

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Interim Audit Report: N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: July 21, 2021

Auditor Information

Name: Debra D. Dawson **Email:** dddawsonprofessionalaudits@gmail.com

Company Name: Correctional Management & Communication Group

Mailing Address: 604 N Highway 27 Suite #1 **City, State, Zip:** Minneola, FL 34715

Telephone: (850) 209-4878 **Date of Facility Visit:** June 17 – 18, 2021

Agency Information

Name of Agency: Illinois Department of Corrections

Governing Authority or Parent Agency (If Applicable): N/A

Physical Address: 1301 Concordia Court **City, State, Zip:** Springfield, IL 62702

Mailing Address: P. O. **City, State, Zip:** Springfield, IL 62794

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency Website with PREA Information:

<https://www2.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx>

Agency Chief Executive Officer

Name: Rob Jeffreys, Director

Email: Rob.Jeffreys@illinois.gov **Telephone:** (217) 558-2200

Agency-Wide PREA Coordinator

Name: Ryan Nottingham

Email: Ryan.Nottingham@illinois.gov **Telephone:** (217)558-2000

PREA Coordinator Reports to: **Number of Compliance Managers who report to the PREA Coordinator:**

Chief of Compliance	31
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Facility Information

Name of Facility: Crossroad Adult Transition Center

Physical Address: 3210 W. Arthington **City, State, Zip:** Chicago, Illinois 60624

Mailing Address (if different from above):
N/A **City, State, Zip:** N/A

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Facility Website with PREA Information: Click or tap here to enter text.

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Click or tap here to enter text.

Facility Director

Name: Ervin Robinson

Email: Ervin.robinson@saferfoundation.org **Telephone:** (773) 533-5000

Facility PREA Compliance Manager

Name: Susan Glickley

Email: susan.glickley@saferfoundation **Telephone:** (773) 533-5000

Facility Health Service Administrator N/A

Name: Click or tap here to enter text.

Email: Click or tap here to enter text. **Telephone:** Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity: 380

Current Population of Facility:	147	
Average daily population for the past 12 months:	126	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19 – 80 years old	
Average length of stay or time under supervision	11 months	
Facility security levels/resident custody levels	Level 8	
Number of residents admitted to facility during the past 12 months	216	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	208	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	202	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	64	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	12	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	64	

Number of volunteers who have contact with residents, currently authorized to enter the facility:	0
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Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
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<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	0
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Number of single resident cells, rooms, or other enclosures:	3
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Number of multiple occupancy cells, rooms, or other enclosures:	181
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Number of open bay/dorm housing units:	0
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Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Medical and Mental Health Services and Forensic Medical Exams
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Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	21	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	21	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) Audit for the Crossroads Adult Transition Center (ATC) located at 3210 W. Arthington, St. Chicago Illinois 60624, was coordinated through a solicitation of PREA auditing services with Correctional Management and Communications Groups (CMCG) and the Illinois Department of Corrections. DOJ Certified PREA Auditor Debra Dawson, a representative with Correctional Management and Communications Group, was notified by email of assignment to conduct the PREA recertification audit as the lead auditor. DOJ Certified Auditor Crystal Norment, a representative with Correctional Management and Communications Group was assigned as the secondary auditor. Crossroads ATC is one of two contract facilities managed by IDOC. The PREA recertification audit on-site visit was scheduled for June 18, 2021.

The audit process began prior to the on-site visit. Specifically, the audit process began with communication contact between CMCG, the assigned PREA auditor, Agency PREA Coordinator, Ryan Nottingham and the Alternate Crossroads ATC PREA Compliance Manager Ms. Iman Hill. Following the protocols, including posting of notice (posting was initiated through CMCG), the auditing team begin reviewing the material received in the prior weeks of the on-site visit. The lead auditor received confirmation of the audit notice posting on May 6, 2021, via photograph copies of sampling locations. The review period was determined as April 1, 2020 – March 31, 2021.

The lead auditor utilized resources within the PREA Auditor Portal for completion and return to the auditor by the Crossroads ATC Alternate PCM on March 18, 2021. The submitted forms included the PREA Audit Request for Information of Allegations and Investigations Overview; PREA Audit File Review Identification Forms; Specialized Inmate Identification Forms and PREA Audit Specialized Staff Identification Form. These forms would allow the auditing team to select investigative files, staff personnel files, identify specialized staff, and identify offenders within the various targeted categories for interviews during the onsite visit of the audit. Information from the files also assist the auditors in the completion of the audit report. The lead auditor reviewed the Agency Website, the Annual PREA reports and prior PREA audit reports for the facility.

Mr. Nottingham provided PREA information via a secure email link to the auditing team. The link was available to the auditing team for 10 downloads. The file contained the PAQ and supporting documentation for each of the 39 standards under Community Confinement.

The auditor reviewed all information noted on the Pre-Audit Questionnaire (PAQ) and discussed questions and/or discrepancies noted with the IDOC PREA Coordinator and Crossroad ATC PCM. The

facility provided a response within a timely manner to all inquiries made by the lead auditor. The information from the standard files and the PAQ was used to complete the PREA Compliance Audit Instrument Checklist of Policies/Procedures; the PREA Resource Audit Instrument and other documents in advance to identify additional information that might be required and could be collected prior and during the audit visit. Data received required confirmation of documentation that each part of the 43 standards was in place by policy and practice.

The initial on-site visit for Crossroads began on June 17, 2021, due notification received during travel status that the June 18, 2021 was declared a Federal and State Holiday. The leader reported to the Crossroads at approximately 12:00 p.m., to conduct interviews with some to the specialized staff who would be scheduled for Holiday Off on the original set on-site visit of July 18, 2021. Arrangements were made by the IDOC Agency PREA Coordinator, Crossroads ATC Center Supervisors and the Alternate PREA Compliance Manager to conduct interviews with staff who provide PREA education to the residents upon their arrival and those who conduct the residents' initial 72-hour and 30-day follow-up risk assessments.

On June 18, 2021, the auditing team reported to the facility at 8:00 a.m., for the official on-site visit and entrance meeting. Those in attendance were Lead DOJ Certified PREA Auditor Debra Dawson, Secondary DOJ Certified PREA Auditor Crystal Norment, IDOC PREA Coordinator Ryann Nottingham; Crossroads ATC Center Supervisor Mr. Ervin Robinson, Treatment Program Manager/ Crossroads ATC PREA Compliance Manager (PCM) Ms. Susan Glickley and Facility Review Control Officer/Training Coordinator/ Crossroads ATC Alternate PREA Compliance Manager (APCM), Ms. Iman Hill. The lead auditor explained the audit process, schedule and informed staff that the purpose of the site visit was to observe conduct staff and resident interviews, and assess to all areas of the facility in order to verify compliance with the PREA Standards.

It was determined that in effort to assist the facility due to limited staff during the Holiday schedule, the auditing team would conduct the random resident interviews in the dayrooms on each of the resident assigned floors. Staff interviews would be conducted in private offices within their assigned work areas.

At the conclusion of the entrance briefing, the auditing team was escorted on a tour throughout the 5 various floors of the one building that compose the Crossroads ATC. The resident count on the first day of the on-site was reported as 147.

The auditing team conducted a tour of all 5 floors of the facility and visited all areas to include: resident dining; classrooms; visiting room; conference rooms: resource room; shift office; case manager offices; business office; gym; barbershop; weight room; all resident living areas; resident bathrooms; file room; property closets; library, control center. The offenders share a community bathroom and showers. Shower curtains and/or doors provide privacy during usage. PREA posters and notice of the audit was identified throughout the various buildings and offender housing units on bulletin boards

Crossroads ATC reported 57 employees and contract staff who may have contact with offenders to that include security and non-security staff. There are 7 canteen (food service) contract worker through an additional contact Ernest Dining. Total number of employees at the facility is 64, all are contract employees. The canteen contract workers have limited contact with the residents that consist only during

the issuing of meals. No residents are assigned to work the dietary department. All other staff employed at Crossroads ATC are contracted through the IDOC and Safer Foundation and have daily contact with the resident population. Those staff assigned to security hours are scheduled 7:00 a.m. – 7:00 p.m. and/or 7:00 p.m. – 7:00 a.m. Administrative staff are scheduled Monday – Friday. A selection of staff normally assigned to both shifts were available for interview due to a relief post, overtime and/or change in schedule.

The auditor conducted interviews with security, non-security, and specialized staff. All staff assigned at the facility are officially contract staff. Those staff interviewed included 11 random staff interviews and 18 specialty staff that included: (1) IDOC Director; (1) Crossroad ATC Supervisor; (1) IDOC Contract Monitor; (1) IDOC PREA Coordinator; (1) Investigative Staff; (1) Human Resource Administrative; (1) Facility PREA PCM; (1) Alternate Facility PCM; (1) Incident Review Team Member; (1) Designated Staff Member Charged with Monitoring Retaliation; (1) Facility Victim Advocate; (1) SANE, Nurse Manager (3) Staff who Conduct Risk Screening/Intake; (1) Resilience Advocacy Services; (1) John Howard Association (1) Intermediate or Higher-level Facility Staff.;

Random sampling interviews with residents were selected through a daily roster of those presently at the facility during the on-site visit. Numerous of the assigned 147 residents had previously been granted various approved passes for absence to include work programs. Twenty-five residents were selected for interviews. These interviews consisted of both random and targeted group residents that included 23 random interviews and 2 residents within the targeted group.

The auditor randomly selected 30 residents via rosters for review of PREA education, as well as documentation these offenders initial 72 Screening for potential Sexual Victimization or Sexual Abuse and 30-day follow risk assessment screening. No discrepancies were noted for the 30 identified residents.

Twenty-three residents were randomly selected for interview and expressed their knowledge and understanding of the facility's zero-tolerance and various methods to report PREA allegations. There were 2 residents identified within the target group designated at Crossroads during the on-site visit. These residents were identified as (1) Hard of Hearing and (1) Vision Impaired. There were (0) Gay or Bi-sexual; (0) Residents Who Reported Sexual Abuse; (0) Transgender or Intersex; (0) Residents with a Cognitive Disability; (0) Residents with a Physical Disability; (0) Residents who were Blind, Deaf; (0) Residents who were LEP); (0) Residents Who Reported Sexual Victimization During Risk Screening.

All residents interviewed knowledge receipt of PREA education, an understanding of the facility's zero-tolerance policy and how to report sexual abuse and sexual harassment allegations. All residents stated that the facility's atmosphere felt safe, and they would feel comfortable reporting any knowledge of and/or experience of sexual abuse and/or sexual harassment.

There no 0 medical and/or mental health staff on duty at Crossroads ATC. Residents receive these services within the local community at designated locations. On occasions, when a resident need to seek mental health services they may be temp out to Crossroads ATC parent facility (Stateville Correctional Center). While the resident is temped out to the parent facility, they are no longer on the counted as a

body in the facility until Stateville Correctional Center transfers the resident or temp him back to Crossroads ATC.

The auditing team randomly selected and carefully examined a sampling of staff personnel files, background investigations, and staff training. No staff is hired or allowed entrance until a thorough background check is completed. Background checks were also completed on the auditing team prior to the on-site visit. The lead auditor reviewed the completed background investigations for the 12 hires identified during the 12-month review period. The lead auditor also reviewed an updated IDOC PREA Pre-Employment Self -Report forms for 20 staff noted as pending promotions.

During the on-site review, the auditing team concluded through interviews and review of documentation to determine staff were knowledgeable regarding their responsibilities as a first responder and mandatory duty to receive and report any PREA allegations. The training records were complete and included written documentation and staff's signature acknowledging completion of the required PREA training. The facility reported 0 volunteers as February 2020 as all volunteer services had been cancelled. The auditors also viewed signatures of staff on training forms documenting that the staff understood the PREA training received.

There were 0 allegations of sexual harassment and 0 allegations of sexual abuse reported at Crossroad ATC during the 12-month review period of April 1, 2020 through March 31, 2021. The latest reported allegation of sexual at the facility was in 2016 was concluded with an investigative finding of Unfounded. The latest reported allegation of sexual harassment was reported in 2019 and was concluded with an investigative finding of Unsubstantiated.

The auditors observed the PREA posters throughout the facility and the notices of the audit were posted. The auditor observed grievance boxes and request forms were available. The auditor observed the location and design of the shower/toilet areas to ascertain there were no privacy issues. Additionally, there were observations of blind spots, camera deployment (140), use of mirrors to mitigate blind spots; staffing levels; supervision of offenders; and accessibility to telephones and programs.

At conclusion of the on-site on June 18, 2021, an exist briefing was held. Those in attendance were the lead DOJ Certified PREA Auditor Debra Dawson, Secondary DOJ Certified PREA Auditor Crystal Norment, IDOC PREA Coordinator Ryann Nottingham; Crossroads ATC Center Supervisor Mr. Ervin Robinson, Treatment Program Manager/Crossroads ATC PREA Compliance Manager Susan Glickley (PCM) and Training Coordinator/Crossroads Alternate PREA Compliance Manager (APCM) Iman Hill. The facility was thanked for their hospitality and the assistance and cooperation provided during the pre-audit, and onsite audit. The discussion included general observation and preliminary findings. The post audit phase was described and the timeliness of any further requested documents as determined to be needed and the determination of compliance would be determined at the completion of the final review of documentation and notes collected. The auditor acknowledged staff on their preparedness for the audit, organization skills, professionalism of staff, positive interaction with the inmate population, expression of trust from the resident population to address their PREA related concerns in addition to staff and resident's knowledge of PREA education provided. A special acknowledgement was given to the Alternate PCM in her responsiveness to the lead auditors' request for documentation without delay.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Crossroads ATC is located at 3210 W. Arthington, on the west side of Chicago. Crossroads is a five-story building facility that has a bed capacity of 380. The facility consists of one building with four community style living units. The facility has 140 cameras throughout the facility to ensure the safety of all staff and residents in the facility.

Crossroads ATC provides programming for residents at the point of entry. Crossroads adopted a philosophy that good programming is good security and good security is good programming. In practice that means that residents who are active in programs create far less security problems than those who are not, and where there is structure and order, programs can be effectively implemented. A series of comprehensive assessments is given to every resident. The results allow staff to develop effective programming to meet their needs. These programs are designed to provide skills, education, opportunities, and resources in an attempt to reduce recidivism.

The Safer Foundation's Crossroads Adult Transition Center (ATC) mission is to reduce recidivism by supporting, through a full spectrum of services, the efforts of people with criminal records to become employed, law-abiding members of the community.

Stateville Correctional Center is the parent facility for Crossroads ATC. Medical and mental health services are available within the local community and/or at Stateville Correctional Center as needed. The IDOC and/or Illinois State Police is responsible for conducting all Crossroads ATC investigation as outline in the MOU between the IDOC and the Illinois State Police Department.

All staff employed at Crossroads ATC are contracted through the IDOC and Safer Foundation and have daily contact with the resident population. Fifty-seven are contracted through Safer Foundation that include security and non-security staff. Crossroads ATC security staff are posted on each living unit and supportive staff offices are also located on living units and throughout the facility.

The 7 contract workers assigned to the Canteen (food service) are contracted through Ernest Dining. Residents are not assigned to work in the canteen department.

At the point of entry, residents assessed to allow staff to effectively develop programming to meet the needs of residents. Programs at this facility are designed to reduce recidivism by implementing education and resources that help individuals transition back into the community. The residents advance to various levels of programming after the successful completion of each; Orientation Level; Level I; Level II; Level III. The average length of a resident's stay at the facility is 11 months.

The facility consists of one building with four community-style living units, which house general population residents. The 380-capacity facility has 181 double bunks rooms and 3 single bunk rooms for resident living areas. Residents are housed the following floors: 1 West; 2 West, and the 4th floor and 5th floors. Residents' dayrooms and bathroom areas are on each floor. Due to COVID-19, all residents are in individual rooms. The residents share community bathrooms each floor. Privacy is provided for all toilets and showers by shower curtains, doors and/or walls.

The 140 cameras that are strategically located throughout the facility provide coverage in all departments, hallways, lobby, entrance doors, barbershop, gym, resident dayrooms, classrooms, canteen, laundry and stairwells. A review of video monitoring did not reveal the use of residents in the bathroom areas nor in their room that would allow staff of the opposite gender viewing during use, change of clothing and/or performing bodily functions. Visual searches of residents are not conducted in areas that provide video monitoring.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: [Click or tap here to enter text.](#)

Standards Met

Number of Standards Met: 39

215.211, Zero Tolerance of sexual abuse and sexual harassment: PREA Coordinator

215.212, Contracting with other entities for the confinement of inmates

215.213, Supervision and monitoring

215.215, Limits to cross-gender viewing and searches

215.216, Inmates with disabilities and inmates who are limited English proficient

215.217, Hiring and promotion decisions

215.218, Upgrades to facilities and technologies

215.221, Evidence protocol and forensic medical examinations

215.222, Evidence protocol and forensic medical examinations

215.231, Employee training

215.232, Volunteer and contractor training

215.233, Inmate education

215.234, Specialized training: Investigations

215.235, Specialized training: Medical and mental health care

215.241, Screening for risk of victimization and abusiveness

215.242, Use of screening information

215.251, Resident reporting

215.252, Exhaustion of administrative remedies

215.253, Inmate access to outside confidential support services

215.254, Third-party reporting

215.261, Staff and agency reporting duties

215.262, Agency protection duties

215.263, Reporting to other confinement facilities

215.264, Staff first responder duties

215.265, Coordinated Response

215.266, Preservation of ability to protect resident from contact with abusers

215.267, Agency protection against retaliation

216.271, Criminal and administrative agency investigations

215.272, Evidentiary standard for administrative investigations

215.273, Reporting to inmates

215.276, Disciplinary sanctions for staff

215.277, Corrective action for contractors and volunteers

215.278, Disciplinary sanctions for inmates

215.282, Access to emergency medical and mental health services

215.283, Ongoing medical and mental health care for sexual abuse victims and abuser

- 215.286, Sexual abuse incident reviews
- 215.287, Data collection
- 215.288, Date review for corrective action
- 215.289, Data storage, publication, and destruction
- 215.401 Frequency and scope of audits
- 215.403 Audit contents and findings

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with the review of IDOC Policies Administrative Directive (A.D.) 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; Memorandum of Appointed Staff, IDOC Organizational Chart it was confirmed by the auditor that Crossroads ATC and the agency has written policies and procedures in place to support the agency's mission, and goal of maintaining a zero

tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to the conduct of such. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of offenders with sanctions for those found to have participated in these prohibited behaviors.

The IDOC Policy AD 04.01.30, Sexual Abuse and Harassment Prevention and Intervention Program identify the agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of offenders. It was confirmed by the auditing team that Crossroads ATC and the agency has written policies and procedures in place to support the agency's mission, and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to the conduct of such. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of offenders with sanctions for those found to have participated in these prohibited behaviors.

The Agency PREA Coordinator is a position assigned by the IDOC Director to coordinate the Department's statewide compliance with PREA. In this position, he has the authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all IDOC facilities and reports to the Chief of Compliance. During an interview with the Agency-Wide PREA Coordinator, he confirmed he has sufficient time to fulfill his obligations in the development, the implementation and maintaining oversight of the agency's compliance with PREA standards in all IDOC facilities. Correspondence occurs via SharePoint site, email, phone calls and site visits. All IDOC facilities are aware of an open line of communication.

Crossroads ATC is one of two contract facilities managed by IDOC. During an interview with the Agency PREA Coordinator, he stated if he identifies an issue with complying with a PREA standard, he contacts the specific division in concern and initiate a corrective action. He also reviews the policies, procedures or any rule that encompasses concern. Agency legal, policy unit, training unit and administration are included with review. He continued in stating he utilize the PREA Resource Center and network with other state PREA coordinators and DOJ contacts as needed.

In accordance with IDOC A.D. 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; the Chief Administrative Officer of each correctional facility shall designate a facility PREA Compliance Manager and an alternate PREA Compliance Manager who are trained in sexual abuse crisis issues and have the knowledge, skills and abilities for program implementation and evaluation. Therefore, a PREA Compliance Manager and a Backup PREA Compliance Manager is assigned at each IDOC facility. A memorandum submitted by the Crossroads ATC Director dated December 1, 2018 identifies the Treatment Program Manager Ms. Susan Gilickley as the PREA Compliance Manager and the Training Coordinator Ms. Iman Hill as the Alternate PREA Compliance Manager.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents 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 residents.) Yes No NA

115.212 (b)

- 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 residents.) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with the review of State of Illinois Standard Contract for Confinement of Offenders, Section 1.3.1.0, page 11, contract facilities with IDOC are required to abide by all state and federal laws, specifically PREA as outlined in their contract. They are subject to IDOC policies and fall within the scope of the agency's investigations unit.

During an interview with the IDOC Director, he confirmed the agency has not entered into any contracts for the confinement of offenders during the past 12 months. The two facilities within the IDOC that does maintain a contract for such are Crossroads (January 28, 2016) and North Lawndale ATC (April 17, 2016). These two facilities are Adult Transitional Centers. Therefore, the agency meets the mandate of this standard.

An interview with the Agency Contract Monitor confirmed individual correctional facilities do not contract for confinement services on their own. The Department (IDOC) does contract with Safer Foundation for the confinement of offenders in a Community Confinement setting. These two facilities – Crossroads Adult Transition Center and North Lawndale Adult Transition Center are stand-alone facilities and both facilities undergo their own PREA audits every three years just like our other facilities operated by the State. Final Reports for their PREA audits are available on the IDOC website. The contracts for both Crossroads and North Lawndale require full compliance with the PREA Standards.

Additionally, both Community Confinement facilities maintain accreditation by the American Correctional Association (ACA). All contracted facilities were in compliance with PREA and were audited scheduled for recertification during the current audit cycle.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- 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 No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with the review of the Crossroads ATC Staffing Plan; AD 04.01, Sexual Abuse and Harassment Prevention and Intervention Program; Staffing Level Review for PREA; Daily Rosters; Cand Interview with Crossroads ATC Center Supervisor with it was determined by the auditing team that Crossroads ATC has policies and procedures to confirm it has developed, documented, 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 offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, Crossroads ATC has taken into consideration: The agency has policies and procedures to confirm Crossroads ATC has exceeded the requirements for a community confinement and have developed, documented, 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 offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, Crossroads ATC has taken into consideration: 1) Generally accepted detention and correctional practices; 2) Any judicial findings of inadequacy; 3) Any findings of inadequacy from Federal investigative agencies; 4) Any findings of inadequacy from internal or external oversight bodies; 5) All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated); 6) The composition of the inmate population; 7) The number and placement of supervisory staff; 8) Institution programs occurring on a particular shift; 9) Any applicable State or local laws, regulations, or standards; 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 11) Any other relevant factors.

During an interview with the Crossroad Center Supervisor, he confirmed the facility has a staffing plan that provide adequate staffing levels to protect offenders against sexual abuse by the use of staff supervision, placement of mirrors, and video surveillance that monitor resident's activities throughout the facility. The staffing plan is reviewed annually but the daily rosters are reviewed daily to ensure compliance. The Staffing Plan was reviewed and signed the Crossroads ATC Center Supervisor and the IDOC PREA Coordinator on June 4, 2021. The Staffing Plan was developed for 330 residents, 45 security staff, 7 case managers, 4 business office 3 substance abuse staff and 2 GED staff. The dietary staff are contracted through Eurest Dining. The facility has 140 cameras that assist in providing monitoring of the inner ATC and perimeter. Security staff assigned to the facility are assigned one of the two shifts 7:00 a.m. – 7:00 p.m. or 7:00 p.m. – 7:00 a.m. He added overtime is mandated as needed to comply with the staffing plan.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- 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 No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
 Yes No NA

- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- Does the facility have policies that enable residents 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 No
- Does the facility have procedures that enables residents 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, 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 No

115.215 (f)

- 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 No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; Personal Search Training Disorder; DR 501, Searches for and Disposition of Contraband Acting Director's Memorandums Limits to Cross-Gender Viewing; and Title 20-Illinois Administrative Code, Chapter 1, 501, Sub-chapter, Searches for Contraband, interviews with random staff, and a tour of the facility, it was determined by the auditor that Crossroads ATC meets the mandate of this standard. Strip searches and visual searches of anal or vaginal body cavities of committed persons shall be conducted by persons of the same sex as the committed person and in an area where the search cannot be observed by persons not conducting the search, except in cases of an emergency. Intrusive searches of anal or vaginal body cavities of committed persons may be performed by medical personnel when a reasonable suspicion exists that contraband may be hidden in a body cavity. Intrusive shall mean physical entry into a body cavity. The search shall be conducted in an area where the search cannot be observed by persons not conducting the search, except in cases of emergency. If the committed person does not consent to an intrusive cavity search, the search may only be performed upon the approval of the Chief Administrative Officer, in consultation with the center physician or the Agency Medical Director, and upon consideration of factors including, but not limited to, whether the search is medically contraindicated, whether the committed person's health may be endangered if the contraband is not removed, whether alternative means of securing the contraband are feasible, and institutional security.

The Crossroads ATC is a male facility and does not house female offenders. The facility is prohibited from conducting cross-gender strip searches or cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. However, medical staff are not assigned at the facility.

A memorandum was forwarded to all IDOC Executive Staff and IDOC PREA Coordinator directing the implementation of policies and procedures that would enable inmates to shower, perform bodily functions, and change clothing, without nonmedical staff of the opposite gender viewing their breast, buttocks, genitalia, except in exigent circumstances or when such viewing is incidental to routine cell check. The policies and procedures shall require staff or the opposite gender to announce their presence with entering an inmate housing unit. Interview with the 25 residents identified female staff do not enter

their assigned quarters. Residents stated the female staff announce themselves upon entering the hallway, and then knock on the door while awaiting a response from the residents prior to opening the door and remaining in the hallway. This procedure was confirmed during staff interviews and through observation during the on-site visit.

During interviews with staff, each confirmed they were aware of the agency's policy prohibiting them from physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's status. Staff interviews indicated that cross-gender pat down searches or searches of transgender and intersex residents must be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs as noted in Personal Service Performance Objective. Staff are prohibited from conducting "dual gender" pat searches, where the staff of one gender searches the top half of the inmate and the staff of the other gender searches the bottom half of the inmate.

Per an interview with the Crossroads ATC Center Supervisor, he has been employed at the Center for 12 years, and there has not been a resident identified as transgender and/or intersex during his tenure. The Crossroads ATC PCM stated she has been employed at the Center 25 years and there has never been a resident identified as transgender and/or intersex during her tenure.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities? Yes No

- Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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 No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of IDOC policies and procedures AD 04.01.111, ADA Accommodations; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; Bi-Lingual Staff Roster; AD 05.07.101, DR 475 ADA Grievance Procedure and the Facility Resident Offender Manual and Handbook in English and Spanish; observation of PREA posters and Hotline Number Posting, it was confirmed by the auditor that Crossroads ATC meets the mandate of this standard.

Specifically, it was determined the agency and Crossroad ATC take appropriate steps to ensure offenders with disabilities (including offenders who are deaf or hard of hearing, those who are limited English proficient and low level functioning, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The Crossroads PCM is also the ADA Coordinator for the facility. The facility utilized several instruments to assist in determining a resident's needs assessments and providing the necessary accommodations to include an ADA Individualized Communication Plan and Permit that identify accommodations of alternative notification of auditory announcements; hearing aid; ID designation (only if request by offender); closed captioning; TTY Equipment; special permit items (vibrating watch, headphone, amplifier, auxiliary aids (visual aids, writing material, assistive listening device); sign language interpreter services The IDOC and ATC also conducts an Auxiliary Aids & Services Assessment/Communication Plan for an initial and/or re-assessment in regards to sign language ability , reading /writing ability; speaking ability; lip-reading ability and use of communication devices.

A telephonic translation service is available through PROPIO Language Services. Crossroad has several bi-lingual staff who are identified to provide translation services in languages to include: (bosnski/Bosnia; Spanish, Hattian, Creole and French as needed. The auditor conducted an interview with one resident who was hard of hearing and one resident identified as vision impairment that required glasses only. Both residents reported they were provided PREA education in a manner they could fully understand, and they were aware of various methods to report sexual abuse and/or sexual harassment. The Crossroads Resident Offender Manual and Handbook is available to the residents in both English and Spanish in addition to the PREA posters throughout the facility are in both English and Language.

Additionally, during an interview with the Center Director, he confirmed AD 04.01.111 ADA Accommodations and PROPIO Language Service Contract are provided to the residents. All orientation and educational materials are available in Spanish and English. The auditor reviewed 30 random selection documentation that confirmed residents' receipt of PREA training material with their signatures.

If required, residents may be scheduled for an individualized assessment with licensed specialist for recommendations of auxiliary aids and services that may assist in providing effective communications.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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 No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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 No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents 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 No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents 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 No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with residents, 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 No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents 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 No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with PREA Pre-Employment Self Report (DOC 0450) and AD 01.03.107, Background Investigations, and interviews with Background Investigations Unit; Human Resource Personnel, it was determined by the auditor that Crossroads ATC meets the mandate of this standard.

The specific hiring policies prohibit hiring or promoting anyone or enlisting the services of any contractor: (1) that engaged in sexual abuse in any prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) anyone 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. Anyone found with any of these conditions is prohibited entrance into all Illinois facilities.

An interview with the Safe Foundation Human Resource Manager explained the hiring process that includes the IDOC Background Investigations Unit completion of all applicants' background investigations. Her office completes an employment history check on all applicants to include through Career Building in an effort to gather as much information about the applicant as possible. The Agency does consider prior incidents of sexual abuse and sexual harassment during the hiring and promotion process and the completion of the PREA Pre-Employment Self-Report forms is included in all applicant's packets. A review of the PREA Pre-Employment Self-Report form notes the statement "Material omissions regarding such misconduct, or the provision of materially false information, shall be ground of ineligibility or termination of employment." IDOC makes the final determination on all applicants backed at the completion of the background check, panel interview and many varies that is considered prior to hiring. She continued in stating, due to the staff's member's privacy rights, the Agency is only authorized to release information regarding the former employees' dates of employment and whether the former employee departure from the Agency was voluntary and/or involuntary and only after the former employee has signed a release of information form.

The lead auditor also interviewed the supervisor of the Agency Background Investigation Unit and he confirmed that background checks for all new hires, contractors and volunteers were performed by his unit and the facility is notified if they are ok to offer a letter of employment. He stated the background investigation includes a review of criminal history, employment history, terminations, resignations, military discipline checks if applicable, and an employee reference check is forwarded to all listed former employees. The Offender 360 program is also reviewed to identify whether the applicant is listed on an inmates' visiting list, and/or phone list. The listed process is for all IDOC employees, contractual staff, and volunteers. The background investigation is not as intense for maintenance vendors; however, a background check is completed that includes any criminal history to include driving under the influences and moving violations. An applicant's fingerprints are collected after the background investigation returns with no negative findings. He added this department are identified to conduct fact finding only and upon the receipt of negative information, it is forward to the Director for further review. Once a staff member is fingerprinted, their information is in the Federal Bureau of Investigation (FBI) database. If staff are arrested anywhere within the United States, the Department receives notification. The lead auditor was provided confirmation of the employee's Arrest Tracking system information utilized by the Department for immediate notification of an employees' arrest rather than running a background check every 5 years.

Crossroads reported there were 12 new hires and 0 promotions during the review period. However at the request of the 12 new hires background investigations, the auditor was provided copies of 20 employees background checks that included the dietary contract staff with Eures Dining that was outside the review period. The review confirmed a background check was completed that included a computer criminal history check, driver's license check, employment reference check, administrative review and education or license check. At the completion of the background, the Office Associate 2 identified the applicants was eligible for hire. These files were noted as compliance with the standard provisions.

An interview with the Safe Foundation Human Resource Manager verified the requirement of staff's obligation to report all on and off duty misconduct to include those related to the PREA standards and staff omission of such conduct or those providing false information will be grounds for termination.

The auditor reviewed 18 PREA Pre-Employment Self-Report forms that also notes the following: "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for ineligibility or termination of employment." An interview with the Facility Human Resource Director indicated a former staff member must sign release form prior to releasing information of their employment at the facility. However, she is limited in only confirming a staff member's past employment and dates of tenure at the facility.

A review of 18 employee PREA Pre-Employment Self Report forms indicates that all staff who may have contact with inmates directly about previous sexual abuse and sexual harassment misconduct as

well as it notes the following: Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for ineligibility or termination from employment.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- 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 residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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An interview with the Crossroads Center Supervisor confirmed the facility is 110 years old and there has not been a substantial expansion or modification to the facility since the last PREA audit. However, the facility does have 140 cameras and there has been some upgrading but no additions. There were no violations of privacy noted during the viewing of showers, toilets, change of clothing or performing bodily functions.

Per the IDOC Director, the Illinois Department of Corrections manages all facilities with care, custody, and safety in mind. The department takes great measures to ensure the security of those in custody, the employees of the department and the general public served by the department. If at any time in the department, there is a facility under a physical change and/or the department may be opening new space.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- 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 No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- 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 No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- 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 agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- 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 No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents; ID 04.01.301, Offender sexual Assaults-Preventions and Intervention; and Illinois State Police/Illinois Department of Corrections it is determined that Crossroads ATC meets the mandates of this standard.

Policies and procedures require all investigations conducted within the Crossroads ATC facility adhere to investigative and evidence protocols 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. Administrative investigations are conducted by full time trained investigative staff from an IDOC facility. Statesville Correctional Center is considered the parent facility for Crossroads ATC. The PCM confirmed that if needed an investigator would come from IDOC or if needed, the Illinois State Police could arrive on scene.

AD.01.301 indicates offenders shall not be charged a co-payment 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 determine by the local facility. Crossroads ATC utilize the SAFE/SANE staff at John Stroger Hospital in Chicago, IL for any forensic exam needs. The auditor interviewed the SANE Nurse Coordinator at John Stroger Hospital and she confirmed that they have nurses on duty for all shifts and if one was not on duty, they would be called in to report as soon as possible.

When required, written policy indicates the facility investigators refer sexual abuse investigations to the Illinois State Police, who will follow the requirements of this standard. The IDOC facilities will conduct investigations of inmate-on-staff and inmate-on-inmate sexual assaults and the Illinois State Police will conduct investigations involving staff-on-staff and staff-on-inmate sexual assaults. A review of the investigators' training documentation supported receipt of the required training.

Forensic examinations for Crossroads ATC victims of sexual assault, are provided by John Stroger Hospital in Chicago, IL. During an interview with the SANE Nurse Coordinator, she stated the hospital employs a SANE Nurse that will report to the hospital as soon as possible if they were not already on duty. The victim of sexual abuse is required to be seen by the SANE Nurse within 90 minutes upon their arrival at the hospital. She explained the SANE Nurse explains the forensic examination process to the victim. She added a victim advocate from Resilience organization would be called by the hospital staff and the victim advocate would communicate via phone if the victim elected to not have in-person interaction. An interview was conducted with a victim advocate representative at Resilience. She indicated upon a victim of sexual abuse reporting to the outside hospital, medical staff contact the on-call victim advocate who is required to report to the hospital within 1 hour of being notified. She continued in stating, upon the Center being notified the process is explained via phone and the information exchanged is 100% confidential to the point that a State and/or Federal Judge in the legal system cannot order the release of information provided by the victim unless or until the victim gives authorization through a signed release form. Services are available to all victims for emotional support to include during court hearings. The Hotline is available to the victim 24/7 as a means for ongoing support. Crossroads ATC is a community treatment center and utilize the community standard of care for the residents. There are no medical staff at Crossroads ATC.

There was no reported allegation of sexual abuse at Crossroad ATC during the past 12 months.

The IDOC successfully obtained an agreement with John Howard Association to act as a 3rd Party reporting site for PREA allegations. There were no allegations reported for Crossroads ATC during the last 12 months. An interview with an employee for John Howard Association stated that she had visited Crossroad this year as part of their continued efforts to maintain relationships with the Illinois facilities.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to

conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- 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 conducting criminal investigations. See 115.221(a).) Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with AD 01.12.120, Investigations of Unusual Incidents; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and the PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (internal and external); Employee Criminal Conduct; DR 112 and the Illinois State Police/Illinois Department of Corrections Memorandum of Understanding, it is determined by the auditor that Crossroads ATC meets the mandate of this standard. The responsibilities of both entities are clearly stated in the Memorandum of Understanding, Specifically, the facilities will conduct investigations involving inmate-on-inmate and inmate-on-staff sexual assault unless these are actions are determined to be criminal. The Illinois State Police will conduct staff-on-staff, and staff-on-

inmate sexual abuse when these actions are considered to be criminal. Administrative investigations are completed on all allegations of sexual abuse/sexual harassment. Criminal investigations are conducted when there is substantial evidence to support that a criminal act has taken place. At the completion of the criminal investigation, the case is then referred to the State Attorney's Office for possible prosecution.

Interviews with the IDOC External Investigations Commander confirmed all reported PREA allegations are submitted for investigation. The method of receiving an allegation, whether anonymous, third party and/or directly from the inmate, the investigation is conducted in the same manner. In accordance with AD 04.01.301 reported allegations of sexual abuse and/or sexual harassment require a prompt investigation, disciplinary action and a referral for prosecution, where appropriate.

The Department website

<https://www2.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx> provide guidance to the public on how to report institutional sexual abuse and or staff sexual misconduct. The public is informed that IDOC investigates all allegations of offender-on-offender sexual abuse and staff sexual misconduct. Investigations are initiated by the Investigation Unit at IDOC Headquarters. Please understand without detailed information it is difficult to investigate a sexual abuse or sexual harassment situation. Reports may be made by calling (217) 558-4013 Calls to this number at IDOC Headquarters are recorded. Messages are checked periodically Monday through Friday during business hours by staff of the Investigations Unit. The Director of IDOC indicated the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. As 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. He added in in accordance with AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program and the PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (internal and external). The department utilizes the required standard of the preponderance of evidence in determining the outcome of such investigations. Additionally, if needed the department has the ability to call in the Illinois State Police to assist in such investigations.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- 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 No

- 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 No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of AD 03.03.102, Employee Training; AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; AD 05.01.113 Search of Offenders; PREA Cadet/PSOT Training; Annual Staff Cycle Training; A Guide for the Prevention and Reporting of Sexual Abuse; and PREA postings, is determined by the auditor that Crossroads ATC meets the mandate of this standard.

Training Subject matter includes: (1) The Agency wide zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) An offender's right to be free from sexual abuse and sexual harassment; (4) Staff and offender's right to be free from retaliation for reporting sexual abuse and sexual harassment; (5) recognizing the dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with offenders; (9) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Additionally, all staff are required to receive PREA training during the Annual Cycle Training. Crossroads ATC staff are complete Annual Cycle Training. Training was completed by all Crossroads

ATC in February 2020. The training included PREA Mandate/AD.05.1.133 Searches of Offenders and PREA Mandate /AD.04.01.301 Inmate Sexual Assaults-Prevention and Intervention. Training topics included defining sexual assault; importance of intervention; assault and abusive behavior; characteristics of victim and perpetrator; awareness; prevention and intervention; and defining searches and Offender Search Procedures. Confirmation of staff's receipt and acknowledgment of PREA training was confirmed during a review of training documentation for 50 center staff's signatures.

The auditing team conducted 11 random interviews to include security and non-security staff and received confirmation of all staff completion of PREA training and search training. All confirmed their training included the above listed subject matter and each detailed how they would respond to any allegations if confronted with that specific situation. All staff at Crossroads ATC are trained as a first responder. The random staff interviewed detailed their response to abuse by informing the auditor they would first separate the alleged victim, secure the area, contact their supervisor and preserve evidence from destruction. Staff confirmed that they would immediately secure the alleged victim and then contact security staff. An interview with the Alternate PREA Compliance Manager confirmed the last report of sexual abuse was in 2016 that was determined Unfounded. The latest reported allegation of sexual harassment was in 2019.

Crossroads ATC is designated as an adult male community correctional facility. AD.05.01.113 Search of Offenders is tailored to both male and female. Guidance of conducting searches is both outlined within the policy. Therefore, training offered to staff is tailored to both male and female offenders.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents 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 residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of AD 03.03.102, Employee Training; AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; AD 05.01.113 Search of Offenders; PREA Cadet/PSOT Training; Annual Staff Cycle Training; A Guide for the Prevention and Reporting of Sexual Abuse; and PREA postings, is determined by the auditor that Crossroads ATC meets the mandate of this standard.

All staff employed at Crossroads ATC are contracted through the IDOC and Safer Foundation and have daily contact with the resident population. There are 6 dietary workers are contracted through Ernest Dining. These individuals have limited contact with the residents while they are receiving meals only. No residents are assigned to work the dietary department. Confirmation and documentation of the contract employees PREA training was outlined in standard 215.31 Employee Training. The facility reported 0 volunteers prior to the review period of April 1, 2020 – March 31, 2021 and throughout the post audit phase. All volunteer services were cancelled in February 2020. Upon a decision to allow volunteers into the facility, the volunteers must complete a background check and training.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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AD 05.07.101, Reception and Orientation-Adult Process; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; IDOC PREA Pamphlets; IDOC 0291, Offender Orientation Training; PREA Posters (English and Spanish); Crossroads Resident Orientation Manual and Handbook; PREA Insert demonstrate that Crossroads ATC meet the mandates of this standard.

There are PREA posters throughout the facility and in each housing unit, a PREA "Report Line" telephone number which may be called to report sexual abuse or sexual harassment, is posted on the bulletin boards and beside each inmate telephone in all housing units.

The Illinois Department of Corrections' mailing address is also posted in each housing unit for residents to write concerning any sexual abuse or sexual harassment allegation. The mailing address for the John Howard Association is in the resident handbook and posted on the housing unit bulletin boards. A language line is available for Limited English Proficient residents.

This auditor reviewed a random sampling of 30 resident A&O Checklists to verify that those residents admitted during the auditing period received Sexual Assault/Assault Prevention & Intervention education and relevant written materials. Residents interviewed to include a sampling of random as well as targeted groups affirmatively confirmed their knowledge and awareness of PREA reporting procedures.

Upon a resident's arrival at Crossroads ATC an informational PREA pamphlet is provided to the residents. These pamphlets provide information of the facility's zero tolerance policy for sexual abuse and sexual harassment. They advise the resident on how and to whom to report sexual abuse or sexual harassment allegations if they become aware of it or experience it. Residents receive and sign for a copy of the Crossroads ATC Resident Orientation Manual and Handbook during orientation in addition to acknowledging via signature a copy of the PREA insert advising residents of the facility's policy to provide a safe and secure environment for all residents and to provide prevention/intervention in the

event of a suspect or actual resident sexual assault. The PREA insert provides the definition of sexual assault and methods on how to report it. The resident acknowledges he has read or had read to him and understand the importance of reporting any sexual assault or threat of sexual assault immediately.

The Crossroads ATC Resident and Orientation Manual and Handbook provides the resident with information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. The PREA education material is available in English and Spanish and states the agency's policy on zero tolerance, explaining to the resident, how and who to report any allegation of sexual abuse/ harassment to without fear of retaliation. It also directs them how to report incidents or suspicions of sexual abuse or sexual harassment verbally, anonymously or in writing.

Documentation of residents' PREA training is maintained in the offender' files in the Offender-360 Records System. The Crossroad ATC Resident Orientation Manual and Handbook and PREA posters also advises the residents that they may write IDOC or the John Howard Association with Attention: PREA. The PREA Report Line 1-(217) 558-4013 is stenciled on the walls by the residents' telephone for easy access.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, 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 115.221(a).)
 Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- 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 115.221(a).) Yes No NA
- 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 115.221(a).) Yes No NA
- 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 115.221(a).)

Yes No NA

115.234 (c)

- 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 115.221(a).)
 Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with AD 01.12.115, Institutional Investigative Assignments; documentation of investigator's training records and interviews with facility investigators', it was determined by the auditor that Crossroads ATC meets the mandate of this standard.

Crossroads ATC is a contract community treatment center for the IDOC. They do not have facility investigators. If needed, they contact the Agency PREA Coordinator, and he assigns an investigator to come to the facility. Usually, it is an investigator from Statesville Correctional Center and/or the IDOC External Investigations Unit. The facility may also call the Illinois State Police to come to the Center if it involves a crime scene. The IDOC facility investigators are required to complete at a minimum 40-hour training program given by the Illinois Department of Corrections Academy. The investigators are required to complete a 40-hour training program given by the Illinois Department of Corrections Academy that includes PREA: For Investigations. A power-point of the training was provided for review. The auditor received a computer-generated copy of the internal and external investigators' training that exceeds the requirements of conducting sexual abuse investigations in a confinement as required in this standard. Additional, topics of training completed by investigators were presented for review. Per an interview with the IDOC External Investigator Commander, the internal and external

investigators are authorized to conduct both administrative and criminal investigations. He added, however per the MOU with the Illinois State Police, staff on inmate sexual abuse are conducted by the Illinois State Police. Therefore, when required, these investigators refer sexual abuse investigations to the Illinois State Police for investigation who also follow the requirements of this standard.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)
 Yes No NA

115.235 (c)

- 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 No NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Crossroads ATC does not have medical or mental health staff full time or part time at the facility. It is a contract community treatment center and residents are expected to utilize community care systems. Residents requiring emergency services utilizes the John Stroger Hospital in Chicago, IL. An interview with the SANE Nurse Coordinator confirmed the hospital has certified SAFE/SANE who provide forensic medical examinations 24/7. If a SANE/SAFE is not on duty at the time of a victim’s arrival, one will be immediately contacted and will report to the hospital as soon as possible.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? Yes No

115.241 (h)

- Is it the case that residents 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 No

115.241 (i)

- 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 resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program Requirements; AD 05.07.101, Reception and Orientation – Adult Process Requirements; ID 04.01.301, Offender Sexual Assaults- Prevention and Intervention; DOC 0372, Mental Health Screening form; and DOC 0379, Evaluation of Suicide Potential Form; DOC 0494, Screening for Potential Sexual Victimization or Sexual Abuse, and interviews with staff and offenders, it was determined by the auditor that Crossroads ATC meets the mandate of this standard.

Interviews were conducted with 3 staff who conducts risk assessment screenings with the residents during the initial and 30-day follow-up. Each stated, upon the residents' arrival, they report to the gym and/or visiting room where one-on-one interviews are conducted with each resident. Areas are partitioned in a manner that provides privacy during each screening. This area was toured by the auditing team. Each resident is asked the individual questions on the risk screening. The initial risk screenings are always conducted on the resident's day of arrival as resident movement is normally Monday – Friday. They each stated there was not a set date in which the 30-day reassessment prior to the 30-day requirement to complete the reassessment, but the re-assessments are normally completed two-weeks after the resident's initial assessment and always prior to 30-days. The staff stated they reassess a resident's risk level when warranted due to a: Referral, additional information, Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness, Incident of sexual abuse and/or at the request.

The information obtained during the risk assessments are uploaded in the Offender 360 system and a hardcopy is secured inside a file cabinet in the Case Manager's Office. Residents are never discipline for refusing to provide responses to the questions.

An initial intake screening of all newly arriving IDOC offenders is conducted at the agency's Reception and Classification Center and again upon the inmate's arrival at their designated IDOC facility as noted in IDOC policies and procedures. When an offender transfers to the Crossroads ATC, they are given an additional PREA Screening that includes an initial and a 30-day follow-up. A review of a random selection of 30 resident PREA Screening forms from the Offender-360 system, and interviews with staff

and residents confirmed the residents are assessed during intake screening upon their arrival for their risk of being sexually abused by other residents and/or for being sexually abusive toward other residents through utilization of a PREA screening tool, DOC 0494. The DOC 0494 includes the following vulnerability risk factors of: age, height, weight, number of incarcerations, criminal history exclusively non-violent, developmental disability, diagnosed mental illness, physical disability, perceived sexual orientation; physical presentation, history of sexual victimization; language and proficiency; detainment status, education level and socio-economic status when determining an inmate's risk of vulnerability. The predatory risk factors considerations include: history of institutional sexual abusive behavior; criminal history of sexual abusive behavior in the community; criminal history of domestic violence or violence toward other in the community; current security threat group affiliation and history of assaultive or violent behavior while incarcerated. The risk assessment screening addresses and exceeds the provisions of this standard.

Crossroads ATC has implemented appropriate controls on the dissemination within the facility that limits the accessibility of the screening information to designated staff on a need-to-know basis and to ensure sensitive information is not exploited to the inmate's detriment that includes investigative, medical and mental health information. Per staff who conduct the risk screenings, the information obtained during the risk assessments are uploaded in the Offender 360 system and a hardcopy is secured inside a file cabinet in their office.

Interviews were conducted to three staff who conducts risk assessment screenings with the residents. Each stated, upon the residents' arrival, they report to the gym and/or visiting room where one-on-one interviews are conducted with each resident. Areas are partitioned in a manner that provides privacy during each screening. This area was toured by the auditing team. Each resident is asked the individual questions on the risk screening. The initial risk screenings are always conducted on the resident's day of arrival as resident movement is normally Monday – Friday. They each stated there was not a set date in which the 30-day reassessment prior to the 30-day requirement to complete the reassessment, but the reassessments are normally completed two-weeks after the resident's initial assessment and always prior to 30-days. The staff stated they reassess a resident's risk level when warranted due to a: Referral, additional information, Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness, Incident of sexual abuse and/or at the request.

Per the screening staff, the agency policy does not allow discipline actions for residents who refuse to respond to the questions. Each staff they could not recall when a resident had refused to provide responses during the screening.

Interviews were conducted with the Crossroads ATC Center Supervisor and PCM. The Crossroads ATC Center Supervisor stated he has been employed at the Center for 12 years, and there has not been a resident identified as transgender and/or intersex during his tenure. The Crossroads ATC PCM stated she has been employed at the Center 25 years and there has never been a resident identified as transgender and/or intersex during her tenure.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident'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 No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- 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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- 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 residents, does the agency always refrain from placing: transgender residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- 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 residents, does the agency always refrain from placing: intersex residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; DOC 0494; AD. 04.03.104 Evaluation, Treatment and Correctional Management of Transgender Offenders; Interviews with Staff Assigned to Conduct Risk Screening, Crossroads ATC PCM and IDOC PREA Coordinator, it was determined by this auditor that Crossroad CC meets the mandate of this standard. The DOC 0494, Screening for Potential Sexual Victimization for Sexual Abuse, includes at a minimum, the criteria to assess offenders for risk of sexual victimization and the criteria to assess the inmate's risk of being sexually abusive. Utilization of this instrument is conducted by in-take staff to determine proper housing, bed assignment, work assignment, education and other program assignment with the goal of protecting potential victims of sexual abuse/sexual harassment from those who are at risk of being potential sexually abusive offenders. The determination of inmate housing is made on a case-by-case basis and at no time are offenders placed in designated housing based solely on their sexual identification or status.

Per an interview with the IDOC PREA Coordinator, the Department is not subject to a consent decree, legal settlement or legal judgment requiring dedicated facilities, units, or wings solely on basis on an offender's sexual orientation, genital status or gender identity. An offenders' housing is based on confidential assessment tools (DOC 0494) used by medical and mental to determine housing.

As noted in A.D. 04.03.104 Transgender, intersex and gender incongruent offenders shall not be assigned to gender-specific facilities base on solely on their external genital anatomy. A review of each transgender, intersex and gender incongruent offense's placement and programming assignment shall be conducted by the facility twice annually to review any threats to safety experience or posed by the offender. The policy requires a representative of the Transgender Administrative Committee (TAC) shall interview the offender, review PREA allegations, offender grievances, criminal history, medical, psychiatric, and disciplinary records and present findings to the TAC. Decision shall be made to the TAC on a case-by-case basis with serious consideration given to circumstances including, but not limited to the following: (1) The offender's perception of whether a male or female facility is safest for him or her, as well as the preferred gender of staff to perform searches; (2) The offender's vulnerability to sexual victimization, including prior allegations of sexual abuse or harassment made by the offender. (3) The offender's likelihood of perpetrating abuse against other offender including consideration of prior allegation s of sexual abuse of harassment made against the offender. (4) The ability of security staff to house and supervisor the offender to ensure his or her safety and the safety of the population in the current and requested environment. (5) The services available to meet the needs of the offender each environment. (6) Any other relevant information about the offenders' ability to positively or negative manage himself or herself in each type of environment.

A.D, 04.03.103 states transgender, intersex and gender incongruent offenders shall be allowed to the same frequency of showers in accordance with his or her classification. Showers shall be separate and private from other offenders.

Interviews were conducted with the Crossroads ATC Center Supervisor and PCM. The Crossroads ATC Center Supervisor, he has been employed at the Center for 12 years, and there has not been a resident identified as transgender and/or intersex during his tenure. The Crossroads ATC PCM stated she has been employed at the Center 25 years and there has never been a resident identified as transgender and/or intersex during her tenure.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; PREA Posters; Crossroads ATC Resident Offender Orientation Manual and Handbook; MOU Between IDOC and John Howard Association; it was determined by the auditor that Crossroads ATC meets the mandate of this standard. A review of documentation and interviews with staff and residents confirmed the agency and Crossroads ATC has multiple ways for residents to report sexual abuse and/or sexual harassment to include verbally, in writing, privately, via third-party reporting and anonymously.

Upon arrival at Crossroads ATC, the resident receives a copy of the Crossroads ATC Resident Offender Orientation Manual and Handbook. This manual provides each resident with information explaining the facility's zero-tolerance policy regarding sexual abuse and sexual harassment. It also directs the residents on how to report incidents or suspicions of sexual abuse or sexual harassment verbally, anonymously or in writing. The residents may write to the IDOC with Attention: PREA while providing the address. The PREA Report Line 1- (217) 558-4013 is stenciled on the walls next to the resident telephones for easy access. Residents may also write to the John Howard Association which acts a 3rd Party notification and serves as a private entity for the residents and is not associated or connected to the IDOC. The agency allows mail addressed to John Howard Association to be placed in a sealed envelope and labeled "Privileged." This mail is not to be read by staff at the facility. Additionally, methods of reporting methods include the resident may talk to any staff member the feel comfortable, that could include security staff, counselor, clerical staff, ANYONE. Procedures also list includes residents may send a note, request slip, or file a grievance and then place in the facility grievance mailbox.

A copy of the established IDOC MOU with the John Howard Association was provided for review and supports the provision of the standard. Phone interviews were conducted with staff at John Howard Association that confirmed residents can report to a public or private entity or office that is not part of the IDOC agency. John Howard is able to receive PREA reports and will forward reports relating to sexual abuse and sexual harassment to IDOC PREA officials. However, the resident may request to remain anonymous.

In accordance with A.D. 04.01.301, any alleged sexual abuse or harassment shall be reported through chain of command as unusual incident in accordance with Administrative Directive 01.12.105. All staff who observe the alleged abuse or harassment or to who the initial report was made shall complete a

DOC 0434 may be required to be interviewed by an investigator or other staff designated by the Chief Administrative Office prior to leaving the facility at the end of their shift. The Administrative Directive 01.12.105 identify all employees shall be required to cooperate with any internal investigation conducted by the facility Internal Affairs Office, Investigations and Intelligence Unit or any other investigative authority, including the Office of Executive Inspector General (OEIG). Employees shall provide documentation and testimonial evidence as required by law. Information pertaining to an internal or OEIG investigation shall be considered confidential and shall be disseminated on a need-to-know basis only.

Interviews with 11 random staff indicated all would immediately report all knowledge and suspicion of sexual abuse and sexual harassment to include reported verbally, via 3rd party, or written to their supervisor. Staff also identified they could privately report these allegations directly to their supervisor via phone, to the John Howard Association, the IDOC PREA Tip Line to the External Investigation Unit. There were 0 reported allegations of sexual abuse and or sexual harassment reported as occurring at Crossroads ATC during the audit review period of April 1, 2020 – March 31, 2021.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident 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. Yes No

115.252 (b)

- Does the agency permit residents 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 No NA
- Does the agency always refrain from requiring a resident 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 No NA

115.252 (c)

- Does the agency ensure that: A resident 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 No NA

- 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 No NA

115.252 (d)

- 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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident 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 No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, 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 No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident 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 No NA

- 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 No NA
- 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 No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- 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 No NA
- 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 No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with Title 20 Illinois Administrative Code, AD 01.01.114, Local Offender Grievance Procedure and DOC 0046, Offender Grievance Form (English and Spanish); AD 04.01.301, Sexual Abuse and Harassment Prevention Program, and Resident Orientation Manual and Handbook, it was determined by the auditor that Crossroads ATC meets the mandate of this standard.

Residents are allowed to submit a grievance regarding an allegation of sexual abuse without any time limits. Residents are not required to use any informal grievance process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and the complaint is not referred to a staff member who is the subject of the complaint. Policy requires the agency to provide an initial response within 48 hours and a final decision within 5 calendar days relative to emergency grievances alleging an inmate is subject to a substantial risk of imminent sexual abuse. The initial response and final decision would document the Department's determination whether the resident is subject to a substantial risk of imminent sexual abuse. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse. These third-party advocates may also file such requests on behalf of the resident. If the resident declines to have the request processed on his behalf, Crossroads ATC will document the resident's decision.

The agency's PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, identify that the agency may discipline a resident for filing a grievance related to an alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

Based on random interviews with residents, it is determined that residents are aware of their ability to file a grievance to report an allegation of sexual abuse or sexual harassment. Interviews with 25 residents indicated they would feel comfortable reporting an allegation of sexual and/or sexual harassment to directly to a staff member.

There were 0 reported allegations of sexual harassment and/or sexual abuse reported during the review of April 1, 2020 through March 31, 2021.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, 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 No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with ID 04.01.301 Offender Sexual Assaults-Prevention and Invention (Attachment B); Crossroads ATC Resident Orientation Manual (English and Spanish); MOU with the John Howard Association who acts as an anonymous reporting conduit between the residents and IDOC, it is determined that Crossroads ATC meets the mandate of this standard.

Specifically, the Resilience Center serves as a Community Victim Advocate group to provide victim advocates for emotional support services related to sexual abuse. They would be called by the SANE nurse at John Stroger Hospital if a resident was brought there for a forensic exam. The sexual assault crisis intervention is a 24-hour service that provides an immediate, supportive response to the needs of persons who have experienced sexual abuse in order to assist them in returning to their previous level of functions. Crisis intervention may be in-person or by telephone. Residents may have their own personal cell phones at the Center and they are available to them.

The PREA Hotline number is stenciled on the walls of the residents' housing unit. Guidance outlining the appropriate steps on how to report, who to report to, addresses on where to submit written allegations, and the PREA Hotline number is noted in the Resident Orientation Manual.

In an interview with an employee of the John Howard Association, she indicated that they serve as a 3rd Party reporting center and that residents may remain anonymous upon request.

During interviews with the random residents, they were aware of the John Howard Association to report and were aware that outside resources for support were available.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC and Crossroads ATC has established methods of services to receive third-party via reporting <http://www.thejha.org/>; PREA Hotline on the DOC

Website: <https://www.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx> .

Crossroads ATC is contract facility through IDOC. The IDOC and Crossroads has **ZERO TOLERANCE** for all forms of sexual conduct between offenders and staff, volunteers, contractors, or other offenders. The Department is committed to everyone's safety and will investigate EVERY

allegation. Sexual abuse and sexual misconduct can be reported to the **PREA report line (217) 558-4013**. Methods of third-party reporting is documented in the Crossroads ATC Offender Orientation and Manual and Handbook, IDOC Sexual Abuse and Custodial Sexual Misconduct Pamphlet and PREA posters throughout the facility in both English and Spanish.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- 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 No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- 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 No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do 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 No

115.261 (c)

- 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 No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- 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 No

115.261 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 03.02.108, Standards of Conduct; AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; and Ethics and Business Conduct Safer Foundation 210 Subject and interviews with staff, it is determined by the auditor that Crossroads CC meets the mandate of this standard. During interviews with 11 random staff to include contract workers, all were knowledgeable of their responsibility to immediately report all allegations of sexual abuse and/or sexual harassment, and acts of retaliation regarding PREA standards to their supervisor.

A Warden's Bulletin #17-14 drafted by the Warden to all staff stated in accordance with the PREA standard, 115.61, all staff shall report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the on-duty Shift Supervisor. The alleged victim should be separated, offered protection, and the area should be treated as a possible crime scene. Staff shall document the incident on a DOC 0434 (Incident Report). The report should be sent directly to the on-duty Shift Supervisor. The IODC has zero-tolerance for sexual abuse and sexual harassment within the facility.

All staff also stated they would document in writing any knowledge, suspicion or information regarding such actions prior to the end of their shift and this information was aware that the reporting information would not be documented in their logbooks.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and staff interviews, it was determined that Crossroads ATC meets the mandate of this standard.

All staff interviewed were knowledgeable of their responsibility and duties upon becoming aware of a resident being at imminent risk of being sexually abused or sexually harassed. All staff reported they would immediately remove the resident from the area of threat and provide further measures of protection while notifying their supervisor. The lead auditor utilizes scenarios in describing a variety of events when conducting staff interviews, and in each scenario presented to staff, all indicated they would immediately remove the resident from the area of threat and notify their supervisor.

During an interview with the Center Director, he confirmed all allegations and threats of imminent sexual abuse are taken seriously and Crossroads ATC would extend safety measures that could include the reassignment to the resident's quarters closer to the security staff control desk for additional monitoring. Staff would be assigned to stay on the resident's floor rather than conducting interval rounds. Measures to ensure safety would include an investigation and/or possible transfer if necessary.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident 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 No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with 04.01.301, Offender Sexual Assaults-Prevention and Intervention; AD 04.1.301, Sexual Abuse and Harassment Prevention and Intervention Program; interviews with the Center Supervisor, and External Investigations Commander; it was determined Crossroads CC meets the mandate of this standard. Policy requires reports of sexual abuse or harassment occurring while an offender was housed at a different facility shall be reported to the Chief Administrative Officer (Center Supervisor) of the facility where the incident occurred as soon as possible, but not later than 72 hours

after the initial report was received. Reports of sexual abuse or 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 04344 and reported by the Chief Administrative Officer of the facility that received the allegation to the Chief Administrative Officer of the agency where the alleged abuse occurred within 72 hours.

The facility reported there received 0 reported allegations from other facilities of alleged previous incidents involving sexual abuse/sexual harassment allegations while at Crossroads CC. The facility also received 0 reports of offenders who reported to Crossroad ATC who reported allegations of sexual abuse/sexual harassment occurring at other correctional facilities upon their arrival at Crossroad ATC during the review period. The Crossroad Center Supervisor indicated that he would respond immediately with notification by email to the Chief Administrative Officer (CAO) at the facility identified by the resident. He reported there has no incidents of the sort reported at the facility.

The Director of IDOC confirmed when a facility within the Department is notified by another agency of an allegation within an IDOC facility, the PREA Compliance Manager of that respective facility is notified and the PREA procedures and protocols are implemented. If an offender provides an allegation to IDOC regarding another jurisdiction, the CAO of the IDOC facility receiving the allegation reports such complaint to the CAO of the jurisdiction in which the report was alleged to have occurred. He also acknowledged that cross jurisdictional reports regularly occur.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident 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 No
- Upon learning of an allegation that a resident 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 No
- Upon learning of an allegation that a resident 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 No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and staff interviews, it was determined by the auditor that Crossroads ATC meets the mandate of the standard. Policy addresses staff responsibility and appropriately responding as a first responder to reports of alleged sexual abuse. Additionally, during interviews with security and non-security staff, each staff were knowledgeable of their responder duties and responsibilities upon becoming aware of an allegation of sexual abuse and/or sexual harassment. Security staff reported they would immediately notify their supervisor and non-security staff stated they would immediately notify a ranking security staff member. All staff indicated they would ensure separation of the residents, secure the area identified and advise the residents to not destroy any evidence such as not brushing teeth, showering, using toilet, and changing clothes while notifying a security supervisor. There were 0 incidents where it was required to separate offenders or collect evidence as a first responder during the audit review period due to 0 reported allegations of sexual abuse during the review period. The latest allegation of sexual abuse was reported in 2016 and did not include penetration. The investigative finding was determined as Unfounded.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; 04.01.301 Safer Foundation Local Procedure; and interview with the Crossroad ATC Center Supervisor it was determined by the auditing team that Crossroads ATC meets the mandate of this standard. An interview with the Crossroads ATC Center Supervisor confirmed the Center does have a coordinate actions in the incident command system and in the facility. A review of the facility's coordinate action plan confirmed it provide detailed guidance to employees regarding the expected coordinated actions to take in place in response to an incident of sexual abuse, among staff first responders to include non-security first responders, medical and mental health practitioners, investigations, and facility leadership. Interviews with staff confirmed their awareness of responsibilities in the coordinated response process.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- 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 limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The Department has a variety of signed agreements between the Department of Central Management Services of the State of Illinois and departments within the correctional facilities to include United Brotherhood of Carpenters and Joiners of American; Laborer’s International Union of North America International Union of Painters and Allied Trades; United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry Of U.S.A. and Canada The Department s of Central Management Service, Corrections, Human Services, State Police, Veterans’ Affairs, Natural Resources, and Transportation and Teamsters Downstate Illinois State Employee Negotiation Committee Downstate). However, per an interview with the Director of IDOC, at minimum, all collective bargaining agreements provide the Department with the ability to place an employee on paid administrative leave.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- 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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- 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 No
- 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 resident disciplinary reports? Yes No
- 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 resident housing changes? Yes No
- 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 resident program changes? Yes No
- 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 No
- 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 No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.267 (e)

- 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 No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, review of retaliation monitoring documentation, MOU with John Howard Association and interviews with staff, it is determined by the auditing team, it was determined Crossroads ATC meets the mandate of this standard. AD 04.01.301 indicates 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 offender or staff. The offender's and staff conduct and treatment shall be documented on the PREA Retaliation Monitor – Offender DOOC 0498 and Staff DOC 0499.

The Department has an MOU with John Howard Association to receive complaints from offenders to include retaliatory actions, which are then investigated by the department. Support services are provided throughout the facility by qualified mental health and local community providers as necessary. Policy requires that offenders and staff reporting such allegations are monitored for a retaliation period of no less than 90 days and longer if necessary. The facility reported 0 allegations of sexual harassment, 0 allegations of sexual abuse was reported during the review period of April 1, 2020 – March 31, 2021. The auditor reviewed the retaliation monitoring documentation and confirmed retaliation monitoring was completed at 30 days, 60 days, 90 days intervals.

In response to how the Department protect offenders and staff from retaliation for sexual abuse or sexual, the Director of IDCO stated 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. In addition, the department has an MOU with John Howard Association to receive complaints from offenders to include retaliatory actions, which are then investigated by the department. Support services are provided throughout our facilities by qualified mental health and local community providers as necessary. Offenders and staff reporting such allegations are monitored for retaliation for a period of no less than 90 days.

An interview with the Crossroads Center Supervisor, confirmed in the event retaliation is performed by either an identified staff member and/or offender discipline actions would be applied after an investigation.

An interview was conducted with the Alternate PREA Compliance Manager who also the staff member designated to conduct retaliation monitor. Although the facility has not received any reported allegations of sexual abuse and/or sexual harassment recently, she was very well versed in her responsibilities with a clear understanding in conducting retaliation monitoring as outlined in the provisions of the standard. She explained retaliation monitoring would upon the initial reported PREA allegation. Monitoring for both staff and the resident population would continue every 30, 60 and 90 days and beyond 90 days if deemed necessary. The individual would be monitored for unusual negative occurrences, to include loss of job assignments, discipline actions, housing changes, work performance evaluations, etc. In the event of an individual is experiencing retaliation, she would immediately report it to the PCM and Center Supervisor. Circumstance of such behavior could result in discipline action to staff and/or inmate, possible reassignment and/or transfer. There were 0 reported allegations of sexual abuse and/or sexual harassment reported during the review period of April 1, 2020 – March 31, 2021. The latest PREA reported allegations include an allegation of sexual abuse in 2016. The investigative findings were determined as Unfounded. The latest reported allegation of sexual harassment was reported in 2019 with an investigative finding of Unfounded.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- 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 115.221(a).) Yes No NA

- 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 115.221(a).)
 Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- 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 No

115.271 (e)

- 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 resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.271 (g)

- 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 No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- 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 No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- 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 115.221(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 01.12.101, Employee Criminal Misconduct; AD 04.12.120, Investigations of Unusual Incidents; Title 20 Administrative Code, DR part 112, interviews with the IDOC External Investigations Commander and IDOC State PREA Coordinator; it is determined by this auditor that Crossroads ATC is in compliance with this standard.

Crossroads ATC is contracted through the IDOC. All reported allegations of sexual abuse and/or sexual harassment are referred to the IDOC PREA Coordinator and the Stateville Correctional Center Investigations for a complete investigation to include those reported by third-party and/or anonymously.

During an interview with the IDOC External Investigations Commander, he clearly articulated duties and actions taken during the gathering and preserving direct and circumstantial evidence, including the collection and preservation of DNA, and various methods to include interviews with witnesses, alleged victim, suspected perpetrator, and electronic data collection. Prior complaints and reports of the alleged perpetrator is also reviewed by the investigative staff during an investigation. Investigations Unit is authorized to seek assistance from the Illinois State Police as needed in conducting investigations. When the quality of evidence appears to support criminal prosecution, the agency may contact the Illinois State Police to continue with the investigation. Consultation with the State Attorney's Office prior to conducting compelled interviews will be performed by that department. Substantiated allegations that appear to be criminal are required for prosecution. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and based on evidence collected not determined by the person's status as offender or staff. He confirmed the agency does not require an offender who alleged sexual abuse to submit to a polygraph or truth-telling device. The Agency retains all written reports for as long as the alleged abuser is incarcerated or employed by the Agency, plus five years. All investigations are logged in the Consolidated Listing of Incidents and Crimes (CLIC) which is the tracking system used by the Department to document all investigations and the investigative staff maintain copies of their investigations. He added if a staff member alleged to have committed sexual abuse terminates employment prior to the completion of a sexual abuse investigation terminate employment, or if an alleged victim or an abusive depart the facility prior to the completion of the investigation, the investigation is continued throughout completion of findings. There were of 0 reported allegations of sexual abuse and/or sexual harassment at Crossroads ATC during the past 12 months for investigation.

The IDOC External Investigations Commander explained upon a report of sexual abuse and/or sexual harassment, the investigation is begun immediately whether by the facility internal investigator and/or the external investigator. All investigations are handled in the same manner to include allegations reported anonymously and /or by a third party. He added third party and anonymous calls are often

reported through the Department public tip line number (217) 558 -2200 (press 0) which is the IDOC main line to the External Investigations Unit.

In cases where a staff is termination of resign and/or placed on administrative leave, they are prohibited from entering the facility. If the investigation involves possible criminal charges, the case is referred to the State Attorney's Office. The internal investigators (Lieutenants and Officers) cannot investigate staff. However, the external investigators can investigate all staff and also conduct the Miranda warnings to them. This based on a contractual obligation with IDOC and the Union. The Commander confirmed all criminal investigation are referred to the Illinois State Police regarding sexual abuse with the custodial sexual misconduct, inmate on staff sexual assault s of simple assaults and inmate on inmate sexual assault s or simple assaults. The Illinois State Police handles all sexual assault involving staff on staff and staff on inmate. The investigators stated IDOC investigators maintain an open line of communication and work with the Illinois State Police while also completing a follow-up on many cases that have been prosecuted.

A memorandum was submitted by the Chief of Investigations and Intelligence to all IDOC Wardens, Assistant Warden and Adult Transition Center (ATC) Supervisors confirming is policy of the Illinois Department of Corrections that all investigations of allegations of sexual abuse or harassment are to be conducted in accordance with Administrative Directives 01.12.105 and 04.01.301, and with the standards and regulations adopted under the Prison Rape Elimination Act (PREA). In accordance with PREA standards, during the course of such investigations, the Department shall impose no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or harassment are substantiated.

In response to the Department maintaining contact with an outside agency conducting an investigation for Department, the Warden confirmed communication is maintained between both investigative parties through office visits, telephone calls and emails. The IDOC State PREA Coordinator confirmed an outside agency will provide confidential updates with the agency by sharing the information identified agency specialized trained staff.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention Program; Memorandum submitted by the Chief Investigations and Intelligence and interviews with the IDOC External Investigation Commander whom staff are assigned to conduct investigations at Crossroads, it was determined by the auditor that Crossroads ATC meets the mandate of this standard. Policy mandates that no standard higher than a preponderance of the evidence should be imposed in determining whether an allegation of sexual abuse or sexual harassment is substantiated. This procedure and practice were confirmed during interviews with both the internal and external investigators. As the policy and procedures is in effect for all IDOC facilities and both ATC.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident'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 posted within the resident's unit? Yes No

- Following a resident'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 No
- Following a resident'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 No
- Following a resident'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 No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, 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 No
- Following a resident's allegation that he or she has been sexually abused by another resident, 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 No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention PREA Investigation; Victim Notification of Completed PREA Investigation Finding Memorandum; and interview with investigative staff, it was determined by the auditor that Crossroads ATC meets the mandate of this standard. The agency has a policy that require any offender who alleges he suffered sexual abuse/sexual harassment in an Agency facility shall be notified verbally, and in writing that the completion of the investigation has been determined to be substantiated, unsubstantiated or unfounded.

The facility reported there were 0 reported PREA allegations for sexual abuse and sexual harassment. However, the Alternate PCM did provide of a resident's notification of finding after a reported sexual harassment allegation of unsubstantiated findings signed by the Chief Administrative Officer of Statesville. The notification of investigative findings was dated June 7, 2019, that was the most recent reported PREA allegation.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- 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 No

115.276 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, Disciplinary for Staff; AD 03.01.120. Employee Review Hearing; AD 03.01.310, Sexual Harassment Requirements and Agency Brochure: Custodial Sexual Misconduct-Socialization Prevention; PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual; investigative staff, and Crossroads ATC Center Supervisor, it was determined by the auditor that Crossroads ATC meets the mandate of this standard. All staff at the facility are contracted through the IDOC.

Employees are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual touching only after conclusion of the investigation All terminations for violations of sexual abuse or sexual harassment policies, or resignation by staff who 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.

Per an interview with the Crossroads ATC Center Supervisor, upon a reported allegation of sexual abuse and/or sexual harassment involving a employee/contract worker and/or volunteer, would result in immediately denied of the contract worker and/or volunteer entry into the facility. The information would be uploaded into the Offender 360 for an investigation and the offender would immediately be restricted from further interaction with the identified staff.

There were 0 reported allegations of sexual abuse and/or sexual harassment reported at Crossroads ATC to include those that involved staff/contract workers during the review period of April 1, 2020 – March

31, 2021. Therefore, there were 0 incidents of staff terminations, resignations during an investigation and/or reported to licensing bodies.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 03.01.310, Sexual Harassment; AD 01.12.120, Investigations of Unusual Incidents; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and ID 04.10.122, Volunteer Services, it is determined Crossroads ATC meets the mandate of this standard.

All staff at the facility are contracted through the IDOC. Per an interview with the Crossroads ATC Center Supervisor, upon a reported allegation of sexual abuse and/or sexual harassment involving a contract worker and/or volunteer, would result in immediately denied of the contract worker and/or volunteer entry into the facility. The information would be uploaded into the Offender 360 for an investigation and the offender would immediately be restricted from further interaction with the identified staff/volunteer. Contractors and Volunteers who engage in sexual abuse would be reported to law enforcement agencies and to relevant licensing bodies unless the activity is clearly not criminal.

There were 0 reported allegations of sexual abuse and/or sexual harassment reported against a volunteer and/or contract worker as during the review period of April 1, 2020, through March 31, 2021. Therefore, there were 0 actions taken toward volunteers and/or contract workers. The facility reported 0 volunteers since February 2020 when all volunteer services were cancelled.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- 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 resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- 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 No

115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; 20 Illinois Administrative Code CH. I. SEC. 504. Subpart A. Administration of Discipline; it was determined that Crossroads ATC meets the mandate of this standard. The Agency may discipline an inmate for sexual contact with a staff member upon a finding that the staff member did not consent to such contact. Offenders are determined to be guilty of an administrative or criminal finding that of sexual abuse allegations are subject to discipline actions pursuant to a formal disciplinary process. Disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any should be imposed. If mental disabilities or mental illness is a factor, the facility considers the offer of therapy, counseling, and/or other interventions which are designed to address and correct underlying reasons or motivations for the abuse. Sexual activity between offenders is prohibited by the Agency and residents would receive discipline for such actions. Per an interview with the Crossroads ATC Center Supervisor, the resident would be transferred to the IDOC Stateville Correctional Center where the disciplinary

hearing and sanctions would be imposed. The Agency does not find consensual sex between offenders to constitute sexual abuse. There were 0 reported allegations or sexual abuse and/or sexual harassment to include against a resident during the review period of April 1, 2020 through March 31, 2021. Therefore, 0 residents received discipline for sexual abuse and/or sexual harassment misconduct. Nor were any residents identified as involved in sexual activity with other residents.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident 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 No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident 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 No

115.282 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; resident' access to the John Howard Association who acts as an anonymous reporting conduit between the residents and IDOC; Interviews with Crossroads ATC PCM, and Center Supervisor it is determined Crossroads ATC meets the mandate of this standard.

Any resident who alleges to be a victim of sexual abuse shall be (1) Immediately provided protection from the alleged abuser; (2) Referred to John Stroger Hospital for examination, treatment and evidence collection. The decision to collect evidence shall be made on a case-by case basis in accordance with standard investigative procedures. (3) Evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. (4) Offered counseling supportive services, such a psychological service, chaplaincy services, correctional counselors, group therapy, etc, and if possible be provided with a victim advocate from a rape crisis center.

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 determine by the local facility. Crossroads ATC utilize the SAFE/SANE staff at John Stroger Hospital in Chicago, IL for any forensic exam needs. The auditor interviewed the SANE Nurse Coordinator at John Stroger Hospital and she confirmed that they have nurses on duty for all shifts and if one were not on duty, they would be called in to report as soon as possible.

The SANE Nurse Coordinator also indicated that they would call the Resilience Organization, who would provide a victim advocate to report to the hospital or call in to speak with the victim as needed.

Per the IDOC PREA Coordinator, the John Howard Association provides services throughout the state of Illinois. Resilience Organization serves as a Community Victim Advocate group to provide victim advocates for emotional support services related to sexual abuse and has an MOU with John Stroger Hospital. The hospital would be the one to request their assistance. The facility enables reasonable communication between the residents and these organizations in as confidential manner as possible.

Memorandum from the Assistant Legal/Medical Advocate at Prairie Center Against Sexual Assault; Memorandum of Understanding between the IDCO (Crossroads ATC) and Memorandum of Understanding Between the IDOC and the Prairie Center Against Sexual Assault an outside support group that serves in Counseling and Information for Sexual Assault/Abuse. The purpose and scope of the MOU between IDOC

and the Prairie Center Against Sexual Assault was also established to make available to the offender population access to an outside entity to provide emotional support services related to sexual abuse, including crisis intervention and sexual assault counseling. The sexual assault crisis intervention is a 24-hour service that provides an immediate, supportive response to the needs of inmates who have experienced sexual abuse in order to assist them in returning to their previous level of functions. Crisis intervention may be in-person or by telephone via an unmonitored unrecorded call. The services are provided by a staff member or volunteer from an Illinois Coalition Against Sexual Assault (ICASA) that is a certified rape crisis center. It is understood face-to-face emotional support provided in as confidential a manner a possible or emotional support through confidential unmonitored phone calls.

Residents shall not be charged a co-payment for medical treatment, including a forensic medical examination, obtained for alleged sexual abuse that shall be provided by a certified SANE/SAFE at a local emergency room. The medical examination shall include a general physical examination and for recent sexual abuse shall also include, but not limited: (1) A blood test (RPR serology for Syphilis); (2) Culture smears for seminal fluid, Gonorrhea, Chlamydia and other Sexual Transmitted Diseases (STD) as appropriate; (3) Hepatitis C antibody test and Hepatitis B surface antigen and antibody blood test. An HIV test and counseling will also be offered.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident 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 residents 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.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(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 residents 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.*) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- 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 No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; A.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; Memorandum from the Assistant Legal/Medical Advocate at Prairie Center Against Sexual Assault; Memorandum of Understanding between the IDCO (Crossroads ATC) and YWCA Metropolitan Chicago Sexual Violence & Support Services,

The IDOC and the YWCA Metropolitan Chicago Sexual Violence & Support Services entered into the MOU to provide access to an independent entity from which inmates who are victims of sexual abuse may receive rape crisis center services, including crisis intervention and counseling related to sexual abuse, in as confidential a manner as possible while housed in IDOC custody at the Crossroads ATC.

YWCA Metropolitan Chicago Sexual Violence & Support Services that includes but not limited to both crisis intervention and sexual assault counseling and sexual assault counseling ongoing services to victims of sexual abuse as identified.

Crisis Intervention: Sexual assault crisis intervention is a 24-hour service that provides an immediate, supportive response to the needs of inmates who have experienced sexual abuse in order to assist them in returning to their previous level of functioning. The goal of crisis intervention is to restore a sense of equilibrium. Crisis intervention response includes empathic listening, information and referral, engagement of victim with appropriate services of the center, in-person medical advocacy, if needed, or sexual abuse legal advocacy. Crisis intervention may be in-person or by telephone via an unmonitored, unrecorded call. Rape Crisis Counselors providing crisis intervention are trained to engage victims, screen for safety and immediate needs and connect victims with immediate and follow-up services. Crisis intervention shall comply with the Rape Crisis Personnel Privilege.

Sexual Assault Counseling: Sexual assault counseling is victim-centered counseling with the goal of supporting the victim's recovery process through listening, encouraging, validating, reflecting, giving resources, and providing a safe counseling environment. Sexual assault counseling is seen as working with the victim on current issues, normalizing and validating reactions to the trauma and facilitating a return to pre-trauma functioning. Based on availability of counseling staff, the victim has access to counseling sessions at scheduled intervals. Counseling may be provided on the telephone via an unmonitored, unrecorded call; face-to-face in as confidential a manner as possible; and can include individual or group counseling that may be provided on an on-going basis for weeks, months or even years.

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 determine by the local facility. Crossroads ATC utilize the SAFE/SANE staff at John Stroger Hospital in Chicago, IL for any forensic exam needs. The auditor interviewed the SANE Nurse Coordinator at John Stroger Hospital and she confirmed that they have nurses on duty for all shifts and if one were not on duty, they would be called in to report as soon as possible.

Therefore, as these services are provided throughout the local community and are identified as consistent with the community level of care.

Per interviews with the Crossroads ATC Center Supervisor and PCM, mental health services are also available via phone with mental health staff at the IDOC Stateville Correctional Center.

Residents shall not be charged a co-payment for medical treatment, including a forensic medical examination, obtained for alleged sexual abuse that shall be provided by a certified SANE/SAFE at a local emergency room. The medical examination shall include a general physical examination and for recent sexual abuse shall also include, but not limited: (1) A blood test (RPR serology for Syphilis); (2) Culture smears for seminal fluid, Gonorrhea, Chlamydia and other Sexual Transmitted Diseases (STD) as appropriate; (3) Hepatitis C antibody test and Hepatitis B surface antigen and antibody blood test. An HIV test and counseling will also be offered.

Per interviews with the Crossroads ATC Center Supervisor, and the Facility PCM, residents identified as, and an aggressor are not designated at the ATC. Per an interview with the Crossroads ATC PCM/Treatment Program Manager she reviews all residents history prior to arrival. A resident alleged identified as an aggressor has not been approved for designation. Residents identified as an aggressor n an investigation would be transferred to the parent facility Stateville Correctional Center. Mental health at that facility would be responsible for conducting the mental health evaluation.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- 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 No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- 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 No
- 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 No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, review of PREA investigative case files; Incident Review Memorandum it is determined Crossroads ATC meets the mandate of this standard. 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 review shall ordinarily occur within 30 days of the conclusion of the investigation. unless the allegation was determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team, at minimum, shall include: (1) Assistant Chief Administrative Officer; (2) Shift Commander or Lieutenant; (3) A representative from Internal Affairs; (4) Facility PREA Compliance Manager; (5) A representative from Medical; and (6) A representative from Mental Health. The review, including any report of findings or any recommendations for improvement, shall be documented on the DOC 0593, Sexual Abuse Incident Review. The DOC 0593 shall be forwarded to the Chief Administrative Officer so recommendations for improvement may be considered. Any recommendations not implemented shall be documented on the DOC 0593 including justification for not doing so.

The Crossroads ATC reported 0 allegations of sexual abuse and/or sexual harassment having occurred for numerous years prior to the audit period of April 1, 2020 – March 31, 2021. However, interviews with Crossroads ATC Center Supervisor, Facility PCM and Alternate PCM (members of the incident review team) were aware of the incident review team responsibilities in conducting an incident review of sexual abuse.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- 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 No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.287 (c)

- 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 No

115.287 (d)

- 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 No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; PREA FY 2020 Annual Compliance Report; and review of quarterly PREA reports it is determined that CROSSROAD ATC meets the mandate of this standard.

The IDOC has collected accurate, uniform data for every allegation of sexual abuse at facilities under its direct control, using a standardized instrument and set of definitions. The incident-based data collected includes data required to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The Administrative Directive requires the report to be published on the IDOC website and include a comparison of the current year's data and corrective actions with those from prior years. The report shall also provide an assessment of the Agency's progress in addressing sexual abuse. In an interview with the Agency PREA Coordinator, he confirmed his office does collect the data and prepares the annual report.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 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 No

- Does the agency review data collected and aggregated pursuant to § 115.287 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 No
- Does the agency review data collected and aggregated pursuant to § 115.287 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 No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.288 (c)

- 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 No

115.288 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program Manual; ID 04.01.301 Offender Sexual Assault-Prevention and Intervention; IDOC Website Annual PREA Reports, and agency and staff interviews; it is determined by the auditor that Crossroads ATC meets the mandate of this standard. 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 1) identifying problem areas; 2) taking corrective action on an ongoing basis; 3) preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

The Director indicated the Department does use the incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. He added this is completed through the facility review process supported by AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program and the PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual. Identifying problem areas or policies, addressing issues that have occurred on a regular basis, staff training, continuing to make corrective action when problems may arise, and using the facility review process to ensure the proper proactive steps are taken for problem solving. In addition, the department has implemented procedures to collect data on a quarterly basis for all facilities within the department. The Director also confirmed Data is aggregated and provided in report form by the Agency PREA Coordinator and submitted directly to him for review and approval.

An interview with the IDOC Agency PREA Coordinator confirmed the data collected pursuant to § 115.87 are securely retained in a secured database managed by him as the IDOC PREA Coordinator and stored in a double locked secured filing cabinet. All confidential and sensitive inmate and/or staff information will be redacted in consultation with the IDOC legal division, and a determination would be made regarding what information would be redacted.

A review of the IDOC Agency Website 2020 PREA Annual Report confirmed 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; and the agency's annual report is approved by the agency head and made readily available to the public through its website. The Director confirmed he approve all annual reports pursuant to this standard.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; IDOC PREA Annual Reports; and review of the IDOC website, it was determined by the auditor that Crossroad ATC meets the mandate of this standard. Policies and procedures are in place to ensure guidelines are followed to ensure: 1) data collected pursuant to standard 115.87 are securely retained; 2) 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; 3) the agency remove all personal identifiers before making aggregated sexual abuse data publicly available; 4) 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.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Agency deferred conducting PREA audits until the third year of the first cycle and completed all audits for then existing 29 Agency facilities during that year. The IDOC has since opened an additional facility and is in the second cycle of conducting PREA audit throughout the Agency. Crossroads ATC is in the second year of the three-year auditing cycle. Therefore, Crossroads ATC meets the mandates of this standard.

The facility was previously audited in 2018 and the Auditor confirmed the audit report was posted on the agency's website. This report does not contain any personal identifying information and there were no conflicts of interest regarding the completion of the audit. The facility and agency policies were reviewed regarding compliance with the standards and have been identified in the report. The audit findings were based on a review of policies and procedures and supporting documentation; interviews with staff and inmates; and observations.

The auditor was given access to all areas of the facility while allowing observation of full operational procedures of the Crossroads ATC. The auditor was allowed access to review all required documentation under the PREA standards and was allowed to retain relevant documentation as requested. The auditor did not receive any confidential information or correspondence from offenders. If received, it would be treated in the same manner as if they were communicating with legal counsel.

Upon a review of documentation and an interview with the Agency PREA Compliance Manager support the finding that Crossroads ATC is in compliance with this standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Agency has published on its Agency website and has made publicly available, all Final Audit Reports within 90 days of issuance by the assigned DOJ PREA Auditors. The review of the Agency's website confirmed the Agency's prior audits was completed during the past three years.

The audits report does not contain any personal identifying information and there were no conflicts of interest regarding the completion of the audit. The facility and agency policies were reviewed regarding compliance with the standards and have been identified in the report. The audit findings were based on a review of policies and procedures and supporting documentation; interviews with staff and inmates; and observations.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Debra D. Dawson

July 21, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.