PAQ, 04.01.301, investigative report, sexual abuse incident reviews (DOC 0593) and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard appears to require corrective action. A review investigations indicated that five required a sexual abuse incident review. Of the five, two had documentation that a sexual abuse incident review completed. One review was completed within the 30 day timeframe. The second review did not have a date so the auditor was unable to determine if the review was completed in the appropriate timeframe.

Corrective Action

The facility will need to provide training to the necessary staff of the requirements under this provision. Confirmation of the training should be provided to the auditor. Additionally, the facility will need to provide the auditor with a the sexual abuse allegations reported during the corrective action period and the corresponding sexual abuse incident reviews for the applicable allegations.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. List of Sexual Abuse Allegations Reported During the Corrective Action Period
2. Sexual Abuse Incident Reviews

On May 13, 2022 the facility provided the auditor with a training memorandum which outlined the sexual abuse incident review requirement upon completion of a sexual abuse investigation, to include the 30 day timeline. The training memorandum was signed on May 9, 2022 and May 10, 2022 by the members of the sexual abuse incident review team, confirming their acknowledgment of the training information. The auditor was also provided a PREA meeting sign-in sheet, dated May 5, 2022 where staff reviewed the agency policy, 04.01.301 and a flow chart that outlined the process required for an allegation of sexual abuse.

On August 24, 2022 the facility provided a list of three sexual abuse allegations reported during the corrective action period.

The facility also provided corresponding sexual abuse incident reviews for the one investigation that was closed (two investigations were still open). The facility also provided a sexual abuse incident review for the closed sexual harassment investigation reported during the corrective action period. A review of the documentation confirmed both sexual abuse incident reviews were completed within 30 days of the conclusion of the investigation. Based on the documentation provided the facility has corrected this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
3. PREA Checklist
4. Investigative Reports
5. Annual PREA Report
6. Survey of Sexual Victimization

Findings (By Provision):

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

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

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

115.87 (d): The PAQ indicated that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. 04.01.301, pages 12-13 state that the Chief Administrative Officer and the facility PCM shall conduct an annual evaluation of the Sexual Abuse and Harassment Prevention and Intervention Program at their respective facility and submit to the PC a written report of the

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

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

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

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

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

Interviews:

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

Findings (By Provision):

115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 04.01.301, pages 12-13 state that the Chief Administrative Officer and the facility PCM shall conduct an annual evaluation of the Sexual Abuse and Harassment Prevention and Intervention Program at their respective facility and submit to the PC a written report of the findings. The report should at minimum include: a review of each incident of sexual abuse or harassment that occurred during the reporting period; program and procedural changes implemented based on recommendations of the review team; training needs to ensure future safety and security; record of referrals to outside community resources; record of referrals for post-release service and statistical data. Policy further states that upon receipt of the reports from each facility, the agency PC shall assess the overall effectiveness of the Department's Sexual Abuse and Harassment Prevention and Intervention Program and submit a written report to the Director that has at minimum: statistical data and corrective action by facility; aggregated incident based sexual abuse or harassment data for the Department; perceived areas of concern and recommended or implemented improvements; a comparison of the current year's statistical data and corrective action with those of previous reporting periods; and an assessment of the Department's progress in addressing sexual abuse or harassment overall. A review of the Annual PREA Report indicates that it includes agency accomplishments, facilities audited during the year, statistical data and corrective actions. The report compares data from 2014 through the current year. The interview with the Agency Head Designee indicated that incident-based sexual abuse data is completed through the facility review process outlined in AD 04.01.301. The facilities identify problem areas or policies, address issues that have occurred on a regular basis, staff training, continuing to make corrective action when problems arise and using the facility review process to ensure the proper proactive steps are taken for problem solving. He further stated that the department has implemented procedures to collect data on a quarterly basis for all facilities within the department. The PC confirmed that the agency reviews data that is collected in order to assess and improve the effectiveness of the sexual abuse prevention, detection and response policies and that the information is published on the agency website. He further stated that the agency takes corrective action on an ongoing basis and that follow-up occurs with corrective action if data includes substantiated information. He also stated that the agency prepares an annual report of findings from data review and any corrective actions for each facility and as the agency as a whole. The interview with the PCM indicated that the facility submits quarterly and monthly reports to the PREA Coordinator for use.

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

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

115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 0401.301, page 13 states that the annual report shall be made available on the Department's website no later than June 30th of the year subsequent to the reporting period. The interview with the Agency Head confirmed that all data is aggregated and provided in report form by the PC and is submitted directly to the Director (Agency Head) for review and approval. A review of the website confirmed that the current annual report as well as prior annual reports are available for review.

115.88 (d): The PAQ indicated that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and that the agency indicates the nature of material redacted. 04.01.301, page 13 states that the final report shall not contain any personal identifiers. The Department may redact information on the posted report if said information would present a clear and specific threat to the safety and security of a facility or the Department. A review of Annual PREA Report confirmed there was no personal identifying information included nor any security related information. The report did not contain any redacted information. The interview with the PC confirmed that confidential and sensitive inmate or staff information is redacted and that in consultation with the legal division, a determination is made regarding what information should be redacted.

Based on a review of the PAQ, 04.01.301, the Annual PREA Report, the website and information obtained from interviews with the Agency Head, PC and PCM, this standard appears to be compliant.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.89 (a): The PAQ indicated that the agency ensures that incident-based and aggregate data are securely retained. The PREA Manual, page 50 states that the agency shall ensure that data collected pursuant to 115.87 are securely retained. The interview with the PREA Coordinator indicated that information is securely retained and that it is maintained in a secure database managed by the PREA Coordinator and stored in a double locked secure filing cabinet.</p> <p>115.89 (b): The PAQ indicated that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. A review of the website confirmed that the current annual report, which includes aggregated data, as well as prior annual reports are available for review.</p> <p>115.89 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. 04.01.301, page 13 states that the final report shall not contain any personal identifiers. A review of the Annual PREA Report confirmed there was no personal identifying information included nor any security related information. The report did not contain any redacted information.</p> <p>115.89 (d): The PAQ indicated that the agency maintains sexual abuse data collected pursuant to Standard 115.87 for at least ten years after the date of initial collection, unless federal, state or local law requires otherwise. 04.01.301, page 13 states that all reports and statistical data shall be retained for a period of no less than ten years. A review of prior Annual PREA Reports confirmed that data is available from 2014 to current.</p> <p>Based on a review of the PAQ, 04.01.301, the Annual PREA Report, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Findings (By Provision):</p> <p data-bbox="229 318 1509 470">115.401 (a): The facility is part of the Illinois Department of Corrections. All facilities were audited in the previous three-year audit cycle and audit report are found on the agency's website.</p> <p data-bbox="229 470 1509 627">115.401 (b): The facility is part of the Illinois Department of Corrections. The Department has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the third year of the three-year cycle.</p> <p data-bbox="229 627 1509 824">115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.403 (f): The facility was previously audited on October 14-16, 2018. The final audit report is publicly available via the agency website.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	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 for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who 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.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and 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.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective 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?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive 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?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would 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.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain 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?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations 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.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually 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).	yes
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.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes