

PREA Facility Audit Report: Final

Name of Facility: Logan Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 01/20/2022

Date Final Report Submitted: 07/29/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 07/29/2022

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	12/08/2021
End Date of On-Site Audit:	12/10/2021

FACILITY INFORMATION	
Facility name:	Logan Correctional Center
Facility physical address:	1096 1350th Street, Lincoln, Illinois - 62656
Facility mailing address:	

Primary Contact	
Name:	Tiona Farrington
Email Address:	tiona.m.farrington@illinois.gov
Telephone Number:	217-735-5581

Warden/Jail Administrator/Sheriff/Director	
Name:	Jean Marie Case
Email Address:	jean.case@illinois.gov
Telephone Number:	217-735-5581

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

Facility Health Service Administrator On-site	
Name:	Jicole Hickle
Email Address:	jicole.hickle@illinois.gov
Telephone Number:	217-735-5581

Facility Characteristics	
Designed facility capacity:	1667
Current population of facility:	923
Average daily population for the past 12 months:	1074
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females
Age range of population:	19-86
Facility security levels/inmate custody levels:	Multi-Level
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	542
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	161
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	125

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

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

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

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none"> • 115.14 - Youthful inmates
Number of standards met:	
44	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-12-08
2. End date of the onsite portion of the audit:	2021-12-10

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>The auditor contacted Prairie Center Against Sexual Assault (Prairie CASA) related to victim advocacy services. The staff member confirmed that they have an MOU with the facility that was executed in July 2021. She stated the services under the MOU, include providing rape crisis center services to inmates* who are victims of sexual abuse. She confirmed that the organization does not have any concerns related to PREA compliance at Logan nor does the organization have any concerns related to sexual safety of the inmates at Logan. The auditor also contacted Just Detention International (JDI), a national anti-sexual violence organization. JDI indicated that they did not have any correspondence with inmates at Logan.</p> <p>*Inmate, offender and individual in custody are utilized interchangeably throughout this document.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1667
15. Average daily population for the past 12 months:	1074
16. Number of inmate/resident/detainee housing units:	15
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	955
---	-----

38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	3
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	5
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	4
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	10
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	186
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	34
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	5
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	210
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	542
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	161

52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
---	-------------------

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
--	----

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

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	At least two inmates were selected from each of the housing buildings including; two from Building 1, three from Building 2, six from Building 3, two from Building 6, two from Building 7, three from Building 8, seven from Building 10, two from Building 14, three from Building 15 and two from Building 41.
--	---

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
---	-------------------

Targeted Inmate/Resident/Detainee Interviews

58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	22
--	----

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	3
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	6
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	3
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	4
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed housing assignments and documents for inmates at high risk of victimization and inmates who reported sexual abuse. The auditor also spoke with the segregation supervisor and the PCM to confirm there were no inmates in this category.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>14</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Race and gender.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>25</p>

76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>3</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input checked="" type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
---	---

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

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
--	---

<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
---	---

<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
--	---

<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
--	---

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The on-site portion of the audit was conducted on December 8-10, 2021. The auditor had an initial briefing with facility leadership to discuss audit logistics. After the initial briefing, the auditor selected inmates and staff for interview as well as documents to review. The auditor conducted a tour of the facility on December 8, 2021. The tour included housing units, clothing storage, warehouse, intake,</p>
--	---

visitation, education, maintenance, food service, health services, recreation, property, commissary, beauty shop, lawn maintenance and back gate. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the standard findings. The auditor reviewed the cameras during the tour and verified that the cameras located in the suicide observation cells and mental health areas were monitored by female staff only (gender specific posts). Additionally, during the tour the auditor heard the opposite gender announcement each time the auditor and the facility team entered the housing units.

Interviews were conducted on December 9, 2021 and December 10, 2021. All three shifts (staff) were interviewed on December 9, 2021. Inmate interviews were conducted on December 9, 2021 and December 10, 2021. Specialized staff interviews were conducted on December 8-10, 2021.

During the on-site portion of the audit, the auditor tested the outside reporting mechanism by sending a letter from the facility to John Howard Association. The letter was sent on December 6, 2021 and a confirmation email that included the original letters was forwarded from the PC to the auditor on December 10, 2021. It should be noted that the letter was sent from Lincoln Correctional Center (which is on the same property as Logan) and is another IDOC facility. The mail process is the same across all IDOC facilities for the outside reporting mechanism so a second letter was not sent from Logan. Inmates are able to place outgoing letters to the John Howard Association in the U.S. mail boxes. Mail to the John Howard Association is confidential and not monitored or reviewed. The auditor also tested the internal reporting hotline during the tour on December 8, 2021 and received confirmation the same day from the PC that the call was received. The auditor attempted to test the victim advocacy hotline, however the hotline required an inmate pin number and the auditor was advised the inmate would be charged for the call. The auditor did not want to have an inmate place the call and get charged, therefore the advocacy line was not tested. It should be noted that if the inmates wants to make a free confidential call to the victim advocacy number they can contact any staff member who can assist them with placing the call on an outside office line.

During the on-site portion of the audit, the auditor and PC were approached by three transgender inmates related to concerns they had regarding their housing. The inmates indicated that they felt they were segregated because of their transgender status. The auditor advised the inmates that she had reviewed the housing assignments for the 34 transgender inmates and confirmed that they were not placed in one dedicated housing unit or wing. The 34 transgender inmates were located across eight different housing units in north, south and center wings. The inmates further stated they were not satisfied with this answer and that they felt they were segregated because there were four of them in one center wing of a housing unit. Further review of documentation and communication with the PC indicated that they were placed in this housing unit based on numerous factors, including safety, security and their individual risk assessment. During the conversation with the transgender inmates, a cisgender female inmate advised that there were female inmates throughout the facility who were uncomfortable with being housed with the transgender female inmates because they had past trauma and these cisgender female

inmates had threatened to harm the transgender inmates. During conversation the auditor repeated the concern of the cisgender female and the transgender inmates advised they were offended and felt it was inappropriate to discuss sex and gender issues. The auditor immediately ceased the conversation and advised the inmates that they could address any further concerns with the PCM and PC.

Documentation Sampling

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

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

- Yes
- No

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

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

Personnel and Training Files. The facility has 542 staff assigned. The auditor reviewed a random sample of 23 personnel and training records that included three individuals hired within the previous twelve months and two individuals that were promoted. The sample included a variety of job functions and post assignments, including supervisors and line staff. Most of the files that were reviewed were of the staff the auditor selected for interview. Additionally, personnel and/or training files for nine contractors, eight medical and mental health care staff and five volunteer were reviewed.

Inmate Files. A total of 43 inmate files were reviewed although some files were only reviewed for a specific area the auditor was examining. 23 inmate files were of those that arrived within the previous twelve months, four were disabled inmates, three were Limited English Proficient inmates, six were transgender inmates and six were inmates who reported prior victimization during the risk screening. Most inmate files reviewed were of those selected for random and targeted interviews.

Medical and Mental Health Records. During the previous year, there were 36 reported allegations of sexual abuse or sexual harassment. The auditor reviewed the medical and mental health records of fifteen inmate victims as well as mental health documents for six inmates who disclosed victimization during the risk screening.

Grievances. In the past year, the facility reported they had three grievance of sexual abuse, however after review it was determined only one was sexual abuse. The auditor reviewed the three grievances as well as the grievances log and a sample of thirteen additional grievances.

Hotline Calls. The agency received 76 total hotline calls, however all of these calls were not related to sexual abuse or sexual harassment allegations. The auditor tested the reporting mechanism while on-site.

Incident Reports. The auditor reviewed the incident report log for the previous twelve months, the incident reports associated with the selected fifteen sexual abuse or sexual harassment allegations and an additional sample of incident reports identified during the review as potential PREA allegations.

Investigation Files. During the previous twelve months the facility reported that there were 36 allegations of sexual abuse and sexual harassment. During the on-site portion of the audit fifteen of the investigations were closed. The auditor reviewed a sample of fifteen investigations, including five that were still open, to ensure all components were included from the investigating authority. In the previous twelve months there were zero criminal investigations completed and zero allegations referred for prosecution. Since the previous audit there was one allegation referred for prosecution which involved a staff member.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	24	0	24	0
Staff-on-inmate sexual harassment	5	0	5	0
Total	29	0	29	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	12	9	2	1
Staff-on-inmate sexual abuse	4	0	1	0
Total	16	9	3	1

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	12	9	2	1
Staff-on-inmate sexual harassment	4	0	1	0
Total	16	9	3	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	8
--	---

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>3</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>5</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>7</p>

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

Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>6</p>
--	----------

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
--	--

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
--	--

Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
---	----------

<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
---	---

<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
---	---

<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were zero criminal investigations conducted during the audit period and as such there were zero criminal investigations to review.</p>
---	---

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
--	---

AUDITING ARRANGEMENTS AND COMPENSATION

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

<p>Identify the name of the third-party auditing entity</p>	<p>CMG Group</p>
---	------------------

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive (AD) 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Logan Correctional Center Institutional Directive (ID) 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 4. Administrative Directive 01.02.103 Duty Administrative Officer, Back-up Duty Administrative Officer and Required Inspection Tours 5. Administrative Directive 04.03.104 Evaluation, Treatment and Correctional Management of Transgender Offenders 6. Administrative Directive 05.01.113 Searches of Offenders 7. Administrative Directive 04.01.105 Facility Orientation 8. Administrative Directive 04.01.111 ADA Accommodations 9. Administrative Directive 05.07.101 Reception and Classification Process 10. Administrative Directive 01.12.120 Investigations of Unusual Incidents 11. Administrative Directive 01.12.112 Preservation of Physical Evidence 12. Administrative Directive 01.12.101 Employee Criminal Misconduct 13. Administrative Directive 01.12.125 Uniform Investigative Reporting System 14. Administrative Directive 01.12.115 Institutional Investigative Assignment 15. Administrative Directives 01.01.101 Administrative Directives 16. Administrative Directive 01.02.101 Staff Meeting 17. Administrative Directive 04.01.122 Volunteer Services 18. Administrative Directive 03.03.102 Employee Training 19. Administrative Directive 05.15.100 Restrictive Housing 20. Administrative Directive 04.01.114 Local Offender Grievance Procedures 21. Administrative Directive 03.01.120 Employee Review Hearing 22. Standard Operating Procedural (SOP) Manual for Mental Health 23. Illinois Administrative Code 20.504 24. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 25. Agency Organizational Chart 26. Facility Organizational Chart <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator 2. Interview with the PREA Compliance Manager <p>Findings (By Provision):</p> <p>115.11 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual</p>

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

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

115.11 (c): The PAQ indicated the position of the PCM at the facility is Assistant Warden and the position reports to the Warden. The PAQ indicated that the PCM has sufficient authority and time to coordinate the facility's PREA efforts. The facility's organizational chart confirms that the Assistant Warden reports to the Warden. AD 04.01.301, page 4 states that the Chief Administrative Officer of each correctional facility shall designate a facility PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with PREA standards and who is trained in sexual abuse crisis issues and has the knowledge, skills and abilities for program implementation and evaluation. The interview with the PREA Compliance Manager indicated she has sufficient time to coordinate the facility's PREA compliance. She stated she is able to manage her time and that she conducts monthly meetings with a team of individuals to ensure compliance with PREA standards.

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

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

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 01.02.103 Duty Administrative Officer, Back-up Duty Administrative Officer and Required Inspection Tours 4. Staffing Plan 5. Staffing Plan Review 6. Documentation of Unannounced Rounds <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager 3. Interview with the PREA Coordinator 4. Interview with Intermediate-Level or Higher-Level Facility Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Staffing Levels 2. Video Monitoring Technology or Other Monitoring Materials <p>Findings (By Provision):</p> <p>115.13 (a): The PAQ indicated that the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. 04.01.301 pages 4-5 address the agency's staffing plan development. Specifically, it states that the Chief Administrative Officer of each correctional facility shall ensure the facility develops, documents and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse and sexual harassment. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: generally accepted correctional practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant including blind-spots or areas where staff or offenders may be isolated, the composition of the offender population, the number and placement of supervisory staff, institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated the staffing plan is based on 924 inmates. Further communication with the PC indicated that staffing levels are calculated based on actual population. He stated that while the staffing plan is reviewed and approved on an annual basis, staffing levels remain fluid. Rather than basing the analysis on a static figure (capacity or ADP), manpower requirements are based on current population periodically throughout the year. Overtime utilization, vacancies, utilization of benefit time, employee grievances, etc. are consistently reviewed to determine changes in staffing level or an increase or decrease in the number of posts. In addition to daily rosters being reviewed at the facility level, manpower requirements are consistently monitored and adjusted, when appropriate, on a Statewide level by our Operations Division (Roster Review Teams, Security Review Teams, etc.). The facility employs 542 staff. Security staff mainly make up three shifts; 7:00am-3:00pm, 3:00pm-11:00pm and 11:00pm-7:00am. Each shift has a Shift Commander as well as Zone Supervisors, Lieutenants, Sergeants, and Correctional Officers. Supervisors and Officers are assigned to housing units as well as other areas including; tower, perimeter, control, wing, movement, rover, hospital, crisis watch, healthcare, program, escort, recreation, visitation and furlough. Additionally, medical and mental health care staff and administrative staff have their own varied scheduled work hours. During the tour the auditor observed security staff in each housing unit as well as in work, program and common areas. There were numerous cameras and reflective mirrors strategically placed throughout the facility to assist with monitoring. The interview with the Warden confirmed that the facility has a staffing plan that includes adequate levels to protect inmates from sexual abuse through rosters that are coordinated to require certain mandatory posts to be</p>

filled in accordance with Administrative Directives. The Warden confirmed that video monitoring technology is part of the staffing plan and that unannounced tours and inspections on weekends, holidays and all shifts are also included in the plan. She indicated the staffing plan is documented and stored on the facility's online PREA folder. The Warden and the PCM confirmed that all components under this provision are included when assessing adequate staffing levels and the need for video monitoring technology. They stated that the IDOC continually monitors updates and recommendations from the National Institute of Corrections, the American Correctional Association and the Association of State Correctional Administrators. They further indicated that findings of inadequacy are considered, including *Rasho v. Baldwin* from May 2016 which recognizes that adequately treating individuals in custody with mental illness requires a shift in departmental operations. The Warden and PCM stated that the physical plant is incorporated in the staffing plan and that the warehouse, sheds, maintenance buildings, dietary and other areas with unique physical plants have direct staff supervision, video monitoring, are locked when not in use and/or have frequent security rounds. They stated that the facility has multi-level security female individuals in custody and as such staffing is based on the needs of these characteristics. They further confirmed that during times of increased movement that additional staff and supervisors are in the area and that during times with limited movement supervisory staff make unannounced rounds in all housing units and areas throughout the facility. The Warden and PCM stated that programs at the facility occur on the 7:00am-3:00pm shift, which is the shift with the most staffing. They also stated the facility has implemented a camera plan that consists of 500 cameras to combat the prevalence of any sexual abuse.

115.13 (b): The PAQ indicated that each time the staffing plan is not complied with, the facility documents and justifies all deviation from the staffing plan. The PAQ further indicated that there have been no deviation and as such there were no common reasons for deviation listed. Further communication with the PC indicated that the facility has some posts designated as mandatory posts which are essential to the continuous operation of the facility. He further stated that the facility also has mandatory as needed posts which may be closed when not in use (e.g. visiting room, yard, etc.). He stated mandatory posts are always filled and prior to closing a mandatory post, the facility will mandate staff to work overtime or place the facility on limited movement (Level I or Level II Lockdown). These deviations would be recorded on the working roster as well as captured on the Daily Roster Review (DOC 0531). 04.01.301, page 5 states that if circumstances arise where the staffing plan is not complied with, the facility shall document and justify all deviation from the plan on the Daily Roster review, DOC 0531, in accordance with 05.01.101. The auditor requested documentation related to the deviations from the staffing plan, including collapsing any positions. The facility advised that they did not have this documentation as the Assistant Warden of Operations was not provided the training on how this should be documented. The interview with the Warden indicated that she or the AWO review the rosters daily and compare them to the plan that is approved for each quarter. She stated that they discuss any changes to the roster with the shift supervisors to ensure appropriate staffing.

115.13 (c): The PAQ indicated that at least once a year the facility in collaboration with the PC, reviews the staffing plan to see where adjustments are needed. 04.01.301, page 5 states that whenever necessary, but no less frequent than once per year, the facility, in consultation with the Agency PREA Coordinator, shall assess, determine and document whether adjustments are needed to the staffing plan established herein, the facility's deployment of video monitoring systems and other monitoring technologies, and the resources the facility has available to ensure adherence to staffing plan. The staffing plan was most recently reviewed on July 7, 2021. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The staffing plan review included documentation on the facility staffing allocations, cameras and all the required components under provision (a) of this standard, including physical plant, finding of inadequacy, composition of inmate population, programs occurring on each shift, incidents of sexual abuse and other relevant factors. The PC confirmed that he is consulted regarding each facility's staffing plan. He stated that staffing assessments are reviewed on an agency level every two weeks. The review is in collaboration with the Chief of Staff, Operations Division and Chief Financial Officer. He stated that this information is strategically evaluated to ensure proper staffing levels are managed.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. 01.02.103, page 3 states that the Back-up Duty Administrative Officer (BUDAO) or Duty Administrative Officer (DAO) shall at least every two days, excluding weekends and holidays, inspect activity areas of the facility, housing units, including restrictive housing, kitchens and dining rooms, health care units, recreation areas and educational, vocational, maintenance and industry buildings. Page 4 states that the BUDAO shall conduct unscheduled inspections of random areas within the facility for all major holidays, during back shift, each weekend and at satellite facilities. The policy states that the unscheduled inspection of random areas within the facility on the DOC 0481. The policy further states that staff shall be prohibited from alerting other staff member that supervisory rounds are occurring unless such announcement is related to the legitimate operational function of the facility. During the on-site portion of the audit, the auditor requested documentation from six specific days over the previous twelve months to determine if unannounced rounds were being made. A review of the documentation confirmed that supervisors either made rounds on the days selected or other days during that week. Rounds were documented on all three shifts. Additionally, a review of two BUDAO rounds for two of the days selected confirmed that rounds were made by a higher level supervisor during that week in all housing units on two different shifts as well. The interviews with the intermediate-level or higher-level staff confirm that they make unannounced rounds and that they document the unannounced rounds. The staff stated that unannounced

rounds are documented on the duty log and the housing unit log books. The staff advised they ensure other staff don't alert one another by varying their times and locations and that the way the units are set up the staff can't notify others when they are coming.

Based on a review of the PAQ, 04.01.301, 01.02.103, the facility staffing plan, the annual staffing plan review, documentation of unannounced rounds, deviations from the staffing plan, observations made during the tour and interviews with the PC, PCM, Warden and intermediate-level or higher-level staff, this standard appears to require corrective action. The auditor requested documentation related to the deviations from the staffing plan, including collapsing any positions. The facility advised that they did not have this documentation as the Assistant Warden of Operations was not provided the training on how this should be documented.

Corrective Action

The facility will need to train appropriate staff on how to document deviations from the staffing plan. The facility will need to provide the auditor with examples during the corrective action period of how the deviations are documented.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Staff Training Documents
2. Staffing Plan Deviations Documents

On July 22, 2022 the facility provided confirmation that the Associate Warden of Operations completed the Roster Management training on July 21, 2022. The training included how to complete a daily roster with adjustments, complete an additional duty log, complete a relief log, etc. The training also discussed identifying staffing needs and staffing levels and required a passing score of 80% or more on the examination. The facility also provided the auditor with 20 examples of deviations from the staffing plan during the corrective action period. The deviations were documented on the daily roster and the recapitulation sheet had documentation of the justifications for deviations. Additionally, the daily shift report also noted the deviations through absences. Based on the documentation provided the facility has corrected this standard.

115.14	<p>Youthful inmates</p> <p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Public Act 99-628 3. Memorandum from Legal Counsel <p>Findings (By Provision):</p> <p>115.14 (a): The PAQ and the memo from Legal Counsel indicated that no youthful inmates are housed at Logan and as such this standard is not applicable. Public Act 99-628 (effective January 1, 2017) states that all offenders under eighteen years of age when sentenced to imprisonment shall be committed to the Department of Juvenile Justice and the court in its order of commitment shall set a definite term. As of January 1, 2017, newly sentenced seventeen year old offenders are to be admitted into the penitentiary system at an Illinois Department of Juvenile Justice facility and later subject to permanent transfer to IDOC pursuant to 730 ILCS 5/3-10-7€ after attaining the age of eighteen.</p> <p>115.14 (b): The PAQ and the memo from Legal Counsel indicated that no youthful inmates are housed at Logan and as such this standard is not applicable. Public Act 99-628 (effective January 1, 2017) states that all offenders under eighteen years of age when sentenced to imprisonment shall be committed to the Department of Juvenile Justice and the court in its order of commitment shall set a definite term. As of January 1, 2017, newly sentenced seventeen year old offenders are to be admitted into the penitentiary system at an Illinois Department of Juvenile Justice facility and later subject to permanent transfer to IDOC pursuant to 730 ILCS 5/3-10-7€ after attaining the age of eighteen.</p> <p>115.14 (c): The PAQ and the memo from Legal Counsel indicated that no youthful inmates are housed at Logan and as such this standard is not applicable. Public Act 99-628 (effective January 1, 2017) states that all offenders under eighteen years of age when sentenced to imprisonment shall be committed to the Department of Juvenile Justice and the court in its order of commitment shall set a definite term. As of January 1, 2017, newly sentenced seventeen year old offenders are to be admitted into the penitentiary system at an Illinois Department of Juvenile Justice facility and later subject to permanent transfer to IDOC pursuant to 730 ILCS 5/3-10-7€ after attaining the age of eighteen.</p> <p>Based on a review of the PAQ, the memo from Legal Counsel and Public Act 99-628, this standard appears to be exceeded as the agency never houses inmates under the age of eighteen with adult inmates.</p>
--------	--

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 331 1449 965" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 04.03.104 Evaluation, Treatment and Correctional Management of Transgender Offenders 4. Administrative Directive 05.01.113 Searches of Offenders 5. Post Description Correctional Officer Housing Unit Wing 1 6. Rehabilitation, Safety Management and Care for Transgender People in Correctional Settings Curriculum 7. Personal Searches Curriculum 8. Personal Search Card 9. Search Logs 10. Staff Training Records 11. Training Memorandum Related to Cross Gender Searches and Searches of Transgender Inmates During the Interim Report Period <p data-bbox="240 994 363 1021">Interviews:</p> <ol data-bbox="240 1055 738 1193" style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Random Inmates 3. Interview with Transgender/Intersex Inmates <p data-bbox="240 1223 528 1249">Site Review Observations:</p> <ol data-bbox="240 1283 746 1364" style="list-style-type: none"> 1. Observations of Privacy Barriers 2. Observation of Cross Gender Announcement <p data-bbox="240 1393 507 1420">Findings (By Provision):</p> <p data-bbox="240 1453 1485 1581">115.15 (a): The PAQ indicated that the facility does not conduct cross gender strip or cross gender visual body cavity searches of inmates. The PAQ stated zero searches of this kind were conducted at the facility over the past twelve months. 05.01.113, page 2 states that cross-gender strip searches shall be prohibited. A review of the Personal Searches Curriculum confirmed that page 4 discusses the prohibition under 05.01.113.</p> <p data-bbox="240 1615 1485 1973">115.15 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances and the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The PAQ further indicated that there were zero searches of female inmates by male staff. The Personal Searches Curriculum, page 4 indicates that staff are trained that in regards to female offenders, only female correctional employees, who are properly trained, are authorized to conduct pat down or clothed body searches of female offenders. A review of a sample of search logs confirmed that random searches were conducted, however searches were conducted by female staff. Interviews with random inmates confirmed that 28 of the 32 have never been restricted from going somewhere because there was not a female staff member available to conduct a search. Four of the inmates stated they were not completely restricted but there was a delay as they had to wait for a female to be relieved to come conduct the search. Interviews with six transgender inmates indicated that they are strip searched and pat searched by the gender of staff they prefer.</p> <p data-bbox="240 2007 1485 2161">115.15 (c): The PAQ indicated that facility policy requires that all cross-gender strip searches and cross gender visual body cavity searches be documented and that all cross-gender pat-down searches of female inmates be documented. 01.12.105, page 3 states that notification of serious and significant unusual incidents shall be in accordance with the provisions of this directive. Page 3 states that following initial notification of the respective Deputy Director or Chief, the Chief Administrative Officer shall ensure electronic notification of the incident is provided and the notification includes the date and time, offenders</p>

involved, staff involved and narrative of the incident. The Personal Search Manual, page 4 states that in exigent or emergency circumstances, a male correctional employee, who is properly trained, may conduct a search if a properly trained, female correctional employee is not available. An exigent or emergency situation is one in which a reasonable suspicion exists that a weapon, or another item of serious contraband, is present and it presents an immediate danger to the offender(s), facility security, or the public which cannot be safely averted either by securing, escorting or isolating the offender. A review of a sample of search logs confirmed that random searches were conducted, however searches were conducted by female staff.

115.15 (d): The PAQ stated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, the PAQ stated that policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. 04.01.301, page 7 indicates that offenders shall be able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except when such viewing is incidental to routine cell checks. Page 7 further notes that staff of the opposite gender, whether assigned to the unit or not, shall make the following verbal announcement upon their arrival in a housing unit "Male/Female in the housing unit". Additionally, Post Description Correctional Officer Housing Unit Wing 1, page 2 states that the assigned correctional officer is responsible for announcing any male staff member upon their entrance to the housing unit in accordance with PREA Standard 115.15 (Limits to Cross Gender Viewing) "Knock and Announce" policy. In addition, a general announcement that male staff will be present should occur at the beginning of each shift and at least once more during the shift. During the tour, the auditor heard the opposite gender announcement being made upon entry into the housing units. The auditor observed that inmates were provided privacy when showering, using the restroom and changing their clothes through curtains, wall barriers and doors with security windows. All fourteen random staff interviewed stated that inmates have privacy when showering, using the restroom and changing clothes. 30 of the 32 inmates interviewed indicated they had never been naked in front of a staff member of the opposite gender. The two inmates that did indicate they were naked stated it was because they were changing or naked in their room and the male staff member walked by their room to do count or rounds. 23 of the 32 inmates stated that staff of the opposite gender announce when they enter inmate housing units and all fourteen staff stated that opposite gender staff announce their presence when entering an inmate housing unit.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status and zero searches of this nature occurred in the past twelve months. 05.01.113, page 2 states that staff shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversation with the offender, reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with fourteen random staff indicated that six were aware of an agency policy that prohibits strip searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. Interviews with six transgender inmates confirmed that none of the six believed they were ever searched for the sole purpose of determining their genital status.

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

training on how to conduct cross gender pat searches and searches of transgender and intersex inmates. The PC provided the auditor with a memorandum indicating that all staff were trained during roll call over a continuous five day period. It should be noted that the PC provided confirmation that the current policy is under review and the language requirement under this provision was being added to the policy.

Based on a review of the PAQ, 04.01.301, 04.03.104, 05.01.113, Post Description Correctional Officer Housing Unit Wing, Rehabilitation, Safety Management and Care for Transgender People in Correctional Settings Curriculum, the Personal Searches Curriculum, Personal Search Card, Search Logs, a random sample of staff training records, the training memo from the PC during the interim report period, observations made during the tour to include curtains, wall barriers and doors with security windows, the opposite gender announcement and information from interviews with random staff and random inmates indicates this standard has been corrected and is compliant.

Recommendation

The auditor highly recommends that a privacy screen be placed over the computer screen that monitors the observation room and suicide observation room. While it is a gender specific post, there are male staff in the area and without the privacy screen, there may be unintentional cross gender viewing of the screen. Additionally, the auditor recommends that the facility add some type of half privacy film/tint to the officer station door/window of Building 41 related to the possible cross-gender viewing issue with the cameras inside.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 04.01.105 Facility Orientation 4. Administrative Directive 04.01.111 ADA Accommodations 5. Administrative Directive 05.07.101 Reception and Classification Process 6. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 7. Video Remote Interpreting Information 8. Language Interpretation Procedure – Propio Language Services, LLC. 9. Individuals In Custody Handbook (Handbook) 10. PREA Posters 11. Training Memorandum Related to Inmate Assistants During the Interim Report Period 12. Memorandum Related to Updated Policy Language <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with Inmates with Disabilities 3. Interview with LEP Inmates 4. Interview with Random Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of PREA Posters <p>Findings (By Provision):</p> <p>115.16 (a): The PAQ stated that the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 04.01.301, pages 7-8 state that the Department shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to offender who have limited reading skills. 04.01.111, pages 3-4 indicate that the CAO shall ensure offenders are provide with information regarding ADA disability accommodations and shall establish procedures for offender access to teletypewriter (TTY) and Video Remote Interpreting (VRS) equipment. The policy also indicates that the CAO shall find alternative notification methods for auditory announcements (tactile paging system). 05.07.101, page 2 states that all videos used during orientation shall include closed captioning subtitles and closed captioning utilizing American Sign Language which has been reviewed for accuracy of the interpretation by the Illinois Deaf and Hard of Hearing Commissioner or a qualified interpreter. The policy further states that the department shall reserve the first row of seats during orientation for offenders who are disabled. A review of PREA Posters, the Handbook and distributed information confirmed that information can be provided in large font and bright colors and can be read to inmates in terminology that they understand. Additionally, pages 23-24 of the Handbook provide information on Americans with Disabilities (ADA) including requesting accommodations, telecommunication equipment and sign language information. The interview with the Agency Head confirmed that the agency has an Administrative Directive, 04.01.111 ADA Accommodations and Propio Language Service Contact that establishes procedures to provide inmates with disabilities and inmates who are limited English Proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The Agency Head stated that all orientation/educational materials are available in Spanish and that orientation is also available via video with the use of American Sign Language and Spanish translation. The interview further indicated that</p>

offenders have the ability to participate in interactive dialogue with staff if further clarification is warranted. Interviews with four disabled inmates and three LEP inmates indicated that one was provided information in a format that she could understand. Six of the inmates indicated they had never received information on PREA, however there are signs (in English and Spanish) posted that they are able to read. It should be noted that most of the LEP and disabled inmates had arrived prior to the previous twelve months. During the tour the auditor observed that information was posted and painted in the housing units in in large font and bright colors (either paint colors or colored paper).

115.16 (b): The PAQ indicates that the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 04.01.301, pages 7-8 state that the Department shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to offender who have limited reading skills. 04.01.105, page 2 states that for a non-English speaking offender, reasonable efforts shall be made for the orientation to be explained to him or her in a language her or she understands. It further states that offenders shall receive written orientation material and/or translation in their own language and when a literacy problem exists, a staff member shall assist the offender in understanding the materials. The facility also has a contract with Propio Language Services, LLC. This company provides the facility a phone number that they can call that connects the staff member with a translator who can will translate information between the staff member and LEP inmate. The company has interpretation services for over 600 languages. A review of PREA Posters, the Handbook and distributed information confirmed that information can be provided in large font and bright colors and can be read to inmates in terminology that they understand. Additionally, pages 23-24 of the Handbook provide information on Americans with Disabilities (ADA) including requesting accommodations, telecommunication equipment and sign language information. The auditor utilized Propio Language Services LLC during the on-site portion of the audit when interviewing LEP inmates. Interviews with four disabled inmates and three LEP inmates indicated that one was provided information in a format that she could understand. Six of the inmates indicated they had never received information on PREA, however there are signs (in English and Spanish) posted that they are able to read. It should be noted that most of the LEP and disabled inmates had arrived prior to the previous twelve months. During the tour, it was observed that PREA information was posted throughout the facility in English and Spanish.

115.16 (c): The PAQ indicated that agency policy prohibits use of inmate interpreters, inmate readers, or other type of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties, or the investigation of the inmate's allegation. The PAQ further stated that there were no instances where an inmate was utilized to interpret, read or provide other types of assistance. The PREA Manual, page 16 states the agency shall not rely on inmate interpreters, inmate readers or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties under 115.64, or the investigation of the inmate's allegation. Interviews with fourteen random staff indicated that five were aware of a policy that prohibits utilizing inmate interpreters, readers or other types of inmate assistants for sexual abuse allegations. None of the fourteen were aware of a time that another inmate was utilized for sexual abuse allegations. Interviews with four disabled inmates and three LEP inmates indicated that one was provided information in a format that she could understand. Six of the inmates indicated they had never received information on PREA, however there are signs (in English and Spanish) posted that they are able to read. One of the six inmates stated that a fellow inmate assisted her with understanding the information posted on the wall. During the interim report period the PC provided the auditor with a training memorandum that indicated that all staff were provided training on the prohibiting of inmate interpreters, inmate readers or other types of inmate assistants for sexual abuse. The training was conducted during roll call for five consecutive days. It should be noted that during the interim report the PC provided a memo indicating that 04.01.301 was under review and that this provision was added to policy.

Based on a review of the PAQ, 04.01.301, 04.01.105, 04.01.111, 05.07.101, the PREA Manual, VRS/TTY information, Propio Language Services LLC information, PREA Posters, the Handbook, observations made during the tour to include the PREA Posters as well as interviews with the Agency Head, random staff, inmates with disabilities and LEP inmates indicates that this standard appears to be compliant.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 01.02.107 Background Investigations 3. Administrative Directive 03.02.100 Administrative Review of Personnel or Service Issues 4. Administrative Directive 03.02.108 Standards of Conduct 5. PREA Preemployment Self Report DOC 0450 6. PREA Questionnaire for Institutional Employers DOC 0589 7. Arrest Tracking Process Memorandum 8. Personnel Files of Staff 9. Contractor Background Files 10. Memorandum Related to Prior Institutional Checks Received During the Interim Report Period <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Human Resource Staff <p>Findings (By Provision):</p> <p>115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. 03.02.100, page 3 states that the Department shall not hire, promote or enlist the services of any employee, contractual or otherwise, who may have contact with offenders and: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution a defined in 42 U.S.C. 1997; has been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats or force, or coercion, or inf the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. A review of personnel files for three staff who were hired in the previous twelve months confirmed that all three had a criminal background records check completed. The three staff also completed the DOC 0450 Prison Rape Elimination Act Pre-Employment Self-Report which contains the PREA questions outlined under this provision. Additionally, all three contractors reviewed had a criminal background records check completed.</p> <p>115.17 (b): The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an inmate. 03.02.100, page 3 states that the Department shall consider any incident of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractual employee, who may have contact with offenders. The interview with Human Resource staff indicated that the Background Investigation Unit (BIU) reports any incidents that are uncovered while conducting the background check related to sexual harassment and these incidents are included on an Administrative Review (AR) that is forwarded on to the IDOC Executive Staff for their review.</p> <p>115.17 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. 01.02.107, pages 2-3 state that background investigations shall be completed on person prior to employment or prior to placement in safety sensitive position and on person who provide services for the Department. There shall be two levels of background investigations: a computer criminal history check which include a check of an individual's criminal history through the Law Enforcement Agencies Data System (LEADS) and a complete background investigation which includes a check of LEADS and nine other database queries. Policy indicates a complete background investigation is required for all applicants prior to employment, employees, contractual employees and interns. The policy also indicates that the DOC 0450 is also required for the background</p>

investigation. A review of the DOC 0589 confirms that the PREA Questionnaire for Institutional Employers is sent to all prior institutional employers and contains four questions including if the individual was involved in a substantiated sexual abuse allegation and/or a sexual harassment allegation and/or if the individual resigned during a pending investigation of sexual abuse and/or a pending investigation of sexual harassment. The PAQ indicated that 100 persons hired in the past twelve months that may have contact with inmates had a criminal background records check completed. Further communication with the PC indicated that 50 staff were hired and that the 100 number included the contracted staff. A review of three personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background records check completed. One of the three had a prior institutional employer, however there was not documentation that the employer was contacted related to prior sexual abuse and sexual harassment. The interview with Human Resource staff confirmed that the Background Investigation Unit performs a background check on all request for background investigations sent by facilities. The BIU performs a check of IDOC intel, work discipline and any PREA related incidents for all employees promoting. On January 18, 2021 the PC provided the auditor with a memo sent to the Manager of the Background Investigation Unit and the Manager of Central Screening that provided appropriate direction and information related to the issue found during the on-site portion of the audit related to the missing prior institutional check. The memo directed the staff to ensure this process (as outlined in policy) is in place and implemented for all newly hired employees. The memo indicated the appropriate process and the form to be utilized. On April 14, 2022 the PC provided the auditor with four examples of the prior institutional check process being conducted appropriately. The interview with Human Resource staff confirmed that the Background Investigation Unit performs a background check on all request for background investigations sent by facilities. The BIU performs a check of IDOC intel, work discipline and any PREA related incidents for all employees promoting.

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

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

115.17 (f): A review of the DOC 0450 Prison Rape Elimination Act Pre-Employment Self-Report confirms that all staff (new applicant and promotion) are required to fill out the form which contains the following questions: have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other correctional facility, a pretrial detention facility, a juvenile facility, a facility for persons who are mentally ill or disabled or have intellectual disabilities or are chronically ill or handicapped, a facility providing skilled nursing intermediate or long-term care custodial or residential care or other institution as defined in the Civil Rights Institutionalized Persons Act (42 U.S.C. 1997)?; have you been convicted of engaging or attempting to engage in sexual activity in the community that was facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?; and have you been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and has there ever been any allegation, complaint or finding made against you regarding any incidents of sexual harassment? A review of personnel files for three staff who were hired in the previous twelve months as well as two newly promoted staff indicated that all five had answered the questions, and none had answered yes. The Human Resource staff stated that when an individual applies for employment with IDOC they are required to fill out the DOC 0031, Applicant Information Sheet (AIS). There are numerous

questions within the AIS that ask about visiting, corresponding with and living with IDOC offenders. Additionally, the applicant is asked about any contact with law enforcement. The Human Resource staff also stated that applicants and promoting employees are also required to complete the DOC 0450, PREA self-report. The interview further confirmed that the Standards of Conduct require employees to disclose misconduct and the agency imposes a continuing affirmative duty to disclose any such previous misconduct.

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

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

Based on a review of the PAQ, 01.02.107, 03.02.100, 03.02.108, DOC 0450, DOC 0589, the Arrest Tracking Process Memorandum, a review of personnel files for staff and contractors, information obtained from the Human Resource staff interview and the memo and examples received during the interim report period indicates that this standard has been corrected and as such is compliant.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 331 539 412" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Camera Location Listing <p data-bbox="240 445 363 472">Interviews:</p> <ol data-bbox="240 506 611 586" style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the Warden <p data-bbox="240 620 528 647">Site Review Observations:</p> <ol data-bbox="240 680 890 761" style="list-style-type: none"> 1. Observations of Modification to the Physical Plant/New Unit 2. Observations of Video Monitoring Technology <p data-bbox="240 795 507 822">Findings (By Provision):</p> <p data-bbox="240 855 1490 1509">115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. The interview with the Agency Head indicated that the Illinois Department of Corrections manages all facilities with care, custody and safety in mind. If at any time in the department, there is a facility under a physical change and/or the department is opening new space for those under its custody, the department considers the ability to protect the inmates from sexual abuse as a main directing factor. The Agency Head stated that the department uses a multi-faceted strategy to attain a zero tolerance environment for those that are under the department's care and control. The interview with the Warden indicated that any physical changes since 2012 to individual in custody accessible areas have either improved visibility or has not had an impact on the ability to monitor. She stated the change and improvements to Building 14 have actually provided better security and surveillance as well as the addition of Building 41. During the tour the auditor observed that the facility was renovating housing units (which were currently closed) and the facility had plans to renovate other buildings in the future. The housing unit renovations were not changing any physical plant structure, but rather improving the buildings due to age and deterioration. The facility had mirrors and cameras in housing units and common areas assisting with the reduction of blind spots and potential problem areas. During the tour the auditor identified a blind spot in the lawn maintenance area. The building is separate from all other areas and typically has one staff member assigned to supervise one or few inmates. The area has a toilet with numerous curtains creating blind spots within the building. During the tour the auditor also identified other potential blind spots including; the laundry areas on the wings of the housing units, in the clothing storage area, in education, on the restrictive housing unit recreation yard and in the stairwells of the restrictive housing unit. The auditor determined these potential blind spots are reduced with rounds by staff and were all in main buildings, however best practice would including adding cameras and/or mirrors.</p> <p data-bbox="240 1543 1490 1966">115.18 (b): The PAQ stated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later. A review of the camera listings indicated that the facility has over 500 video cameras in all areas of the facility including housing units and common areas. The interview with the Agency Head confirmed that any use of newly updated or installed monitoring technology would be utilized to assist in enhancing the agency's ability to protect inmates from sexual abuse. The Agency Head stated that the department has placed over 2500 new cameras and adjusted the usage of other cameras within facilities to ensure the proper protection of inmates from sexual abuse. He further stated that the department uses cameras to increase supervision and to combat the blind spots within the facilities. The Operations Division continues to work with facilities to prioritize any additional areas that need to be under surveillance. The Warden stated that the goal of the camera installation project is to ensure that all areas of the facility that the population is assigned, has access to or enters, is equipped with cameras. During the tour, the auditor observed video monitoring technology throughout the facility. While the facility has over 500 cameras, the age and physical plant of the facility makes it impossible for all blind spots to be covered 24/7.</p> <p data-bbox="240 2000 1458 2060">Based on a review of the PAQ, camera location listing, observations made during the tour and information from interviews with the Agency Head and Warden indicates that this standard appears to require corrective action.</p> <p data-bbox="240 2094 435 2121">Corrective Action</p>

The facility will need to alleviate the blind spot in the lawn maintenance area. Once completed the facility will need to provide the auditor with evidence of the corrective action.

Recommendation

The auditor recommends that the facility install either cameras and/or reflective mirrors to the following areas to alleviate potential blind spots and assist with monitoring: the laundry rooms on each wing of the housing units, in commissary, in clothing storage, in the enclaves in education, in the restrictive housing unit stairwells and on the recreation yard in restrictive housing. The auditor highly recommends cameras for the stairwells and recreation yard. Additionally, the clothing storage area visibility issue could be alleviated through the rearrangement of items, rather than cameras or mirrors.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Photos of the Lawn Maintenance Construction
2. Photos of the Camera View in Lawn Maintenance

On April 11, 2022 the facility provided the auditor with photos that evidenced the modifications to the law maintenance building blind spot. A structure was built inside the law maintenance building around the toilet and the numerous curtains were taken down. Additionally, on May 24, 2022 the facility provided photos that evidence the angle of the camera view in the lawn maintenance building. The camera angle shows the back part of the building where the structure was built. The back area, including the corners are visible on the cameras. Additionally, the structure is visible (but includes a door for cross gender viewing issues) on camera. Based on the photos provided, the facility has corrected this standard.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 01.12.120 Investigations of Unusual Incidents 4. Administrative Directive 01.12.112 Preservation of Physical Evidence 5. Memorandum of Understanding with Prairie Center Against Sexual Assault 6. Forensic Medical Examination Documentation 7. Memorandum of Understanding with the Illinois State Police 8. Correspondence with the Illinois State Police 9. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with the PREA Compliance Manager 3. Interview with Inmates who Reported Sexual Abuse 4. Interview with SAFE/SANE <p>Findings (By Provision):</p> <p>115.21 (a): The PAQ indicated that the agency is responsible for conducting administrative and criminal investigations. Additionally, the PAQ stated that the Illinois State Police is also responsible for conducting criminal investigations. The PAQ indicated that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. The initial investigative report shall be provided to the Chief Administrative Officer within 24 hours of the onset of the investigation. Policy further states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. 01.12.120, pages 1-2 state that The CAO shall ensure that an internal investigation is conducted by facility staff, or by staff assigned by the Chief of Investigations and Intelligence, on each unusual incident report, if it is determined that further facts are required. The Director or the respective Deputy Director or Chief may request that the Chief of Operations initiate a Department investigation of any other major incident. Department investigations shall be conducted by the Investigations and Intelligence Unit. 01.12.112 pages 1-2 describe the uniform evidence protocol including preservation and collection. Interviews with fourteen random staff indicated that thirteen were aware of and understood the protocol for obtaining usable physical evidence. Additionally, thirteen of the fourteen staff stated they knew who was responsible for conducting sexual abuse investigations. Staff stated that Internal Affairs, the Intelligence Unit or the State Police would conduct the sexual abuse investigations.</p> <p>115.21 (b): The PAQ indicated that the evidence protocol is not developmentally appropriate for youth as the agency does not house youthful inmates. It further stated that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents". Further clarification with the PCM indicated that it was not developed for youth as they do not house youth, however it was developed based on the most recent edition of the DOJ's publication. 01.12.112 indicates that prior to evidence collection the scene shall be secured; evidence shall be collected subsequent of searches, sketches and photographs; evidence shall be handled as little as possible and evidence shall be marked and tagged. The memo from the Chief of Investigations and Intelligence also indicated that all Sexual Assault Evidence Kits will be completed by an outside hospital or outside hospital emergency room with trained medical staff and the hospital completing the kit will be responsible for submitting the kit to the Illinois State Police Division of Forensic Services.</p> <p>115.21 (c): The PAQ indicated that the facility offers all inmates who experience sexual abuse access to forensic medical</p>

examinations at an outside medical facility. The PAQ stated that forensic medical examinations are offered without financial cost to the victim. It further indicated forensic medical examinations are conducted by SAFE or SANE, and when SAFE or SANE are not available examinations are conducted by a qualified medical practitioner. The PAQ confirmed that state statute (Illinois Compiled Statutes ILCS) requires forensic medical examination to be performed by SANE/SAFE. 04.01.301, page 9 states that offenders shall not be charged for co-payments for medical treatment, including a forensic medical examination, obtained for alleged sexual abuse. Treatment shall be provided by a certified Sexual Assault Forensic Examiner (SAFE) or a certified Sexual Assault Nurse Examiner (SANE) at a local emergency room as determined by the local facility. The memo from the Chief of Investigations and Intelligence also indicated that all Sexual Assault Evidence Kits will be completed by an outside hospital or outside hospital emergency room with trained medical staff. The PAQ indicated that during the previous twelve months there was one forensic medical examination conducted by a SANE/SAFE. The auditor contacted Decatur Memorial Hospital related to forensic medical examinations. The staff member confirmed that the hospital does provide forensic medical examinations and that the hospital has two SAFE/SANE on staff. If the SAFE/SANE are not available, all staff nurses have been provided additional training on how to complete the forensic medical examination. A review of investigations indicated there was one inmate transported to the local hospital for a forensic medical examination in October 2021. The investigation was still open and as such there was not additional documentation available for review.

115.21 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center and the efforts are documented. The PAQ further indicated that if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member, however a rape crisis center advocate is always provided. 04.01.301, page 5 states that the PCM shall identify community agencies, including advocacy and crisis organizations, where reports can be made or that provide assistance or support services to staff or offenders in the prevention or intervention of sexual abuse and harassment. Page 8 further states that all response efforts, including efforts to secure advocacy services from a rape crisis center, shall be documented. The facility has a Memorandum of Understanding with Prairie Center Against Sexual Assault which was signed in July 2021. The MOU with Prairie Center Against Sexual Assault indicates that the purpose and scope of the MOU is to establish a joint effort between IDOC and Prairie Center Against Sexual Assault to make available to inmates access to an outside entity to provide emotional support services related to sexual abuse, including crisis intervention and sexual assault counseling. The interview with the PCM confirmed that the facility attempts to make available to the victim a victim advocate from a rape crisis center. She stated that individuals in custody are assessed by mental health during the PREA protocol and at that time individuals are asked if they would like to have support from advocacy. The PCM further stated that the PC informs the facility of the third party advocacy agency that has the ability to coordinate with IDOC (which for Logan is Prairie CASA). The interviews with the inmates who reported sexual abuse indicated that none were allowed to contact anyone after the reported allegation.

115.21 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. 04.01.301, page 5 states that the PCM shall identify community agencies, including advocacy and crisis organizations, where reports can be made or that provide assistance or support services to staff or offenders in the prevention or intervention of sexual abuse and harassment. Page 8 further states that all response efforts, including efforts to secure advocacy services from a rape crisis center, shall be documented. The facility has a Memorandum of Understanding with Prairie Center Against Sexual Assault which was signed in July 2021. The MOU states it is expected that the treatment hospital will contact a local rape crisis center as may be specified within a memorandum of understanding or other agreement between the treatment hospital's local rape crisis center pursuant to Sexual Assault Survivors Emergency Treatment Act (SASETA). IDOC will allow an inmate transported to a treatment hospital for medical forensic services to access crisis intervention and medical advocacy while at the treatment hospital. If the PCM is on duty, and as time and circumstances allow, the PCM shall provide notice to the appropriate rape crisis center of an inmate being transported to a treatment hospital for medical forensic services to allow for an advocate to be dispatched earlier than when the hospital calls upon arrival. The interview with the PCM confirmed that the facility attempts to make available to the victim a victim advocate from a rape crisis center. She stated that individuals in custody are assessed by mental health during the PREA protocol and at that time individuals are asked if they would like to have support from advocacy. The PCM further stated that the PC informs the facility of the third party advocacy agency that has the ability to coordinate with IDOC (which for Logan is Prairie CASA). The interviews with the inmates who reported sexual abuse indicated that none involved penetration and as such none were offered an advocate during a forensic medical examination.

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

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

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

Based on a review of the PAQ, 04.01.301, 01.12.120, 01.12.112, the MOU with Prairie Center Against Sexual Assault, investigative reports, the MOU with the Illinois State Police, the correspondence with the Illinois State Police and information from interviews with the random staff, the PREA Compliance Manager and SAFE/SANE staff indicates that this standard appears to be compliant.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 300">Documents:</p> <ol data-bbox="240 329 1329 645" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 01.12.120 Investigations of Unusual Incidents 4. Memorandum of Understanding with the Illinois State Police/Office of Executive Inspector General 5. Investigative Reports 6. Incident Report Log <p data-bbox="240 674 363 703">Interviews:</p> <ol data-bbox="240 732 616 815" style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with Investigative Staff <p data-bbox="240 844 507 873">Findings (By Provision):</p> <p data-bbox="240 902 1493 1733">115.22 (a): The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. The initial investigative report shall be provided to the Chief Administrative Officer within 24 hours of the onset of the investigation. Policy further states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. 01.12.120, pages 1-2 state that The CAO shall ensure that an internal investigation is conducted by facility staff, or by staff assigned by the Chief of Investigations and Intelligence, on each unusual incident report, if it is determined that further facts are required. The Director or the respective Deputy Director or Chief may request that the Chief of Operations initiate a Department investigation of any other major incident. Department investigations shall be conducted by the Investigations and Intelligence Unit. The PAQ noted there were 38 allegations reported within the previous twelve months, all which resulted in an administrative investigation. The PAQ stated that 25 administrative investigations were still pending and did not have a completed investigation. A review of the investigation log indicated there were 36 allegations of sexual abuse and sexual harassment reported during the audit period. Fifteen of the 36 investigations were closed at the time of the on-site portion of the audit. During the on-site portion of the audit, the auditor reviewed the incident report log and located numerous incident reports that were related to PREA. After a review of the incident reports, the auditor asked for follow-up on fifteen of the incident reports. The allegations were of sexual abuse and sexual harassment but the auditor did not see the allegations on the investigative log. At the time of the interim report the facility was suffering from a large outbreak of COVID-19 and was unable to provide requested documentation as focus was on the health and safety of the staff and inmates. The interview with the Agency Head confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. He stated that the department takes all allegations seriously and when those allegations are found to be substantiated, the perpetrators are referred for appropriate discipline and/or prosecution. The Agency Head further states that in accordance with AD 04.01.301, the department utilizes the required standard of the preponderance of evidence in determining the outcome of such investigations. He further stated that if needed, the department has the ability to call in the Illinois State Police to assist in such investigations.</p> <p data-bbox="240 1762 1493 2159">115.22 (b): The PAQ indicated that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The PAQ further stated that the policy is published on the agency's website and all referrals for criminal investigations are documented. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. The initial investigative report shall be provided to the Chief Administrative Officer within 24 hours of the onset of the investigation. Policy further states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. Additionally, the MOU with the Illinois State Police (signed in 2019) indicates that they conduct investigations related to sexual assault involving staff on staff or staff on inmate. A review of the agency website indicates that it states that IDOC investigates all allegations of offender on offender sexual abuse and staff sexual misconduct. It further states that investigations are initiated by the Investigations Unit at IDOC Headquarters. A review of fifteen sexual abuse and sexual harassment allegations</p>

indicated that zero were referred to the State Police. The interview with the investigator confirmed that all allegations are referred to an investigative agency with the authority to conduct criminal investigations.

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

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

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

Based on a review of the PAQ, 04.01.301, 01.12.120, the MOU with the Illinois State Police, investigative reports, the incident report log, the agency's website and information obtained via interviews with the Agency Head and the investigator indicate that this standard appears to require additional information in order to determine compliance. During the on-site portion of the audit, the auditor reviewed the incident report log and located numerous incident reports that were related to PREA. After a review of the incident reports, the auditor asked for follow-up on fifteen of the incident reports. The allegations were of sexual abuse and sexual harassment but the auditor did not see the allegations on the investigative log. At the time of the interim report the facility was suffering from a large outbreak of COVID-19 and was unable to provide requested documentation as focus was on the health and safety of the staff and inmates.

Corrective Action

Information related to the identified incident reports will need to be provided in order to determine if corrective action is necessary. If it is determined corrective action is required, the auditor will work with the facility to determine necessary steps and actions.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Incident Report List During the Corrective Action Period
2. Sample of Selected Incident Reports and Corresponding Investigations

On July 18, 2022 the facility provided the auditor with the incident report log during the corrective action period. The auditor selected 79 incident reports to review that contained allegations related to sexual abuse or sexual harassment. The facility provided the auditor with the requested incident reports and from the list the auditor selected ten incident reports that involved an allegation of sexual abuse or sexual harassment to confirm that an investigation was initiated. Seven of the ten had a facility level investigation initiated, one had an agency level investigation initiated, one was currently being investigated by an outside law enforcement agency and one was determined to be related to mental health issues and the inmate as referred to mental health for evaluation and services. Based on the documentation provided the auditor determined that this standard has been corrected.

115.31	Employee training
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 03.03.102 Employee Training 4. Administrative Directives 01.01.101 Administrative Directives 5. Administrative Directive 01.02.101 Staff Meeting 6. PREA Pre-Service Orientation Training Curriculum 7. PREA – Individual in Custody Sexual Assault Prevention and Intervention Curriculum 8. Rehabilitation, Safety Management and Care for Transgender People in Correctional Settings 9. Supervising Individuals in Custody in the IDOC Women's Division 10. Sample of Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff <p>Findings (By Provision):</p> <p>115.31 (a): The PAQ indicates that the agency trains all employees who may have contact with inmates on the requirements under this provision. 04.01.301, pages 3-4 state that the PC shall develop or approve standardized modules for training staff. Training shall include, but may not be limited to: the Department's zero tolerance policy; the Department's Sexual Abuse and Harassment Prevention and Intervention Policy; an offender's right to be free from sexual abuse and harassment and to be free from retaliation for reporting sexual abuse and harassment; common signs of sexually abusive or harassing behavior; common signs of being a victim of sexual abuse or harassment; protocol for initial response, including identification and separation of offenders; reporting procedures and preservation of physical evidence of sexual abuse. 03.03.102, page 1 states that the Department shall ensure all new employees receive orientation and pre-service training and all employees receive in-service training on a fiscal year basis. A review of the PREA Pre-Service Orientation Training Curriculum and the PREA –Individual in Custody Sexual Assault Prevention and Intervention Curriculum confirm that both trainings includes information on: the agency's zero-tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse how to avoid inappropriate relationship with inmates and how to comply with relevant laws related to mandatory reporting. With regard to how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates, staff are required to complete the Transgender and Non-Binary Individuals in Custody Setting – A Guide to Rehabilitation, Safety Management and Care video. A review of eighteen staff training records indicated that 100% of those reviewed received PREA training. A review of eighteen staff training records indicated that seventeen were documented with PREA training. Interviews with fourteen random staff confirmed that thirteen had received PREA training. Staff stated they receive training annually during cycle training and they also receive it upon hire during the academy. All fourteen staff confirmed that the required components under this provision are discussed during the PREA training. Staff stated that the training goes over what to do if someone reports sexual abuse (first responder duties), definitions of sexual abuse, ways to report and taking everything seriously.</p> <p>115.31 (b): The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. 03.03.102, page 4 states that all employees employed at a women's facility shall receive an additional 40 hours of gender responsive and trauma informed training onsite upon hire. Each employee shall then be provided a gender responsive and trauma informed refresher each subsequent year of employment. A review of the Supervising Individuals in Custody in the IDOC Women's Division training curriculum confirms the training includes 83 slides related to trauma informed practices, gender specific programs and services, different level of value of communication for women and health boundaries and professional distance. A review of eighteen staff training records confirmed that all eighteen were provided training related to female inmates.</p>	

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

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

Based on a review of the PAQ, 04.01.301, 03.03.102, 01.01.101, 01.02.101, PREA Pre-Service Orientation Training Curriculum, PREA – Individual in Custody Sexual Assault Prevention and Intervention Curriculum, Rehabilitation, Safety Management and Care for Transgender People in Correctional Settings, Supervising Individuals in Custody in the IDOC Women's Division, a review of a sample of staff training records as well as interviews with random staff indicate that this standard appears to require corrective action.

Corrective Action

The facility will need to ensure all current staff have completed the most recent PREA training, including the three staff identified on-site that did not have the most recent PREA training. Once updated, the three documents will need to be provided to the auditor as well as an assurance memo indicating all staff are up-to-date with PREA training. In addition, the facility will need to develop a process to ensure appropriate tracking of PREA training for all staff so that staff receive appropriate training under this standard. The appropriate staff will need to be included in the process and a signed process memo will need to be provided to the auditor related to the process and the staff's understanding on their responsibility under the process.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Assurance Memorandum of All Staff Training
2. Process Memorandum on Staff Training
3. Staff Training Records

On July 21, 2022 the facility provided the auditor with a process memorandum related to staff training. The memo indicated that the Training Coordinator is responsible for scheduling security staff training each month based on cycle training availability. Non-security staff sign up for training through their supervisor. After the staff complete the training they sign a completed form and it is placed in their training file. Once the training is received the Training Coordinator will update the training on the electronic database for tracking purposes. On the same date the facility provided an assurance memorandum confirming that all available staff at the facility have completed the initial PREA training requirements and the biennial training requirements. Along with the memos the facility provided spreadsheets for 2021 and 2022 cycle training to confirm that all staff had received the most recent PREA training. Based on the information provided the facility has corrected this standard.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 331 1329 875" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 04.01.122 Volunteer Services 4. Administrative Directive 03.03.102 Employee Training 5. Volunteer Services Handbook 6. PREA Pre-Service Orientation Training Curriculum 7. PREA – Individual in Custody Sexual Assault Prevention and Intervention Curriculum 8. Contractor Training Records 9. Volunteer Training Records 10. Memorandum Related to Refresher Volunteer PREA Training <p data-bbox="240 904 363 931">Interviews:</p> <ol data-bbox="240 965 1015 992" style="list-style-type: none"> 1. Interview with Volunteers or Contractors who have Contact with Inmates <p data-bbox="240 1021 504 1048">Findings (By Provision):</p> <p data-bbox="240 1081 1497 1939">115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. 04.01.301, pages 3-4 state that the PC shall develop or approve standardized modules for training staff. Training shall include, but may not be limited to: the Department's zero tolerance policy; the Department's Sexual Abuse and Harassment Prevention and Intervention Policy; an offender's right to be free from sexual abuse and harassment and to be free from retaliation for reporting sexual abuse and harassment; common signs of sexually abusive or harassing behavior; common signs of being a victim of sexual abuse or harassment; protocol for initial response, including identification and separation of offenders; reporting procedures and preservation of physical evidence of sexual abuse. Page 2 states that the term staff for the purpose of this directive shall mean any Department employee, contracted employee, employee of a vendor or volunteer. 04.01.122, page 3 states that the Facility Volunteer Coordinator shall ensure volunteers receive orientation and training appropriate to the type of volunteer assignment at the facility or program site prior to service. Training shall include, but not be limited to, preparation of an incident report, volunteer rules of conduct and the Department's zero tolerance policy toward all forms of sexual abuse and sexual harassment. PAQ indicated that 260 volunteers and contractors had received PREA training, which is equivalent to less than 100% of the total volunteers and contractors (286). Further communication with the PC indicated that they have several new medical and mental health staff that have not yet completed training. A review of the PREA Pre-Service Orientation Training Curriculum and the PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum confirms that the trainings discuss responsibilities under the agency's sexual abuse and sexual harassment policy. A review of the Volunteer Handbook confirms that page 19 includes information on the zero tolerance, how to report and red flags. A review of a sample of training documents for nine contractors and five volunteers indicated that thirteen had received PREA training. Interviews with two contractors confirmed that both were provided training on their responsibilities under the agency's sexual abuse and sexual harassment policy. There were zero volunteers during the on-site portion of the audit due to COVID-19 restrictions. On January 14, 2022 the PC provided the auditor with a memo sent to the Volunteer Coordinator that directed the individual to ensure that all volunteers that provide services at the facility receive refresher PREA training prior to contact with any individuals in custody. This memo was in response to the lack of training due to COVID-19 and a few of the volunteers that were documented with training prior to the release of the PREA standards.</p> <p data-bbox="240 1973 1497 2161">115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ indicates that all volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 04.01.301, pages 3-4 state that the PC shall develop or approve standardized modules for training staff. Training shall include, but may not be limited to: the Department's zero tolerance policy; the Department's Sexual Abuse and Harassment Prevention and Intervention Policy; an offender's right to</p>

be free from sexual abuse and harassment and to be free from retaliation for reporting sexual abuse and harassment; common signs of sexually abusive or harassing behavior; common signs of being a victim of sexual abuse or harassment; protocol for initial response, including identification and separation of offenders; reporting procedures and preservation of physical evidence of sexual abuse. Page 2 states that the term staff for the purpose of this directive shall mean any Department employee, contracted employee, employee of a vendor or volunteer. 04.01.122, page 3 states that the Facility Volunteer Coordinator shall ensure volunteers receive orientation and training appropriate to the type of volunteer assignment at the facility or program site prior to service. Training shall include, but not be limited to, preparation of an incident report, volunteer rules of conduct and the Department's zero tolerance policy toward all forms of sexual abuse and sexual harassment. A review of the PREA Pre-Service Orientation Training Curriculum and the PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum confirms that the trainings discuss responsibilities under the agency's sexual abuse and sexual harassment policy. A review of the Volunteer Services Handbook confirms that page 19 includes information on the zero tolerance, how to report and red flags. A review of a sample of training documents for nine contractors and five volunteers indicated that thirteen had received PREA training. Both contractors stated they received the training initially when hired and then annually during cycle training. The interviews confirmed that the training covered the zero tolerance policy and how to report sexual abuse and sexual harassment. It should be noted that there have been no volunteers authorized to enter the facility over the previous twelve months due to COVID-19.

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

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

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 04.01.105 Facility Orientation 4. Administrative Directive Administrative Directive 04.01.111 ADA Accommodations 5. Administrative Directive 05.07.101 Reception and Classification Process 6. PREA What You Need to Know Video (PREA Video) 7. Video Remote Interpreting Information 8. Language Interpretation Procedure – Propio Language Services, LLC. 9. Individuals In Custody Handbook (Handbook) 10. PREA Posters (English and Spanish) 11. Inmate Training Records (Offender Orientation Receipt) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Intake Staff 2. Interview with Random Inmates <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Intake Area 2. Observations of PREA Posters <p>Findings (By Provision):</p> <p>115.33 (a): The PAQ indicated that inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The PAQ indicated that 924 inmates received information on the zero-tolerance policy and how to report at intake, which is equivalent to 100% of inmates who arrived in the previous twelve months. 04.01.301, page 7 states that during the admission and orientation process, offenders shall be provided with a presentation regarding the Department’s Sexual Abuse and Harassment Prevention and Intervention Program, including reporting procedures and available services and the zero tolerance policy. Offenders shall be informed that victims need not name their attacker to receive medical and mental health services. The policy further states that the offender handbook shall include an explanation of reporting procedures and programs and services available to victims or predators of sexual abuse and harassment. A review of the Handbook confirmed that it includes information on the zero tolerance policy and the methods to report sexual abuse. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Upon arrival to the facility inmates are placed in a housing unit for new arrivals and receive the Handbook. The interview with intake staff indicated that inmates are provided information related to the agency’s sexual abuse and sexual harassment policies during intake. He stated that each individual in custody receives a packet and the Handbook, which has a large section on PREA and PREA compliance. Interviews with 32 inmates indicated that 28 were provided information on the agency’s sexual abuse and sexual harassment policies. A review of 23 inmate files of those that arrived in the previous twelve months indicated that 21 received PREA information at intake.</p> <p>115.33 (b): 04.01.301, page 7 states that during the admission and orientation process, offenders shall be provided with a presentation regarding the Department’s Sexual Abuse and Harassment Prevention and Intervention Program, including reporting procedures and available services and the zero tolerance policy. Offenders shall be informed that victims need not name their attacker to receive medical and mental health services. The policy further states that the offender handbook shall include an explanation of reporting procedures and programs and services available to victims or predators of sexual abuse and harassment The PAQ indicated that 580 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to 100% of those received in the previous twelve months whose length of stay was for 30 days or more. During</p>

the on-site portion of the audit the facility provided the auditor with an overview of the comprehensive education. Approximately two weeks after arrival inmates watch the PREA What You Need to Know Video that contains information on their rights under PREA and how to report allegations of sexual abuse and sexual harassment. The video is shown in the dayroom of the housing unit. The interview with intake staff indicated that prior to COVID-19, inmates were shown the PREA video approximately two weeks after their arrival. He stated that the video was included in an orientation which was an afternoon long experience. The staff member stated that the video has ceased due to COVID-19 and that instead of the video they go over PREA information during risk screening reassessments. Interviews with 32 inmates indicated that nineteen were provided information on their right to be free from sexual abuse, their right to be free from retaliation and how to report allegations of sexual abuse and sexual harassment. Inmates stated that they received the information during orientation which was within a week or two of arrival. A review of 23 inmate files of those that arrived in the previous twelve months indicated that 21 were documented with comprehensive PREA education. Of the 21, 20 had the comprehensive education completed within 30 days of arrival. During the review, the auditor confirmed through inmate and staff interviews that during COVID-19, inmates were not provided comprehensive PREA education through the PREA Video, rather they were provided the Handbook and told to read the information. The facility has continued with this practice and has not went back to the required in-person or video comprehensive PREA education.

115.33 (c): The PAQ indicated that all current inmates at the facility had been educated on PREA within 30 days or were educated by June 30, 2014. Additionally, the PAQ indicated that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. 04.01.301, page 7 states that during the admission and orientation process, offenders shall be provided with a presentation regarding the Department's Sexual Abuse and Harassment Prevention and Intervention Program, including reporting procedures and available services and the zero tolerance policy. Offenders shall be informed that victims need not name their attacker to receive medical and mental health services. The policy further states that the offender handbook shall include an explanation of reporting procedures and programs and services available to victims or predators of sexual abuse and harassment. A review of 31 total inmate files indicated that 29 had received comprehensive PREA education. The interview with intake staff indicated that inmates are provided information related to the agency's sexual abuse and sexual harassment policies during intake. He stated that each individual in custody receives a packet and the Handbook, which has a large section on PREA and PREA compliance. During documentation review, the auditor found that a sample of inmates reviewed had transferred to Logan in early 2013, prior to the release of the PREA standards. These inmates did not have PREA education documented after the release of the standards as required by this provision. Further communication with the PC indicated there was a large number of inmates transferred from a female facility that closed in 2013. Thus, a large percentage of inmates at Logan may require additional PREA training under this provision.

115.33 (d): The PAQ indicated that inmate PREA education is available in formats accessible to all inmates, including those who are disabled or limited English proficient. 04.01.301, pages 7-8 state that the Department shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to offender who have limited reading skills. 04.01.111, pages 3-4 indicate that the CAO shall ensure offenders are provide with information regarding ADA disability accommodations and shall establish procedures for offender access to teletypewriter (TTY) and Video Remote Interpreting (VRS) equipment. The policy also indicates that the CAO shall find alternative notification methods for auditory announcements (tactile paging system). 05.07.101, page 2 states that all videos used during orientation shall include closed captioning subtitles and closed captioning utilizing American Sign Language which has been reviewed for accuracy of the interpretation by the Illinois Deaf and Hard of Hearing Commissioner or a qualified interpreter. The policy further states that he department shall reserve the first row of seats during orientation for offenders who are disabled. 04.01.105, page 2 states that for a non-English speaking offender, reasonable efforts shall be made for the orientation to be explained to him or her in a language her or she understands. It further states that offenders shall receive written orientation material and/or translation in their own language and when a literacy problem exists, a staff member shall assist the offender in understanding the materials. The facility also has a contract with Propio Language Services, LLC. This company provides the facility a phone number that they can call that connects the staff member with a translator who can will translate information between the staff member and LEP inmate. The company has interpretation services for over 600 languages. A review of PREA Posters, the Handbook and inmate distributed information confirmed that information can be provided in large font, bright colors, Spanish and can be read to inmates in terminology that they understand. A review of four disabled inmate files and three LEP inmate files indicated that all seven had signed that they received and understood the PREA information. The three LEP inmates signed an English acknowledgment form and four of the seven were inmates that arrived in 2013 and had not received training after the release of the PREA standards.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. 04.01.105, page 2 states that at the conclusion of the orientation program, each offender shall be requested to sign an Offender Orientation Receipt, DOC 0291, indicating he or she has participated in the orientation program and has obtained a copy of the manual. A review of 23 inmate files of those that arrived in the previous twelve months as well as eight additional inmates that were at the facility prior to the twelve months indicate that 29 had documentation that they received PREA education.

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

Based on a review of the PAQ, 04.01.301, 04.01.105, 04.01.111, 05.07.101, Video Remote Interpreting information, Propio Language Services, LLC., the Handbook, PREA Posters, observations made during the tour to include the availability of PREA information via signage as well as information obtained during interviews with intake staff and random inmates indicate that this standard appears to require corrective action. While the facility provides inmates with the information required under provision (b), since COVID-19 it has not been provided through an in-person presentation or via video. The auditor also identified that there were numerous inmates that were transferred to the facility prior to 2013. These inmates were not documented with education after the release of the PREA standards as required under provision (c). Additionally, documentation and interviews for disabled and LEP inmates indicated that numerous inmates had arrived prior to 2013 and had not received PREA education in a format that they understand and three LEP inmates signed an English acknowledgment form.

Corrective Action

The facility will need to ensure that all inmates have received the comprehensive PREA education via video or through an in-person presentation. The facility will need to determine the process they will utilize and provide the auditor with a memo with staff signatures indicating how the education will be provided and that the staff understand their responsibilities under this standard. All current inmates should be provided the education either via video or an in-person presentation. The facility will need to identify all inmates that arrived prior to 2013 and ensure they are all provided current comprehensive PREA education. Documentation for the two inmates missing comprehensive PREA education should be provided to the auditor as well as the five inmates that were identified during the on-site portion of the audit that arrived prior to 2013. Additionally, an assurance memo attesting to the completion of these trainings should be provided as well. Additionally, the facility will need to provide appropriate education to all identified LEP and disabled inmates. Spanish speaking inmates should sign the Spanish acknowledgment form. Updated forms for the disabled and LEP inmates identified on-site should be provided to the auditor as well as an assurance memo attesting to the LEP and disabled inmate education should be provided as well.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Memorandum on Inmate Education Process
2. Assurance Memorandum Related to Inmate Education
3. Inmate Education Documents
4. LEP and Disabled Inmates and Corresponding Education Documents

On July 21, 2022 the facility provided the auditor with an assurance memo confirming that all individuals in custody at Logan Correctional Center had completed PREA education through viewing of the PREA video and signed that they received the education on the appropriate form (LOG 504). The form was placed in their file and a note was entered into the electronic system confirming receipt of the training. The memo further states that all new individuals in custody receive the PREA education during orientation. The memo also indicates how the education occurred, on housing unit 5 through the pass system process. Additionally, it stated that anyone with a disability was shown the video and appropriate accommodations were made (hard of hearings and vision impairments were placed in the front of the room and anyone with a language barrier was afforded a packet on the information). On the same date the facility provided the auditor with over 100 examples of the completed inmate education between May 2022 and July 2022.

The facility also provided the auditor with education documents for LEP and disabled inmates. Three hearing impaired inmates were provided accommodations including close captioning and sitting close to the television. Three LEP inmates were also offered accommodations, including Spanish closed captioning. The two Spanish inmates signed the Spanish version of the acknowledgment form and the one other LEP inmate signed the English form and indicated she understood English. Based on the documentation provided the facility has corrected this standard.

115.34	Specialized training: Investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 376 300">Documents:</p> <ol data-bbox="240 331 1329 586" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 01.12.115 Institutional Investigative Assignments 4. Prison Rape Elimination Act (PREA) for Investigators Training Curriculum 5. Investigator Training Records <p data-bbox="240 618 363 645">Interviews:</p> <ol data-bbox="240 676 616 703" style="list-style-type: none"> 1. Interview with Investigative Staff <p data-bbox="240 734 504 761">Findings (By Provision):</p> <p data-bbox="240 792 1485 1214">115.34 (a): The PAQ indicates that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. 01.12.115, page 2 states that the CAO shall ensure that each individual appointed as an investigator be registered for the next available investigator training program within ten days of temporary or permanent assignment as an investigator. Training topics include but are not limited to: investigative techniques, including interviewing sexual abuse victims; crime scene preservation; collection and preservation of evidence, including sexual abuse evidence collection in a confinement setting; proper use of Miranda and Garrity warnings; criteria and evidence required to substantiate a case for administrative action or prosecution referral; and investigative reporting. The agency utilizes their own training for this standard; PREA for Investigators. A review of investigative reports indicated they were completed by four different investigators. A review of documentation confirmed that all four had received specialized investigator training. The interview with the investigator confirmed he received specialized training on conducting sexual abuse and sexual harassment investigations in a confinement setting. He stated the 40 hour IDOC investigator training includes a section for investigating sexual abuse.</p> <p data-bbox="240 1245 1461 1711">115.34 (b): 01.12.115, page 2 states that the CAO shall ensure that each individual appointed as an investigator be registered for the next available investigator training program within ten days of temporary or permanent assignment as an investigator. Training topics include but are not limited to: investigative techniques, including interviewing sexual abuse victims; crime scene preservation; collection and preservation of evidence, including sexual abuse evidence collection in a confinement setting; proper use of Miranda and Garrity warnings; criteria and evidence required to substantiate a case for administrative action or prosecution referral; and investigative reporting. The agency utilizes their own training for this standard; PREA for Investigators. A review of the training curriculum confirmed slides 67-118 include the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. A review of investigative reports indicated they were completed by four different investigators. A review of documentation confirmed that all four had received specialized investigator training. The interview with the investigator confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case.</p> <p data-bbox="240 1742 1493 1935">115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that five facility investigators have completed the specialized training. The PAQ further stated the facility has five investigators that completed the specialized investigator training. A review of documentation confirmed that five investigators have completed the specialized investigators training. A review of investigative reports indicated they were completed by four different investigators. A review of documentation confirmed that all four had received specialized investigator training.</p> <p data-bbox="240 1966 847 1993">115.34 (d): The auditor is not required to audit this provision.</p> <p data-bbox="240 2024 1461 2087">Based on a review of the PAQ, 04.01.301, 01.12.115, PREA for Investigators Training Curriculum, a review of investigator training records as well as the interview with the investigator, indicates that this standard appears to be compliant.</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 03.03.102 Employee Training 4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 5. Prison Rape Elimination Act: What Healthcare and Mental Health Providers Need to Know Training Curriculum 6. Wexford Health Prison Rape Elimination Act (PREA) and Implementation Training Curriculum 7. Medical and Mental Health Staff Training Records 8. Memorandum Related to Updated Policy Language <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff <p>Findings (By Provision):</p> <p>115.35 (a): The PAQ indicated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The PREA Manual, page 24 states that the agency shall ensure that all full and part time medical and mental health care practitioners who work regularly in its facilities shall be trained in: detecting and assessing signs of sexual abuse and sexual harassment; preserving physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations or suspicions of sexual abuse and sexual harassment. The training is conducted via the Prison Rape Elimination Act: What Healthcare and Mental Health Providers Need to Know and the Wexford Health Overview of the 2003 Prison Rape Elimination Act (PREA) and Implementation. A review of the training curriculums confirmed that they include the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 69 medical and mental health staff and that 82% of these staff received the specialized training. The PAQ indicated that new hires have not yet been through training however they have received focused PREA training. A review of eight medical and mental health care staff training records indicated that three were documented with the specialized medical and mental health training. Interviews with medical and mental health staff confirm that they have received specialized training related to sexual abuse and sexual harassment. Staff indicated they receive training online when they are hired and then they have numerous policies and procedures they review. The staff indicated they receive training annually through webinars. The three staff interviewed confirmed that the required elements under this provision were covered in their training. It should be noted that during the interim report the PC provided a memo indicating that 04.01.301 was under review and that this provision was added to policy.</p> <p>115.35 (b): The PAQ indicated that this provision does not apply as agency medical and mental health care staff do not perform forensic medical examinations. Interviews with medical and mental health staff confirm that they do not perform forensic medical examinations.</p> <p>115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. A review of eight medical and mental health care staff training records indicated that three were documented with the specialized medical and mental health training.</p> <p>115.35 (d): 04.01.301, pages 3-4 state that the PC shall develop or approve standardized modules for training staff. Training shall include, but may not be limited to: the Department's zero tolerance policy; the Department's Sexual Abuse and Harassment Prevention and Intervention Policy; an offender's right to be free from sexual abuse and harassment and to be free from retaliation for reporting sexual abuse and harassment; common signs of sexually abusive or harassing behavior; common signs of being a victim of sexual abuse or harassment; protocol for initial response, including identification and separation of offenders; reporting procedures and preservation of physical evidence of sexual abuse. 03.03.102, page 1 states that the Department shall ensure all new employees receive orientation and pre-service training and all employees receive in-service training on a fiscal year basis. A review of the PREA Pre-Service Orientation Training Curriculum and the</p>

PREA –Individual in Custody Sexual Assault Prevention and Intervention Curriculum confirm that both trainings includes information on responsibilities in prevention, detection and response as well as the zero tolerance policy and how to report allegations of sexual abuse. A review of eight medical and mental health care staff training records indicated that seven were documented with contractor PREA training.

Based on a review of the PAQ, 04.01.301, 03.03.102, the PREA Manual, Prison Rape Elimination Act: What Healthcare and Mental Health Providers Need to Know training curriculum, the Wexford Health Overview of the 2003 Prison Rape Elimination Act (PREA) and Implementation training curriculum, a review of medical and mental health care staff training records, interviews with medical and mental health care staff and the memo related to updated policy language indicate that this standard appears to require corrective action. Five of the eight staff reviewed had not completed the required specialized medical and mental health training and one had not completed the contractor training.

Corrective Action

The facility will need to ensure that all current medical and mental health care staff complete the specialized medical and mental health training. Once completed, the facility will need to provide the originally requested five medical and mental health training records as well an and assurance memo confirming all medical and mental health staff received the training required under this standard.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Assurance Memorandum Related to Specialized Medical and Mental Health Training
2. Medical and Mental Health Training Records

On July 22, 2022 the facility provided an assurance memo confirming all medical and mental health care staff at the facility have completed the Prison Rape Elimination Act: What Healthcare and Mental Health Providers Need to Know and signed that they understood the training. Additionally, three sign-in sheets were provided to the auditor to confirm that all medical and mental health care staff have received the training, One of the five medical and mental health staff who were missing the training were included in the documents. Two of the staff have been on a leave of absence since the audit and have been unable to complete the training and the other two staff were no longer employed at the facility. The one staff member without the contractor training under provision (d) no longer worked for the facility and as such did not complete the contractor PREA training. Based on the documentation provided, the facility has corrected this standard.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 4. Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494) 5. Inmate Assessment and Reassessment Documents 6. Memorandum Related to Updated Policy Language <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with Random Inmates 3. Interview with the PREA Coordinator 4. Interview with the PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Risk Screening Area 2. Observations of Where Inmate Files are Located <p>Findings (By Provision):</p> <p>115.41 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. 04.01.301, page 6 states that staff shall make a reasonable effort to ensure the screening and assessment is conducted in consideration of sound confidentiality and sensitivity to the offender. Screening and assessment shall be documented on the Screening for Potential Sexual Victimization or Sexual Abuse, DOC 0494, or an electronic equivalent and shall occur ordinarily within 24 hours of admission or transfer to any facility by staff designated by the Chief Administrative Officer who shall screen each offender for sexually abusive behavior or victimization. Policy further states that the ordinarily within 72 hours of admission or transfer to any facility clinical services staff review the pre-sentence report, statement of facts and other materials in the master file for sexually abusive behavior and victimization. Concerns shall be forwarded to the PCM. Mental health professionals will also inquire whether the offender has been a victim of sexual abuse in the past. During the tour the auditor was provided a demonstration of the risk screening. The risk screening is conducted in private offices that allow for confidentiality. The interview with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness during intake. Interviews with 23 inmates that arrived within the previous twelve months indicated that 21 were asked questions related to risk of victimization and abusiveness.</p> <p>115.41 (b): The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. 04.01.301, page 6 states that staff shall make a reasonable effort to ensure the screening and assessment is conducted in consideration of sound confidentiality and sensitivity to the offender. Screening and assessment shall be documented on the Screening for Potential Sexual Victimization or Sexual Abuse, DOC 0494, or an electronic equivalent and shall occur ordinarily within 24 hours of admission or transfer to any facility by staff designated by the Chief Administrative Officer who shall screen each offender for sexually abusive behavior or victimization. Policy further states that the ordinarily within 72 hours of admission or transfer to any facility clinical services staff review the pre-sentence report, statement of facts and other materials in the master file for sexually abusive behavior and victimization. Concerns shall be forwarded to the PCM. Mental health professionals will also inquire whether the offender has been a victim of sexual abuse in the past. The PAQ noted that 793 inmates were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received a risk screening within 72 hours. A review of 23 inmate records of those that arrived within the previous twelve months indicated that all 23 had an initial risk screening, however one was past the 72 hour timeframe. The interview with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness within 72 hours.</p>

Interviews with 23 inmates that arrived within the previous twelve months indicate that 21 were asked the questions related to risk of victimization and abusiveness during intake on the same day they arrived.

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

115.41 (d): A review of the Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494) indicates that the tool has two sections; vulnerability and predatory. The vulnerability section includes general information such as age, height, weight, number of incarcerations, non-violent or violent criminal history, disabilities (developmental, mental illness and physical), education level, socioeconomic status and immigrant status/language. Inmates are also asked about identified or perceived sexual orientation, gender identity and history or sexual victimization. The inmate is also asked about his/her own perception of their safety at the time of the screening. Each question has appropriate responses that correspond to a number. The numbers are added up at the end of the victimization section and the total number determines where the inmate falls on the continuum. The continuum ranges from not likely, likely, moderately likely to highly likely for vulnerability. The inmates who fall in the highly likely or moderately likely range are then reviewed for the official vulnerable designation. The staff responsible for the risk screening stated that the risk screening consists of yes or no questions as well as a file review to determine prior incarcerations and charges. She stated that staff ask a series of questions on the DOC 0494 form to assess whether they have tendencies for vulnerability or abusiveness. She stated a few of the questions include: mental health history, developmental diagnosis, education level, socioeconomic status, prior sexual abusiveness, prior sexual victimization, prior violence, gang affiliation, etc. She further indicated that some other information is included but is pre-populated, such as age, weight, height, etc.

115.41 (e): A review of the Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494) indicates information including, history or sexual abusive behavior, criminal history of sexual abuse in the community, history of domestic violence, security threat group affiliation and history or institutional assaultive/violent behavior are factored into the risk screening assessment tool. Each question has appropriate responses that correspond to a number. The numbers are added up at the end of the predatory section and the total number determines where the inmate falls on the continuum. The continuum ranges from not likely, likely, moderately likely to highly likely for predatory. The inmates who fall in the highly likely or moderately likely range are then reviewed for the official predatory designation. The staff responsible for the risk screening stated that the risk screening consists of yes or no questions as well as a file review to determine prior incarcerations and charges. She stated that staff ask a series of questions on the DOC 0494 form to assess whether they have tendencies for vulnerability or abusiveness. She stated a few of the questions include: mental health history, developmental diagnosis, education level, socioeconomic status, prior sexual abusiveness, prior sexual victimization, prior violence, gang affiliation, etc. She further indicated that some other information is included but is pre-populated, such as age, weight, height, etc.

115.41 (f): The PAQ indicated that the policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 04.01.301, page 6 states that within 30 days of admission or transfer to the facility, each offender, including any offender returned to Reception and Classification as a parole or mandatory supervised release violator, shall be screened again for sexually abusive behavior or victimization and potentially predator or vulnerable offender identification based upon any additional, relevant information received by the facility since the intake screening. The PAQ noted that 580 inmates reassessed within 30 days, which is equivalent to 100% of the inmate who arrived and stayed longer than 30 days. The interview with the staff responsible for the risk screening indicated that inmates are reassessed by a counselor within 30 days. Interviews with 23 inmates that arrived within the previous twelve months indicated that eleven had been asked questions related to their risk of victimization and abusiveness more than once. The eleven inmates stated they were either asked the risk screening questions a few days after arrival or a few weeks after arrival. A review of 23 inmate files of those that arrived in the previous twelve months indicated that eighteen had a reassessment. Of the eighteen, eight were past the 30 day timeframe.

115.41 (g): The PAQ indicated that the policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. 04.01.301, page 6 states screening and assessment shall occur when warranted due to

referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. The interview with staff responsible for the risk screening indicated that inmates are reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. Interviews with 23 inmates that arrived within the previous twelve months indicated that eleven had been asked questions related to their risk of victimization and abusiveness more than once. The eleven inmates stated they were either asked the risk screening questions a few days after arrival or a few weeks after arrival. A review of 23 inmate files of those that arrived in the previous twelve months indicated that eighteen had a reassessment. Of the eighteen, eight were past the 30 day timeframe. There were zero substantiated sexual abuse allegations during the audit period. The facility reassesses inmates only after a substantiated sexual abuse allegation.

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

115.41 (i): 04.01.301, page 6 states that staff shall make a reasonable effort to ensure the screening and assessment is conducted with consideration of sound confidentiality and sensitivity to the offender. The interview with the PREA Coordinator indicated that the agency has outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. He stated that confidential medical and mental health access is outlined in AD 04.01.301. The PCM confirmed that the agency has outlined who has access to the risk screening information so it is not exploited. The staff responsible for risk screening stated that she was unsure exactly who had access to the information, but it was limited. She indicated that clinical, mental health and placement staff and supervisors who assist with housing have access. During the tour the auditor observed that inmate files are mostly maintained electronically with limited access to ensure sensitive information is not disseminated.

Based on a review of the PAQ, 04.01.301, the PREA Manual, DOC 0494, a review of inmate files, the memo related to updated policy language and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard appears to require corrective action. A review of documentation indicated that only ten of the 23 inmate files reviewed had a reassessment completed within the 30 days as required under provision (f).

Corrective Action

The facility will need to ensure that reassessments are completed for all inmates within 30 days of the arrival at the facility. A list of inmates that arrive during the corrective action period should be provided to the auditor as well as a sample of the inmate's initial assessment and reassessment. The facility should identify a systematic way of providing a sample, such as every 20th inmate on the list or the first and last inmate on each list.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. List of Inmate that Arrived During the Corrective Action Period
2. Risk Assessment Documents

On July 21, 2022 the facility provided the auditor with a list of inmates that arrived at the facility during the corrective action period. The facility provided the auditor with risk screening documents for 38 inmates. Of the 38, seven were released prior to the 30 day reassessment and five had arrived within the last 30 days and did not yet have a reassessment completed. Of the remaining 25, all had a completed reassessment. Fifteen of the 25 were completed within the 30 day timeframe. Of the examples that were past the 30 day timeframe, most were from earlier in the corrective action period and were only a few weeks late. Based on the documentation provided the facility has corrected this standard.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 300">Documents:</p> <ol data-bbox="240 329 1437 815" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 04.03.104 Evaluation, Treatment and Correctional Management of Transgender Offenders 4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 5. Special Placement Double Cell Assessment DOC 0303 6. Housing Assignments of Inmates at Risk of Sexual Victimization and/or Sexual Abusiveness 7. Transgender/Intersex Housing Determination Documents 8. Transgender/Intersex Biannual Reassessments 9. LGBTI Housing Assignments <p data-bbox="240 844 363 873">Interviews:</p> <ol data-bbox="240 902 804 1160" style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with PREA Coordinator 3. Interview with PREA Compliance Manager 4. Interview with Gay, Lesbian and Bisexual Inmates 5. Interview with Transgender/Intersex Inmates <p data-bbox="240 1189 528 1218">Site Review Observations:</p> <ol data-bbox="240 1247 596 1330" style="list-style-type: none"> 1. Location of Inmate Records 2. Shower Area in Housing Units <p data-bbox="240 1359 505 1388">Findings (By Provision):</p> <p data-bbox="240 1417 1493 2145">115.42 (a): The PAQ indicated that the agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. 04.01.301, page 6 states that any indication of sexually abusive behavior, victimization or potential victimization in a correctional setting identified at a Reception and Classification Center or any assigned facility shall be referred to the facility PREA Compliance Manager. The PCM shall promptly review any referrals to assess whether an offender should be identified as a predator or vulnerable offender using the DOC 0494 and make recommendations regarding safety consideration and treatment or counseling needs. Page 7 further states that an offender identified as vulnerable shall not be housed with an offender identified as a predator. Prior to housing an offender identified as vulnerable or an offender identified as a predator, the proposed housing assignment shall be reviewed and approved by the Chief Administrative Officer in consultation with the facility PCM. During the tour the auditor observed that inmate files are maintained electronically with limited access to ensure sensitive information is not disseminated. The interview with the PREA Compliance Manager indicated that an intake screening is conducted and reviewed again within 30 days of entering the facility. The information gathered is used to assist with meeting the needs of individuals in custody, including housing, work and programming. The interview with the staff responsible for the risk screening indicate that if there are any inmates who are at high risk on either side (vulnerable or predatory) they notify the PC and it is documented. She stated that the online program tells them whether they need to recommend the inmate as vulnerable or predator and that that information is then used to house the inmates appropriately. She stated they would not place a predator and a vulnerable together. A review of housing documents for inmates at high risk of victimization and inmates at high risk of abusiveness confirmed that information from the risk screening is utilized to house inmates appropriately. Inmates at high risk of victimization were not housed with inmate who were at a high risk of being sexually abusive. It should be noted that one inmate was on both lists and as such was not housed with those at high risk of victimization or abusiveness.</p>

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. 04.01.301, page 6 states that any indication of sexually abusive behavior, victimization or potential victimization in a correctional setting identified at a Reception and Classification Center or any assigned facility shall be referred to the facility PREA Compliance Manager. The PCM shall promptly review any referrals to assess whether an offender should be identified as a predator or vulnerable offender using the DOC 0494 and make recommendations regarding safety consideration and treatment or counseling needs. Page 7 further states that an offender identified as vulnerable shall not be housed with an offender identified as a predator. Prior to housing an offender identified as vulnerable or an offender identified as a predator, the proposed housing assignment shall be reviewed and approved by the Chief Administrative Officer in consultation with the facility PCM. The interview with the staff responsible for the risk screening indicate that if there are any inmates who are at high risk on either side (vulnerable or predatory) they notify the PC and it is documented. She stated that the online program tells them whether they need to recommend the inmate as vulnerable or predator and that that information is then used to house the inmates appropriately. She stated they would not place a predator and a vulnerable together.

115.42 (c): The PAQ indicated that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. 04.03.104, page 7 indicates that transgender, intersex and gender incongruent offenders shall not be assigned to gender-specific facilities based solely on their external genital anatomy. The Transgender Administrative Committee (TAC) shall make individualized determinations about how to ensure the safety of each offender including considering transfer from one gender-specific facility to an opposite gender facility and specifically the gender of staff which will perform searches of the offender. The determination shall consider, on a case-by-case basis, whether specific placement ensure the offender's health and safety, and whether the placement would present management or security concerns. The agency as a whole houses approximately 150 transgender inmates. Currently the agency houses nine transgender female inmates at female facilities and zero transgender male inmates at male facilities. The documentation confirms that housing is reviewed on a case-by-case basis for each inmate. The interview with the PCM indicated that the agency considers whether the transgender or intersex inmate placement will ensure the inmate's health and safety. Additionally, she stated that the agency considers whether the placement would present any security or management problems. Five of the six transgender inmates interviewed stated they were asked about how they felt about their safety. One of the six indicated he did not feel he was placed in a housing unit based on his gender identity and none of the six stated they were ever searched for the sole purpose of determining their genital status. Five of the six stated that they felt transgender female inmates were placed in dedicated wings. The five transgender inmates stated that transgender females were placed in the center wings of housing units. Further review of documentation indicated that while a majority of the transgender females were placed in center wings across four housing units, there were a few that were not in center wings. Additionally, the PC indicated that the transgender inmates were not placed on the center wings based solely on their identification or status. He indicated the inmates were placed in each housing unit based on their risk screening, safety, security and other criteria. A review of housing assignments for LGBTI inmates confirmed that they were in every housing unit across the facility across various wings, confirming that LGBTI inmates were not placed in one dedicated unit or wing at Logan.

115.42 (d): 04.03.104, page 7 states that a review of each transgender, intersex and gender incongruent offender's placement and programming assignments shall be conducted by the facility twice annually to review any threats to safety experienced or posed by the offender. The agency as a whole houses approximately 150 transgender inmates. A review of documentation for eight transgender inmates indicated that they were seen by mental health more frequently than twice a year and they were also seen by a correctional counselor during the year. The PCM confirmed that transgender and intersex inmates are reviewed twice a year to assess any threats to the inmates safety. The staff responsible for the risk screening confirmed that transgender and intersex inmate are reassessed biannually.

115.42 (e): 04.03.104, page 7 states that decisions shall be made by the TAC on a case-by-case basis with serious consideration given to circumstances including, but not limited to, the following: the offender's perception of whether a male or female facility is safest for him or her, as well as the preferred gender of staff to perform searches. The interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates' views with respect to their safety are given serious consideration. Five of the six transgender inmates interviewed stated they were asked about how they felt about their safety.

115.42 (f): 04.03.104, page 9 states that transgender, intersex and gender incongruent offenders shall be allowed the same frequency of showers in accordance with his or her classification. Showers shall be separated and private from other offenders. During the tour the auditor observed that showers provided privacy though walls and shower curtains. A few of the housing units had center wings that had individual showers with curtains. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates afforded the opportunity to shower separately. The PCM stated that transgender inmates are offered the opportunity to shower separately on the housing unit via single showers. Three of the six transgender inmates indicated that they are afforded the opportunity to shower separately from the rest of the inmates. The three that stated they were not afforded the opportunity stated that they were never formally offered this, but that they already shower separately. One inmate stated that she was previously (pre COVID-19) afforded the opportunity to go to medical to shower separately, but since COVID-19 that has ceased.

115.42 (g): 04.03.104, page 7 states that transgender, intersex and gender incongruent offenders shall not be assigned to gender specific facilities based solely on their external genital anatomy. Additionally, the PREA Manual, pages 27-28 indicate that the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. The interview with the PC confirmed that the agency is not subject to a consent decree and that there is not a dedicated facility for LGBTI inmates. He further stated housing is based on the confidential assessment tool (DOC 0494). The PCM confirmed that the agency does not have a consent decree and that LGBTI inmates are not placed in dedicated facilities, units or wings solely because of their identification or status. Interviews with two LGB inmates indicated that both did not feel LGBTI inmates are placed in dedicated facilities, units, or wings solely on the basis of such identification or status. Interviews with six transgender inmates indicated that three felt LGBTI inmates are not placed in dedicated facilities, units or wings solely on the basis of such identification or status. Five of the six stated that they felt transgender female inmates were placed in dedicated wings. The five transgender inmates stated that transgender females were placed in the center wings of housing units. Further review of documentation indicated that while a majority of the transgender females were placed in center wings across four housing units, there were a few that were not in center wings. Additionally, the PC indicated that the transgender inmates were not placed on the center wings based solely on their identification or status. He indicated the inmates were placed in each housing unit based on their risk screening, safety, security and other criteria. A review of housing assignments for LGBTI inmates confirmed that they were in every housing unit across the facility across various wings, confirming that LGBTI inmates were not placed in one dedicated unit or wing at Logan CC.

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

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 331 1329 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 05.15.100 Restrictive Housing 4. Inmates at High Risk of Victimization Housing Assignments <p data-bbox="240 562 363 589">Interviews:</p> <ol data-bbox="240 622 959 701" style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Staff who Supervise Inmates in Segregated Housing <p data-bbox="240 734 528 761">Site Review Observations:</p> <ol data-bbox="240 795 746 822" style="list-style-type: none"> 1. Observations in the Segregated Housing Unit <p data-bbox="240 855 507 882">Findings (By Provision):</p> <p data-bbox="240 916 1489 1464">115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ noted that there were zero inmates at high risk of victimization that were placed in involuntary segregated housing. 04.01.301, page 7 states that an offender identified as vulnerable shall not be housed in a segregated status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided and such placement in segregation shall not ordinarily exceed a period of 30 days. The interview with the Warden confirmed that agency policy prohibits placing inmates at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are not alternative means of separation from likely abusers. She stated that protective custody or administrative placement would be used to secure the victim if necessary. She also stated that if necessary or possible, the victim could be transferred to another facility if it is staff related. She further stated that the victim would not be punished for an allegation but offered the same rights and privileges while protecting their safety and security. A review of housing assignments for current inmates at high risk of sexual victimization confirmed that none were placed in involuntary segregated housing due to their risk of victimization. One inmate that was on both the victimization and abusiveness list was in segregated housing, however she was placed there due to a disciplinary issue.</p> <p data-bbox="240 1500 1489 1792">115.43 (b): The interview with the staff who supervise inmates in segregated housing indicate that if an inmate was placed in segregation for investigative status they would not have access to anything, however typically the only way an inmate victim would be placed in segregation would be if they were also involved in a fight as well. The staff member confirmed that any refusals or restrictions would be documented. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted. During the tour the auditor confirmed that posted PREA information (in English and Spanish) was located in segregated housing. Additionally, inmates in segregated housing have telephone access and have previously been provided information via the Handbook. During the tour the auditor also observed that the segregated housing had separate indoor and outdoor recreation areas as well as offices that are able to be utilized for any programming.</p> <p data-bbox="240 1827 1489 2150">115.43 (c): The PAQ indicated there were zero inmates at risk of sexual victimization who were assigned to involuntary segregated housing due to their risk of sexual victimization. 04.01.301, page 7 states that an offender identified as vulnerable shall not be housed in a segregated status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided and such placement in segregation shall not ordinarily exceed a period of 30 days. The interview with the Warden confirmed that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. She stated that usually administrative placed is used but restrictive housing would only be temporary, if necessary. If the perpetrator was an individual in custody then that person would be held in restrictive housing instead. She stated that victims are never held in involuntary segregated housing and therefore there would be no minimum time. The interview with the staff</p>

who supervise inmates in segregated housing indicated that they would not place an inmate victim in involuntary segregated housing unless there were no other alternative means of separation. He stated that typically the only way they would involuntarily segregate an inmate victim would be if the inmate was also involved in a fight. The staff member stated that they do not place anyone in involuntary segregation for PREA, rather they just separate the individuals. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

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

115.43 (e): The PAQ indicate that if an inmate was placed in segregation due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from the general population. 04.01.301, page 7 states that an offender identified as vulnerable shall not be housed in a segregated status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided and such placement in segregation shall not ordinarily exceed a period of 30 days. Additionally, 05.15.100, page 6 states that a Restrictive Housing Review Committee (RHRC) shall be established at each facility with restrictive housing. The committee shall review the status of each individual in custody's placement into restrictive housing every seven days for the first 60 days and at least every 30 days thereafter, unless more frequently if clinically indicated. The interview with the staff who supervise inmates in segregated housing indicated that inmates would be reviewed every 28 days. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

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

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 3. Memorandum of Understanding with the John Howard Association 4. TRUST Act Memorandum 5. Individuals In Custody Handbook (Handbook) 6. PREA Posters <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Random Inmates 3. Interview with the PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observation of Posted PREA Reporting Information <p>Findings (By Provision):</p> <p>115.51 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. The PREA Manual, page 29 states that offenders shall be encouraged to report allegations to staff at all levels. Offenders shall be provided with avenues of internal reporting, including, but not limited to, a telephone hotline maintained by the Investigations and Intelligence Unit, or by mail to an outside entity (e.g. John Howard Association). Offenders shall be provided information on reporting mechanisms as noted in section 115.33. A review of additional documentation to include the Handbook and PREA Posters indicated that they include methods for reporting. These methods include: telling any staff member; calling the hotline and/or sending a note, grievance or request slip. During the tour, the auditor observed that PREA Posters and painted PREA information was located in each housing unit and in common areas. The auditor tested the internal reporting hotline during the tour on December 8, 2021 and received confirmation the same day from the PC that the call was received. Interviews with 32 inmates confirm that all 32 were aware of at least one method to report sexual abuse and sexual harassment. Most inmates indicated that they would report through a staff member, through the phone number or through their family. Interviews with fourteen random staff indicate that inmates can report through a staff member, through the hotline and in writing.</p> <p>115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ indicated that the facility does not house inmates solely for civil immigration purposes. The PREA Manual, page 29 indicates that offenders shall be provided contact information to the John Howard Association (JHA) to make such reports. This information shall be available in the facility orientation manual. A review of Handbook and PREA Poster confirmed that inmates can report externally to the John Howard Association. The Handbook states that privileged mail can be sent to John Howard Association and that anonymous reports may be submitted. The PREA Poster states that inmates can report via privileged mail to the John Howard Association through the PO Box in Chicago, Illinois. The auditor tested the outside reporting mechanism by sending a letter from the facility to John Howard Association. The letter was sent on December 6, 2021 and a confirmation email that included the original letters was forwarded from the PC to the auditor on December 10, 2021. It should be noted that the letter was sent from Lincoln Correctional Center (which is on the same property as Logan) and is another IDOC facility. The mail process is the same across all IDOC facilities for the outside reporting mechanism so a second letter was not sent from Logan. Inmates are able to place outgoing letters to the John Howard Association in the U.S. mailboxes. Mail to the John Howard Association is confidential and not monitored or reviewed. The interview with the PCM indicated that individuals in custody can report an allegation completely outside the umbrella of the Department by writing privileged sealed and unread mail to the John Howard Association. The PC is immediately contacted by JHA of allegations. If individuals elect to remain anonymous JHA either redacts the name or does not disclose the name. Interviews with 32 inmates indicated that ten were</p>

aware of an outside reporting entity and thirteen were aware they could anonymously report. While the inmates were not aware of the outside reporting mechanism, the information was observed throughout the facility on the PREA Poster and was contained in the Handbook. The facility does not house inmates detained solely for immigration services and as such this part of the provision is not applicable.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. It further indicated that staff are required to document verbal reports immediately. 04.01.301, page 10 states that any alleged sexual abuse or harassment shall be reported through chain of command as an unusual incident in accordance with 01.12.105. The PREA Manual, page 29 further states that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. A review of incident reports confirm that all allegation, regardless of how they are reported, are documented via an incident report. Interviews with 32 inmates indicate that 30 knew they could report verbally and/or in writing to staff and 30 knew they could report through a third party. Interviews with fourteen staff indicate that inmates can report verbally and in writing. Twelve of the fourteen were aware inmates could report anonymously and through a third party. The staff stated if an inmate reported verbally they would document it after the inmate was taken care of and they handled their first responder duties. Staff stated that they are required by policy to complete a written report within 24 hours.

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

Based on a review of the PAQ, the PREA Manual, the MOU with John Howard Association, the TRUST Act memo, the Handbook, PREA posters, observations made during the tour and information from interviews with the PCM, random inmates and random staff, this standard appears to be compliant.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 331 1023 645" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.114 Local Offender Grievance Procedures 3. Individuals In Custody Handbook (Handbook) 4. Sexual Abuse Grievances 5. Grievance Log 6. Sample Grievances <p data-bbox="240 674 363 701">Interviews:</p> <ol data-bbox="240 734 667 761" style="list-style-type: none"> 1. Inmates who Reported Sexual Abuse <p data-bbox="240 790 504 817">Findings (By Provision):</p> <p data-bbox="240 846 1449 909">115.52 (a): 04.01.114 is the policy related to grievance procedures for inmates. The PAQ indicated that the agency is not exempt from this standard.</p> <p data-bbox="240 938 1493 1167">115.52 (b): The PAQ indicated that agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The PAQ further indicated that inmates are not required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. 04.01.114, page 2 states that offender grievances related to allegations of sexual abuse shall not be subject to any filing time frame. Policy further states that offender grievances involving alleged incidents of sexual abuse shall be exempt from any informal grievance process. A review of Handbook confirmed that information on grievances is provided to inmates on pages 36-37.</p> <p data-bbox="240 1196 1493 1424">115.52 (c): The PAQ stated that agency policy and procedure allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. It further stated that agency policy and procedure requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. 04.01.114, page 6 indicates an offender may submit the grievance without submitting it to any staff member who is the subject of the complaint. Policy further states that no grievance shall be referred to any staff member who is the subject of the complaint. A review of Handbook confirmed that information on grievances is provided to inmates on pages 36-37.</p> <p data-bbox="240 1453 1493 2152">115.52 (d): The PAQ stated that agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PAQ indicated that there were three sexual abuse grievances filed in the previous twelve months, two of which reached a final decision in 90 days and one that involved an extension. The PAQ stated that the instance where the agency requested an extension of the 90-day period reach a final decision prior to 70-days. The PAQ further indicates that the agency always notifies an inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made. 04.01.114, page 6 states that the Department shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90 day time period shall not include time consumed by the offender in preparing any administrative appeal. Policy further states that the Department may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The offender shall be notified, in writing, of such extension and provided with a date by which a decision will be made. Page 6 also states that at any level of the grievance process, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level. A review of the three sexual abuse grievances indicated two of the three were sexual harassment rather than sexual abuse. The one sexual abuse grievance was forwarded for investigation and was responded to within six days. The two sexual harassment grievances were also responded to within the timeframes under this provision. A review of the grievance log and sample of thirteen grievances identified three additional grievances that were sexual in nature. After review of the information, one was deemed not repeated sexual harassment, one was related to official duties and one was deemed related to the inmate's mental health. The interviews with inmates who reported sexual abuse indicated all three knew they were required to be told about the outcome of the investigation. One of the three stated she was informed verbally about the outcome of the investigation about three weeks after she reported the allegation. The other two inmates stated they were not</p>

informed of the outcome of the investigation into their allegation.

115.52 (e): The PAQ indicated that agency policy and procedure permit third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. It further indicated that agency policy and procedure requires that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. 04.01.114, page 6 states that third parties, including other offenders, staff members, family members, attorneys, etc., shall be permitted to assist offenders in filing grievances relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of the offender. Policy further states that the Department shall require, as a condition of processing the grievance, the alleged victim to agree to have the grievance filed on his or her behalf. If the alleged victim declines, the decision shall be documented. The PAQ stated that there were zero grievances alleging sexual abuse by inmates in the past twelve months in which the inmate declined third-party assistance contained documentation of the inmate's decision to decline. A review of the three reported sexual abuse grievances as well as the grievance log and a sample of thirteen grievances confirmed that none were filed by a third party.

115.52 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. It further indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The PAQ also indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days. 04.01.114, page 7 states that for emergency grievances alleging an offender is subject to a substantial risk of imminent sexual abuse, the Department shall provide an initial response within 48 hours, and shall have a final decision provided within five calendar days. The initial response and the final decision shall document the Department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PAQ stated there were three emergency grievances alleging substantial risk of imminent sexual abuse and zero had an initial response within 48 hours and one that reached a final decision within five days. Further communication with the PCM indicated that any allegation of sexual abuse is treated as an emergency grievance whether it is filed as one or not. A review of the three reported sexual abuse grievances as well as the grievance log and a sample of thirteen grievances confirmed that none were filed as emergency grievances.

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

Based on a review of the PAQ, 04.01.114, the Handbook, the grievance log, sexual abuse grievances and information from interviews with inmates who reported sexual abuse, this standard appears to be compliant.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Memorandum of Understanding with Prairie Center Against Sexual Assault 4. PREA Poster <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Inmates 2. Interview with Inmates who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>115.53 (a): The PAQ indicated that the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. It further stated that the facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers for local, state or national victim advocacy or rape crisis organizations and that the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in a confidential a manner as possible. The PAQ stated that IDOC does not hold individuals strictly for immigration purposes. 04.01.301, page 5 states that the PCM shall identify community agencies, including advocacy and crisis organizations, where reports can be made or that provide assistance or support services to staff or offenders in the prevention or intervention of sexual abuse and harassment. Contact information such as mailing addresses shall be provided via offender handbook, bulletins, etc. The MOU with Prairie Center Against Sexual Assault indicates that the purpose and scope of the MOU is to establish a joint effort between IDOC and Prairie Center Against Sexual Assault to make available to inmates access to an outside entity to provide emotional support services related to sexual abuse, including crisis intervention and sexual assault counseling, to aid IDOC in fulfilling compliance with 115.53 while inmates are incarcerated at the Logan Correctional Center and within the IDOC prison. The MOU further states that it understood face-to-face emotional support provided in a confidential a manner as possible or emotional support through confidential unmonitored, unrecorded phone call(s) shall comply with 735 ILCS 5/8-802.1 "Confidentiality of Statements Made to Rape Crisis Personnel". A review of the PREA poster confirmed that inmates are provided the mailing address to Prairie Center Against Sexual Assault. The PREA poster states "if you are a victim of sexual abuse, individuals in custody may contact victim advocates for emotional support services related to sexual abuse". During the interim report period the facility updated the PREA Poster to include the phone number for Prairie CASA. Additionally, during the interim report period the facility added the updated PREA Poster to the Handbook to include the mailing address and telephone number to Prairie CASA. The facility provided photos of the updated Posters around the facility. Interviews with 32 inmates indicated that fourteen were aware of outside victim advocacy services. Five indicated that they did not know any specifics but knew the information was posted on the board and/or in the packet of information they were provided. A few inmates stated they believed they could contact the organization anytime for free and that the information provided was confidential. The interviews with inmates who reported sexual abuse indicated that none of the three were provided a mailing address or phone number for a local rape crisis center. While inmates indicated they were not provided the contact information for the local rape crisis center, the mailing address was initially provided via the Poster and the updated information, to include the mailing address and phone number, were provided through posting of the updated Poster and an insert in the Handbook. The auditor contacted Prairie CASA related to victim advocacy services. The staff member confirmed that they have an MOU with the facility that was executed in July 2021. She stated the services under the MOU, include providing rape crisis center services to inmates who are victims of sexual abuse. She confirmed that the organization does not have any concerns related to PREA compliance at Logan nor does the organization have any concerns related to sexual safety of the inmates at Logan. The auditor also contacted Just Detention International (JDI), a national anti-sexual violence organization. JDI indicated that they did not have any correspondence with inmates at Logan.</p> <p>115.53 (b): The PAQ indicated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. It further stated that the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The MOU with Prairie Center Against Sexual Assault indicates that the purpose and scope of the MOU is to establish a joint effort between IDOC and Prairie Center Against Sexual Assault to make available to inmates</p>

access to an outside entity to provide emotional support services related to sexual abuse, including crisis intervention and sexual assault counseling, to aid IDOC in fulfilling compliance with 115.53 while inmates are incarcerated at the Logan Correctional Center and within the IDOC prison. The MOU further states that it understood face-to-face emotional support provided in a confidential a manner as possible or emotional support through confidential unmonitored, unrecorded phone call(s) shall comply with 735 ILCS 5/8-802.1 "Confidentiality of Statements Made to Rape Crisis Personnel". Page 10 of the Handbook states that all individuals in custody telephone calls shall be subject to monitoring and recording at any time by department staff, unless prior special arrangements have been made to make or to receive confidential telephone calls to or from their attorney. Page 29 states that all outgoing mail, except legal mail, is to be unsealed. All outgoing mail is randomly screened for contraband. Inmates are able to contact Prairie CASA by adding the phone number to their call list and paying for the call or they can make a free confidential through staff. Interviews with 32 inmates indicated that fourteen were aware of outside victim advocacy services. Five indicated that they did not know any specifics but knew the information was posted on the board and/or in the packet of information they were provided. A few inmates stated they believed they could contact the organization anytime for free and that the information provided was confidential. The interviews with inmates who reported sexual abuse indicated that none of the three were provided a mailing address or phone number for a local rape crisis center.

115.53 (c): The PAQ indicated that the facility maintains a memorandum of understanding or other agreement with a community service provider that is able to provide inmates with emotional support services related to sexual abuse. The PAQ also indicated that the facility maintains copies of the agreement. A review of documentation confirms that the facility has an MOU with Prairie Center Against Sexual Assault, a local rape crisis center. The MOU was signed July 28, 2021 and the facility maintains a copy of the MOU.

Based on a review of the PAQ, 04.01.301, the MOU with Prairie Center Against Sexual Assault, the Inmate Handbook, the PREA Poster (old and updated), the photos of the updated PREA Posters around the facility and interviews with random inmates, inmates who reported sexual abuse and the staff member at Prairie CASA this standard appears to have been corrected as such is compliant.

Recommendation

While the facility posts the victim advocacy information and it is contained within the inmate distributed information, the auditor recommends that the facility emphasis Prairie Center Against Sexual Assault, including how to contact them and what services they offer, during comprehensive PREA education and other inmate encounters (such as during the initial risk assessment and reassessment).

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

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 331 1329 584" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 01.12.105 Reporting of Unusual Incidents 4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 5. Investigative Reports <p data-bbox="240 618 363 645">Interviews:</p> <ol data-bbox="240 678 759 875" style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Medical and Mental Health Staff 3. Interview with the Warden 4. Interview with the PREA Coordinator <p data-bbox="240 909 507 936">Findings (By Provision):</p> <p data-bbox="240 969 1485 1458">115.61 (a): The PAQ indicated that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against inmates or staff who reported such an incident; and/or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 04.01.301, page 8 states that any verbal report or observance of sexual activity shall be treated as possible sexual abuse. Any report or observance of sexual abuse or harassment shall be documented on an Incident Report, DOC 0434, and reported to the facility PCM in accordance with Paragraph II.G.6. All reports shall be investigated accordingly. Page 10 (Paragraph II.G.6) states that any alleged sexual abuse or harassment shall be reported through chain of command as an unusual incident in accordance with 01.12.105. All staff who observe the alleged abuse or harassment or to whom the initial report was made shall complete a DOC 0434 and may be required to be interviewed by an investigator or other staff designated by the Chief Administrative Officer prior to leaving the facility at the end of their shift. Interviews with fourteen staff confirm that policy requires that they are report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would immediately report to their supervisor.</p> <p data-bbox="240 1491 1485 2051">115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. 04.01.301, page 8 states that any verbal report or observance of sexual activity shall be treated as possible sexual abuse. Any report or observance of sexual abuse or harassment shall be documented on an Incident Report, DOC 0434, and reported to the facility PCM in accordance with Paragraph II.G.6. All reports shall be investigated accordingly. Page 10 (Paragraph II.G.6) states that any alleged sexual abuse or harassment shall be reported through chain of command as an unusual incident in accordance with 01.12.105. All staff who observe the alleged abuse or harassment or to whom the initial report was made shall complete a DOC 0434 and may be required to be interviewed by an investigator or other staff designated by the Chief Administrative Officer prior to leaving the facility at the end of their shift. The PREA Manual, page 32 further states that the information concerning the identity of the alleged offender victim and the specific facts of the case shall be limited to staff who need to know because of their involvement with the victim's welfare and the investigation of the incident. This is important to not only preserve the victim's privacy but to preserve maximum flexibility to investigate the allegation. Interviews with fourteen staff confirm that policy requires that they are report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would immediately report to their supervisor.</p> <p data-bbox="240 2085 1485 2141">115.61 (c): Interviews with medical and mental health care staff confirm that they disclose limitations of confidentiality and their duty to report at the initiation of services with inmates. All three staff stated they are required to report any knowledge,</p>

suspicion or information related an incident of sexual abuse or sexual harassment. Two of the three staff members stated that an inmate had reported an incident of sexual abuse or sexual harassment directly to them and they immediately reported the information to security staff. A review of documentation confirmed that all staff, including medical and mental health care staff, complete a written incident report related to any reports or actions taken in reference to sexual abuse or sexual harassment.

115.61 (d): The interview with the PREA Coordinator indicated that these allegations would be handled the same as the others. The Warden stated that they do not house anyone under the age of eighteen, however there are rules in place for the safety and security of underage individuals.

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

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

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the Warden 3. Interview with Random Staff <p>Findings (By Provision):</p> <p>115.62 (a): The PAQ indicated that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be immediately provided protection from the alleged abuser and the incident shall be investigated. The PREA Manual, page 33 states that in cases where the alleged perpetrator is another offender, the Shift Supervisor shall be notified immediately. The Shift Supervisor shall ensure appropriate and immediate safeguards to protect the offender are taken. Depending on the severity, safeguards may include monitoring the situation, changing housing assignments, changing work assignments, placing the alleged victim and perpetrator in Special Housing, etc. The PREA Manual further states that if the alleged perpetrator is a staff member, all options for safeguarding the offender shall be considered as described above. Options may include reassignment to another unit or post, or other measures that will effectively separate the staff member from the offender. The PAQ stated that there were zero determinations made in the past twelve months that an inmate was at substantial risk of imminent sexual abuse. The Agency Head stated that in accordance with AD 04.01.301, all allegations and threats of imminent sexual abuse are taken seriously. The department extends all measures to the offender to include movement within the facility and/or transfer. He stated all such risk would be fully investigated and the offender at risk would have access to medical, mental health care and support services. The interview with the Warden indicated that the facility would take action and isolate the accused predator and ensure the individuals' (potential victim) safety by providing security and safety through staffing and cameras. Interviews with random staff confirm that they would remove the inmate from the situation and report to a supervisor. Some of the staff indicated they would look into a housing change for one of the inmates.</p> <p>Based on a review of the PAQ, 04.01.301, the PREA Manual and information from interviews with the Agency Head, Warden and random staff indicates that this standard appears to be compliant.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 331 1329 701" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 4. Warden to Warden Notification Letters 5. Investigative Reports 6. Incident Report Log 7. Memorandum Related to Updated Policy Language <p data-bbox="240 730 363 757">Interviews:</p> <ol data-bbox="240 790 611 869" style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the Warden <p data-bbox="240 902 507 929">Findings (By Provision):</p> <p data-bbox="240 963 1489 1422">115.63 (a): The PAQ indicated that the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 04.01.301, page 9 states that reports of sexual abuse or sexual harassment occurring while an offender was housed within a different jurisdiction, such as a municipal lockup, county jail, or correctional center in another state, shall be documented on a DOC 0434 and reported to the Chief Administrative Officer of the facility that received the allegation the allegation to the Chief Administrative Officer of the agency where the alleged abuse occurred within 72 hours. The PAQ stated that there were two allegations received that an inmate was abused while confined at another facility and that the Warden notified the head of the county jail where it occurred. The facility provided documentation confirming that one of the two was reported to the agency head of the facility where the abuse occurred. During the on-site portion of the audit a review of the incident report log and supplemental incident reports identified four additional incidents that were reported at Logan that occurred at another facility. The auditor requested additional information related to the four incidents as well as the second incident reported via the PAQ. During the interim report period the facility had a large COVID-19 outbreak and was unable to provide documentation. The facility was only able to focus on the health and safety of the staff and inmates.</p> <p data-bbox="240 1456 1489 1881">115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. 04.01.301, page 9 states that reports of sexual abuse or sexual harassment occurring while an offender was housed within a different jurisdiction, such as a municipal lockup, county jail, or correctional center in another state, shall be documented on a DOC 0434 and reported to the Chief Administrative Officer of the facility that received the allegation the allegation to the Chief Administrative Officer of the agency where the alleged abuse occurred within 72 hours. The PAQ stated that there were two allegations received that an inmate was abused while confined at another facility and that the Warden notified the head of the county jail where it occurred The facility provided documentation confirming that one of the two was reported to the agency head of the facility where the abuse occurred within 72 hours. During the on-site portion of the audit a review of the incident report log and supplemental incident reports identified four additional incidents that were reported at Logan that occurred at another facility. The auditor requested additional information related to the four incidents as well as the second incident reported via the PAQ. During the interim report period the facility had a large COVID-19 outbreak and was unable to provide documentation. The facility was only able to focus on the health and safety of the staff and inmates.</p> <p data-bbox="240 1915 1489 2139">115.63 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. 04.01.301, page 9 states that reports of sexual abuse or sexual harassment occurring while an offender was housed within a different jurisdiction, such as a municipal lockup, county jail, or correctional center in another state, shall be documented on a DOC 0434 and reported to the Chief Administrative Officer of the facility that received the allegation the allegation to the Chief Administrative Officer of the agency where the alleged abuse occurred within 72 hours. The PAQ stated that there were two allegations received that an inmate was abused while confined at another facility and that the Warden notified the head of the county jail where it occurred The facility provided documentation confirming that one</p>

of the two was reported to the agency head of the facility where the abuse occurred. During the on-site portion of the audit a review of the incident report log and supplemental incident reports identified four additional incidents that were reported at Logan that occurred at another facility. The auditor requested additional information related to the four incidents as well as the second incident reported via the PAQ. During the interim report period the facility had a large COVID-19 outbreak and was unable to provide documentation. The facility was only able to focus on the health and safety of the staff and inmates.

115.63 (d): The PAQ indicated that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. The PREA Manual, pages 33-34 state that in cases where there is an allegation that sexual abuse occurred at another Department facility, the Chief Administrative Officer of the victim's current facility shall report the allegation to the Chief Administrative of the identified facility. In cases alleging sexual abuse by staff at another facility, the Chief Administrative Officer of the offender's current facility shall refer the matter directly to Internal Affairs. The PAQ stated there were zero allegations reported to them from another facility in the previous twelve months. The Agency Head stated that when notified by another agency of an allegation within an IDOC facility, the PCM of that respective facility is notified and the PREA procedures and protocols are implemented. He indicated that if an offender provides an allegation to IDOC regarding another jurisdiction, the Chief Administrative Officer (Warden) of the IDOC facility receiving the allegation reports such complaint to the Chief Administrative Officer (Warden) of the jurisdiction in which the report was alleged to have occurred. The Agency Head confirmed there have been examples and that cross jurisdictional reports happen regularly. The interview with the Warden confirmed that allegations received from other facilities or agencies are investigated the same as allegations within the facility. Once complete, a memorandum notifying the individual about the outcome of the investigation is sent to the facility or agency where the alleged victim is housed. She confirmed there has been an example at Logan and that PREA protocol was initiated and an investigation was opened. A review of fifteen investigative reports confirmed all fifteen allegations were reported through the IDOC. It should be noted that during the interim report the PC provided a memo indicating that 04.01.301 was under review and that this provision was added to policy.

Based on a review of the PAQ, 04.01.301, the PREA Manual, investigative reports, Warden to Warden notification letters, the incident report log, the memo related to the policy update and interviews with the Agency Head and Warden indicate that this standard appears to be require additional documentation in order to determine compliance. The PAQ stated that there were two allegations received that an inmate was abused while confined at another facility and that the Warden notified the head of the county jail where it occurred. The facility provided documentation confirming that one of the two was reported to the agency head of the facility where the abuse occurred within 72 hours. During the on-site portion of the audit a review of the incident report log and supplemental incident reports identified four additional incidents that were reported at Logan that occurred at another facility. The auditor requested additional information related to the four incidents as well as the second incident reported via the PAQ. During the interim report period the facility had a large COVID-19 outbreak and was unable to provide documentation. The facility was only able to focus on the health and safety of the staff and inmates.

Corrective Action

The facility will need to provide documentation related to the five located incidents as well as the one additional incident reported on the PAQ. Once that information is received the auditor will determine if corrective action is required. If corrective action is required, the auditor will work with the PC and the facility to ensure they are aware of the steps that need to be taken to become compliant with this standard.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Staff Training Documents
2. Incident Reports During the Corrective Action Period

On July 21, 2022 the facility provided the auditor with a training memorandum related to the Warden to Warden notification requirement. The training was provided through the agency PC and outlined the requirements, including the completion of an incident report and notification to the Chief Administrative Officer of the agency where the alleged abuse occurred within 72 hours. Staff signed the training memorandum indicating they understood their responsibilities. In addition to the training, the facility provide the auditor with an incident report log during the corrective action period. The auditor selected 79 incident reports related to sexual abuse and/or sexual harassment to review. A review of the incident reports confirmed that none were related to an allegation that occurred at another facility. Based on the documentation provided, the facility has corrected this standard through training.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 300">Documents:</p> <ol data-bbox="240 329 1329 472" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Investigative Reports <p data-bbox="240 501 363 530">Interviews:</p> <ol data-bbox="240 560 810 703" style="list-style-type: none"> 1. Interview with First Responders 2. Interviews with Random Staff 3. Interview with Inmates who Reported Sexual Abuse <p data-bbox="240 732 507 761">Findings (By Provision):</p> <p data-bbox="240 790 1493 1720">115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse and that the policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. It further states that the policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be immediately provided protection from the alleged abuser and the incident shall be investigated. The victim shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and be evaluated by mental health or a crisis intervention team member within 24 hours to assess the need for counseling services. Policy further states that staff responding to any allegation of sexual abuse shall take steps to ensure preservation of the area in which the alleged abuse occurred, including requesting the alleged victim and abuser not to take any action that. may destroy physical evidence, including changing clothes, bathing, brushing teeth, urinating, defecating drinking or eating, etc. The PAQ stated there were seven allegations of sexual abuse in the previous twelve months and in all seven instanced the first security staff member to respond separated the alleged victim and abuser. It further indicated that two allegations were reported within a time period that still allowed for the collection of physical evidence and all seven involved the first security staff member to preserve and protect the crime scene and request that the victim not take any action to destroy any physical evidence. A review of fifteen allegations indicated none involved the immediate separation of the alleged victim and abuser and one occurred within a timeframe that still allowed for the collection of physical evidence. The security staff first responders indicated that they would separate the individuals, notify his supervisor, secure the scene, call healthcare, tell the victim not to shower, brush her teeth, or remove her clothing and then write a report. The interviews with inmates who reported sexual abuse indicated that one involved first responder duties through a housing change. One inmate stated she was taken to medical and then moved to another unit while another indicated she was moved to protective custody. One inmate stated staff came to speak to her but she was not moved. All three inmate stated that their allegations did not involve collection of physical evidence. Two inmates stated that everything related to their allegations were handled the same day, while one stated she reported through the hotline and someone came about six days later.</p> <p data-bbox="240 1749 1493 2145">115.64 (b): The PAQ indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. It further indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. 04.01.301, page 8 states that a member of the security staff shall be promptly notified if the staff responding is other than security staff. The PAQ stated there was one allegation of sexual abuse that involved a non-security staff first responder and in the one instance the non-security staff first responder requested that the alleged victim and ensured that the alleged perpetrator not take any actions to destroy physical evidence and immediately notified security staff. A review of fifteen allegations indicated none involved the separation of the alleged victim and abuser and one occurred within a timeframe that still allowed for the collection of physical evidence. None of the allegations reviewed involved a non-security staff first responder. The non-security first responder stated that the agency gave her a first responder PREA card and that she would follow those steps. She stated she would separate the individuals, not allow them to tamper with any evidence, change their clothes, brush their teeth, etc., not let them leave her sight, contact security and</p>

escort the inmate to health care. The interviews with fourteen random staff confirm that staff are aware of first responder duties. All staff indicated they would separate the victim from the perpetrator and contact the supervisor. Many staff stated they would take the inmate victim to medical and preserve the crime scene.

Based on a review of the PAQ, 04.01.301, investigative reports and interviews with random staff, first responders and inmates who reported sexual abuse, this standard appears to be compliant.

115.65	<p>Coordinated response</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive (AD) 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Institutional Directive Logan Correctional Center (ID) 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.65 (a): The PAQ indicated that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. ID 04.01.301, page 7 states that any offender who alleges to be a victim of sexual abuse shall be immediately provided protection from the alleged abuser and the incident shall be investigated. The victim shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5. The decision to collect evidence shall be made on a case-by-case basis in accordance with standard investigative procedures. The victim will be evaluated by mental health or a crisis intervention team member within 24 hours to assess the need for counseling services. Policy further states that staff responding to any allegation of sexual abuse shall take steps to ensure preservation of the area in which the alleged abuse occurred, including requesting the alleged victim and abuser not to take any action that may destroy physical evidence, including changing clothes, bathing, brushing teeth, urinating, defecating drinking or eating, etc. Page 8 describes medical and mental health treatment for victims of sexual abuse, page 9 describes the investigative process for allegations of sexual abuse and pages 9-11 describe the facility leaderships responsibilities. The Warden confirmed that the facility has a plan that coordinates actions among staff first responders, medical and mental health practitioners, investigators and facility leadership. She stated that the protocol is to isolate the individual and ensure they are safe, secure any evidence and then the individual is seen by healthcare, mental health and internal affairs.</p> <p>Based on a review of the PAQ, AD 04.01.301, ID 04.01.301 and information from the interview with the Warden, this standard appears to be compliant.</p>
--------	--

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Collective Bargaining Agreements <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. A review of a sample of the agency's collective bargaining agreements confirm that those reviewed allowed for the removal of the alleged staff abuser. Most of the agreements indicated that a written reason for the removal, discipline or termination should be provided to the union. The interview with the Agency Head confirmed that the agency has entered into or renewed any collective bargaining agreements or other agreements since August 20, 2012. He stated that the agreements permit the agency to remove alleged staff sexual abusers from contact with any inmate pending an investigation or a determination on whether and to what extent discipline is warranted. The Agency Head stated that at minimum, all collective bargaining agreements provide the department the ability to place an employee on paid administrative leave.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, a sample of collective bargaining agreements and the interview with the Agency Head, this standard appears to be compliant.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 331 1329 640" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. PREA Retaliation Monitor – Staff (DOC 0499) 4. PREA Retaliation Monitor – Offender (DOC 0498) 5. Investigative Reports 6. Memorandum from the Warden <p data-bbox="240 674 363 701">Interviews:</p> <ol data-bbox="240 734 1054 931" style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the Warden 3. Interview with Designated Staff Member Charged with Monitoring Retaliation 4. Interview with Inmates who Reported Sexual Abuse <p data-bbox="240 965 504 992">Findings (By Provision):</p> <p data-bbox="240 1025 1493 1312">115.67 (a): The PAQ indicated that the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. 04.01.301, pages 11-12 state that for a minimum of 90 days following the initial report of sexual abuse or harassment, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to observe if there are changes that may suggest possible retaliation by offenders or staff. Policy further states that the Department shall act promptly to remedy any such retaliation. The PAQ indicated that the agency designates staff members charged with monitoring for retaliation. At Logan the position responsible for monitoring is the Social Worker II. The memo from the Warden confirms the staff member is responsible for monitoring for retaliation.</p> <p data-bbox="240 1346 1493 2141">115.67 (b): 04.01.301, pages 11-12 state that for a minimum of 90 days following the initial report of sexual abuse or harassment, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to observe if there are changes that may suggest possible retaliation by offenders or staff. Offender conduct and treatment shall be documented on the PREA Retaliation Monitor – Offender, DOC 0498. The review shall include, but not be limited to, disciplinary reports, housing or programming changes and facility transfers and include periodic status checks to ensure he or she displays no changes that may suggest retaliation. Staff conduct and treatment shall be documented on the PREA Retaliation Monitor – Staff, DOC 0499. The review shall include, but not be limited to, negative performance reviews and reassignments. A review of investigative reports and monitoring documents indicated that there have been no reported allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The Agency Head stated that the department has the tools of investigation, transfer of housing units, transfer to another facility, moving staff to different posts, medical evaluations and mental health evaluations to monitor for and prevent such retaliatory actions. He further stated that the department has an MOU with John Howard Association to receive complaints from offender to include retaliatory actions, which are then investigated by the department. The Agency Head also indicated that support services are provided throughout facilities by qualified mental health and local community providers, as necessary, and that offender and staff reporting such allegations are monitored for a period of no less than 90 days. The Warden stated that the facility would separate the abuser, ensure the cameras are operation in those areas and check for blind spots. She indicated if it was staff related they would move the staff to an area where there would be no contact or place the staff member in the tower or on leave depending on the seriousness of the allegation. The staff responsible for monitoring stated that she meets with the inmate to provide support. She stated she listens to their concerns and identifies any issues that they may have. The staff member stated she makes sure the individuals are separated through housing changes, transfers, job changes, reassignments. The staff member further stated that she monitors for 30 days after the allegation is reported for 90 days and that she meets with them during these reviews. Interviews with three inmates who reported sexual abuse indicated that one</p>

felt protected against retaliation. Two inmates stated that they did not feel protected against retaliation because staff were harassing them. It should be noted that neither of the allegations they reported were against a staff member. The auditor reviewed monitoring documentation and other documentation and did not confirm either of the inmate's allegations of retaliation by staff. There were no inmates in segregated housing for risk of victimization or for reporting sexual abuse and as such no interviews were conducted.

115.67 (c): The PAQ indicated that the agency/facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The PAQ stated that monitoring is completed for a minimum of 90 days. The PAQ further stated that the agency/facility acts promptly to remedy any relation and that the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. 04.01.301, pages 11-12 state that for a minimum of 90 days following the initial report of sexual abuse or harassment, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to observe if there are changes that may suggest possible retaliation by offenders or staff. Offender conduct and treatment shall be documented on the PREA Retaliation Monitor – Offender, DOC 0498. The review shall include, but not be limited to, disciplinary reports, housing or programming changes and facility transfers and include periodic status checks to ensure he or she displays no changes that may suggest retaliation. Policy further states that the Department shall act promptly to remedy any such retaliation. The PAQ noted there were eight incidents of retaliation reported but none were substantiated and as such there were zero incidents of retaliation that occurred in the previous twelve months. The interview with the Warden indicated that they would ensure the individual is protected and they would conduct a reclass for the predator and/or vulnerable. If it is staff related, she indicated they would ensure it is immediately addressed with removal of the staff or discipline of the staff. She stated they would ensure the perpetrator is moved. The interview with the staff member responsible for monitoring retaliation indicated that she monitors within 30 days after she gets the report and meets the inmate in person at the 30, 60 and 90 day mark. She stated she checks to see if they received any tickets (disciplinary actions), reviews their jobs assignments or any negative job reviews, reviews programming changes and any housing changes. The staff member stated she monitors for 90 days unless something indicates that there is a need to extend the monitoring. She further stated she would monitor if needed until the situation was remedied. A review of fifteen investigative reports indicated that eight required monitoring. Of the eight, one had monitoring for retaliation completed and three had monitoring initiated and were still in the 90 day process. The one instance of completed monitoring included a review of required changes as well as status checks. The three with ongoing monitoring included at least one status check and one inmate was documented with a disciplinary action during the period.

115.67 (d): 04.01.301, pages 11-12 state that for a minimum of 90 days following the initial report of sexual abuse or harassment, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to observe if there are changes that may suggest possible retaliation by offenders or staff. Offender conduct and treatment shall be documented on the PREA Retaliation Monitor – Offender, DOC 0498. The review shall include, but not be limited to, disciplinary reports, housing or programming changes and facility transfers and include periodic status checks to ensure he or she displays no changes that may suggest retaliation. The interview with the staff member responsible for monitoring retaliation confirmed that she meets with the individual at the 30, 60 and 90 day mark. A review of fifteen investigative reports indicated that eight required monitoring. Of the eight, one had monitoring for retaliation completed and three had monitoring initiated and were still in the 90 day process. The one instance of completed monitoring included a review of required changes as well as status checks. The three with ongoing monitoring included at least one status check and one inmate was documented with a disciplinary action during the period.

115.67 (e): 04.01.301, page 12 states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect the individuals against retaliation. The Agency Head stated that the department has the tools of investigation, transfer of housing units, transfer to another facility, moving staff to different posts, medical evaluations and mental health evaluations to monitor for and prevent such retaliatory actions. He further stated that the department has an MOU with John Howard Association to receive complaints from offender to include retaliatory actions, which are then investigated by the department. The Warden stated that the facility would separate the abuser, ensure the cameras are operation in those areas and check for blind spots. She indicated if it was staff related they would move the staff to an area where there would be no contact or place the staff member in the tower or on leave depending on the seriousness of the allegation. She further stated that they would ensure the individual is protected and they would conduct a reclass for the predator and/or vulnerable. If it is staff related, she indicated they would ensure it is immediately addressed with removal of the staff or discipline of the staff. She stated they would ensure the perpetrator is moved.

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

Based on a review of the PAQ, 04.01.301, investigative reports, monitoring documents, the memo from the Warden and interviews with the Agency Head, Warden, staff charged with monitoring for retaliation and inmates who reported sexual abuse this standard appears to require corrective action. A review of fifteen investigative reports indicated that eight required monitoring. Of the eight, one had monitoring for retaliation completed and three had monitoring initiated and were still in the

90 day process. Four did not have monitoring documented at all. As such, only half of the required monitoring was completed.

Corrective Action

The facility will need to ensure that staff are aware of the requirements under this standard. The facility will need to determine the process they will utilize to track and monitor for retaliation. A process memo should be provided to the auditor along with staff signatures confirming they understand their responsibilities. The facility will also need to provide a list of sexual abuse allegations during the corrective action period as well as the corresponding monitoring for retaliation documents.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Process Memorandum with Staff Signatures
2. List of Sexual Abuse Allegations During the Corrective Action Period
3. Monitoring Documents

On May 18, 2022 the facility provided the auditor with a training memorandum related to this standard. The memo indicated that when an allegation is reported the Major or Acting Major will complete the PREA checklist and forward a copy to the PCM. The PCM will then forward the checklist to the monitoring for retaliation staff to initiate monitoring. The memo describes the required process including a minimum of 90 days and periodic status checks. Attached to the training memo was over 20 staff signatures confirming they understood their responsibilities.

The facility also provided the auditor with a list of sexual abuse allegations reported during the corrective action period. The facility indicated there were nine sexual abuse allegations reported during the corrective action period. The auditor reviewed monitoring documents for all nine allegations and confirmed that all included monitoring for retaliation. Seven did not have a full 90 days of monitoring as one inmate was released and the other six were still within the 90 day monitoring period. The auditor verified that the monitoring was completed via the DOC 0499 and DOC 0488 forms, which document housing changes, facility transfers, emotional support services offered, program changes, work assignments, disciplinary reports and other. The other section included comments related to the period status checks. Based on the documentation provided, the facility has corrected this standard.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 327 1329 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 05.15.100 Restrictive Housing 4. Inmate Victim Housing Assignments <p data-bbox="240 560 363 586">Interviews:</p> <ol data-bbox="240 616 959 701" style="list-style-type: none"> 1. Interview with the Warden Designee 2. Interview with Staff who Supervise Inmates in Segregated Housing <p data-bbox="240 730 528 757">Site Review Observations:</p> <ol data-bbox="240 786 751 813" style="list-style-type: none"> 1. Observations of the Segregated Housing Unit <p data-bbox="240 844 507 871">Findings (By Provision):</p> <p data-bbox="240 900 1493 2134">115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ further indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ noted there were zero inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 day. 04.01.301, page 7 states that an offender identified as vulnerable shall not be housed in a segregated status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided and such placement in segregation shall not ordinarily exceed a period of 30 days. Page 9 further states that any offender who alleges sexual abuse shall have their housing needs reviewed to determine appropriate placement. If the offender is transferred to another facility, the PCM of the sending facility shall promptly notify the PCM of the receiving facility of the alleged sexual abuse or harassment to ensure the offender receives proper follow-up services. Additionally, 05.15.100, page 6 states that a Restrictive Housing Review Committee (RHRC) shall be established at each facility with restrictive housing. The committee shall review the status of each individual in custody's placement into restrictive housing every seven days for the first 60 days and at least every 30 days thereafter, unless more frequently if clinically indicated. During the tour the auditor observed that the segregated housing unit was a wing of one of the housing units with a separate recreation area. A review of housing documents for eight inmates who reported sexual abuse indicated that none were placed in involuntary segregated housing after they reported sexual abuse. Seven of the inmates remained in their current housing assignment while one inmate was moved to the mental health housing unit. The interview with the Warden confirmed that agency policy prohibits placing inmates who report sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are not alternative means of separation from likely abusers. She stated that protective custody or administrative placement would be used to secure the victim if necessary. She also stated that if necessary or possible, the victim could be transferred to another facility if it is staff related. She further stated that the victim would not be punished for an allegation but offered the same rights and privileges while protecting their safety and security. The Warden confirmed that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. She stated that usually administrative placed is used but restrictive housing would only be temporary, if necessary. If the perpetrator was an individual in custody then that person would be held in restrictive housing instead. She stated that victims are never held in involuntary segregated housing and therefore there would be no minimum time. The Warden confirmed there have been zero inmates held in involuntary segregated housing during the audit period. The interview with the staff who supervise inmates in segregated housing indicate that if an inmate was placed in segregation for investigative status they would not have access to anything, however typically the only way an inmate victim would be placed in segregation would be if they were also involved in a fight as well. The staff member confirmed that any refusals or restrictions would be documented. The interview with the staff who supervise inmates in segregated housing indicated that they would not place an inmate victim in involuntary segregated housing unless there were no other alternative means of separation. He stated that typically the only way they would involuntarily segregate an inmate victim would be if the inmate was also involved in a fight. The staff member</p>

sated that they do not place anyone in involuntary segregation for PREA, rather they just separate the individuals. The interview with the staff who supervise inmates in segregated housing indicated that inmates would be reviewed every 28 days. There were no inmates identified to be in segregated housing due to an allegation of sexual abuse and as such no interviews were conducted.

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

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 01.12.120 Investigations of Unusual Incidents 4. Administrative Directive 01.12.101 Employee Criminal Misconduct 5. Administrative Directive 01.12.112 Preservation of Physical Evidence 6. Administrative Directive 01.12.125 Uniform Investigative Reporting System 7. Administrative Directive 01.12.115 Institutional Investigative Assignment 8. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 9. Memorandum of Understanding with the Illinois State Police/Office of Executive Inspector General 10. Investigative Reports 11. Investigator Training Records 12. Memorandum Related to Timely Investigations <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff 2. Interview with Inmates who Reported Sexual Abuse 3. Interview with the Warden 4. Interview with the PREA Coordinator 5. Interview with the PREA Compliance Manager <p>Findings (By Provision):</p> <p>115.71 (a): The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. The initial investigative report shall be provided to the Chief Administrative Officer within 24 hours of the onset of the investigation. Policy further states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. 01.12.120, page 1 states the CAO shall ensure that an internal investigation is conducted by facility staff, or by staff assigned by the Chief of Investigations and Intelligence, on each unusual incident reported, if it is determined that further facts are required. Page 2 states that the facility investigation shall include, but not be limited to: obtaining statements from all involved individuals; obtaining statements from all known and any possible witnesses; securing and preserving all weapons; securing and preserving any other evidence; determining if all policies and procedures were followed; determining the quality of offender and staff supervision; conferring with local State Attorney to determine if criminal prosecution is warranted and referring individuals to the prosecuting authority for criminal prosecution, when warranted. 01.12.101, 01.12.105, 01.12.115, 01.12.112 and 01.12.125 all outline different elements to the investigative process for the agency. There were 36 allegations of sexual abuse or sexual harassment investigated at the facility over the previous twelve months. Of the 36, fifteen had a completed investigation. A review of fifteen investigations (ten closed and five open) confirmed that all were forwarded to the facility investigator for investigation. Of the ten closed investigations reviewed none were completed within 30 days. All ten were thorough and objective but none included information in the report related to a review of prior complaints against the perpetrator. The interview with the investigator confirmed that anonymous and/or third party reported allegation would be investigated the same as any other allegation. He stated that once an allegation is reported he looks at the initial information and determines if it warrants an investigation. He stated this decision is usually made within a day or so. On January 12, 2022 the PC provided a training memo related to the requirements of timely investigations under this standard. The memo directed Internal Affairs staff to prioritize sexual abuse and sexual harassment investigations and</p>

ensure, when feasible due to investigative actions, investigations are completed within 60 days.

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

115.71 (c): 04.01.301, page 10 states that for reports of sexual abuse, the crime scene shall always be protected and investigators shall collect and tag evidence from the scene in accordance with established procedures. Evidence collected shall be submitted to the State Police within ten business days of receipt. 01.12.120, page 1 states the CAO shall ensure that an internal investigation is conducted by facility staff, or by staff assigned by the Chief of Investigations and Intelligence, on each unusual incident reported, if it is determined that further facts are required. Page 2 states that the facility investigation shall include, but not be limited to: obtaining statements from all involved individuals; obtaining statements from all known and any possible witnesses; securing and preserving all weapons; securing and preserving any other evidence; determining if all policies and procedures were followed; determining the quality of offender and staff supervision; conferring with local State Attorney to determine if criminal prosecution is warranted and referring individuals to the prosecuting authority for criminal prosecution, when warranted. 01.12.101, 01.12.105, 01.12.115, 01.12.112 and 01.12.125 all outline different elements to the investigative process for the agency. A review of fifteen investigations confirmed that the ten that were closed included statements and/or interviews of the alleged victim, perpetrator and witnesses, when applicable. Three involved the collection of evidence including video monitoring and paper logs. One of the open cases also involved the collection of physical evidence, as the inmate was taken to the hospital for a forensic medical examination. The interview with the investigator indicated that his initial response to a reported allegation would be to gather as much information as possible. He stated once the allegation is received he would pull all the incident reports from any staff involved, pull the medical assessments, pull mental health files, review the video footage, conduct intel working including listening to phone calls, collect any evidence, conduct interviews, piece everything together and then write a report. The investigator stated he would be responsible for collecting evidence such as video, phone, interviews, GTL messages, emails and all physical evidence.

115.71 (d): The interview with the investigator confirmed that he would consult with the State Attorney before conducting any compelled interviews. A review of investigative reports confirmed none involved compelled interviews.

115.71 (e): 04.01.301, page 10 states that alleged victims of sexual abuse shall not be required to submit to truth telling verification examinations such as voice stress analysis or polygraph exam as part of or as a condition of the investigation. The PREA Manual, page 38 states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. The interview with the investigator confirmed that the agency would not require an inmate victim of sexual abuse to submit to a polygraph tests or any other truth-telling devices. He further stated that credibility is based on evidence and that all information is taken as factual until proven otherwise. Interviews with three inmates who reported sexual abuse indicated none were required to take a polygraph examination or other truth-telling device test.

115.71 (f): 01.12.120, page 3 states that the supervisor of the internal investigation team shall submit an initial report, verbal or written, to the CAO within 48 hours of the incident and shall submit a final written report utilizing the Report of Investigation, DOC 0262, within ten working day from the conclusion of the investigation. A review of fifteen investigations confirmed that the ten closed investigations were documented in a written report with information related to the initial allegation, a description of statements/interviews with the alleged victim, perpetrator(s) and/or witnesses, if applicable, whether video was reviewed and investigatory facts and findings. The interview with the investigator confirmed that all administrative investigations are documented in a written report and include the allegation, interviews, supporting documents, evidence collected and the conclusion.

115.71 (g): 01.12.120, page 3 states that the supervisor of the internal investigation team shall submit an initial report, verbal or written, to the CAO within 48 hours of the incident and shall submit a final written report utilizing the Report of Investigation, DOC 0262, within ten working day from the conclusion of the investigation. There were zero criminal investigations completed during the audit period. A review of fifteen investigations, including ten closed investigation confirmed that none were criminal. The interview with investigative staff confirmed that criminal investigations would be documented in a written report with the same format as an administrative investigation.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution. 04.01.301, page 11 states that upon conclusion of the investigation, if applicable, the case shall be reviewed with the appropriate State's Attorney for possible referral for prosecution. The PAQ noted there were zero allegations referred for prosecution since the last PREA audit. A review of documentation confirmed that there have been no substantiated sexual abuse allegations over the audit period. The interview with the investigator indicated that an allegation would be referred for prosecution if it is substantiated or if they believe there is something else in the investigation that needs reviewed by the prosecutor.

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

115.71 (j): The interview with the investigator confirmed that all investigations are completed no matter if staff leave/resign or if inmates depart the facility or agency's custody.

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

115.71 (l): 04.01.301 states that upon conclusion of the investigation the results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. Additionally, the MOU with the Illinois State Police (signed in 2019) indicates that they conduct investigations related to sexual assault involving staff on staff or staff on inmate. The PREA Coordinator stated that the outside agency would provide confidential updates through the agency and this information would be shared with the identified agency specialized trained staff. The Warden stated that outside agencies would work with the IDOC investigations unit and inform them about the progress of the investigation. Additionally, she stated they would submit a report upon the conclusion of the investigation. The PCM stated that communication is maintained with the Internal Affairs Lieutenant who advises the Chief Administrative Officer of the information. The investigator stated that when an outside agency conducts an investigation they act as the information gatherers at that point.

Based on a review of the PAQ, 04.01.310, 01.12.101, 01.12.112, 01.12.115, 01.12.120, 01.12.125, the MOU with the State Police, investigative reports, investigative training records, the memo related to timely investigations and information from interviews with the Warden, PREA Coordinator, PREA Compliance Manager, investigator and inmates who reported sexual abuse, indicate that this standard appears to be corrected and as such compliant.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Prison Rape Elimination Act (PREA) for Investigators Training Curriculum 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.72 (a): The PAQ stated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 04.01.301, page 10 states that the Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Additionally, the PREA for Investigators Training Curriculum includes information on the elements to substantiate an investigation (preponderance of evidence). A review of a sample of fifteen investigations indicated that fourteen were completed with findings of unsubstantiated or unfounded. One investigation (sexual harassment) was deemed substantiated. The review confirmed that the findings were accurate based on the evidence and the substantiated investigation was based on a preponderance of evidence. The interview with the investigator indicated that an administrative investigation would be substantiated when more than 51% of the evidence indicates that it occurred.</p> <p>Based on a review of the PAQ, 04.01.301, PREA Investigators Training Curriculum, investigative reports and information from the interview with the investigator, it is determined that this standard appears to be compliant.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297">Documents:</p> <ol data-bbox="240 331 1329 584" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 4. Investigative Reports 5. Victim Notification Memorandums <p data-bbox="240 618 363 645">Interviews:</p> <ol data-bbox="240 678 810 815" style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Investigative Staff 3. Interview with Inmates who Reported Sexual Abuse <p data-bbox="240 848 507 875">Findings (By Provision):</p> <p data-bbox="240 909 1489 1301">115.73 (a): The PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. 04.01.301, page 10 states that the alleged victim will be notified, in writing, of the outcome of the investigation. The PAQ stated there were seven completed sexual abuse investigations in the previous twelve months and all seven had a verbal or written victim notification. A review of fifteen investigations (eight sexual abuse and seven sexual harassment) indicated that ten were closed and all ten (including the sexual harassment allegations) had a documented inmate victim notification. The interviews with the Warden and the investigator confirmed that inmates are informed of the outcome of the investigation into their allegation. The Warden stated that individuals in custody are informed via a memo from the Chief Administrative Officer. The interviews with the inmates who reported abuse indicated that all three knew they were required to be informed of the outcome the investigation into their allegation. Two of the three inmates stated they were not informed of the outcome while one inmate stated she was verbally informed of the outcome about three weeks after she reported the allegation.</p> <p data-bbox="240 1335 1489 1559">115.73 (b): The PAQ indicate that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. The PAQ stated there was one investigation completed by an outside agency in the previous twelve months, however it was still pending and there were zero notifications. Further communication with the PC indicated that there were zero investigations completed by an outside agency and that there was some confusion with this question. 04.01.301, page 10 states that the alleged victim will be notified, in writing, of the outcome of the investigation. A review of investigations confirmed that none were investigated by an outside agency and as such no documentation was required under this provision.</p> <p data-bbox="240 1592 1489 2152">115.73 (c): The PAQ indicated following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Additionally, the PAQ indicated that there has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 months. The PREA Manual, page 40 states that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PREA Manual further states that an assessment shall be completed to determine if actions described above are warranted in accordance with section 115.65. The actions may not be appropriate in all cases. Offenders shall be notified only if there is a link between the listed actions in this section and an incident of sexual abuse. The timing of such notifications shall not interfere with any pending criminal or administrative investigations. A review of investigations indicated there were five staff-on-inmate sexual abuse allegations, none of which were substantiated. A review of the five staff-on-inmate sexual abuse investigation</p>

confirmed none involved any notifications under this provision. Interviews with the three inmates who reported sexual abuse indicated none were allegations against a staff member and as such this provision did not apply.

115.73 (d): The PAQ indicated following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PREA Manual, page 40 states that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of investigative reports indicated there were four inmate-on-inmate sexual abuse allegation, none of which were substantiated and as such did not require notification under this provision. The one substantiated inmate-on-inmate allegation was a sexual harassment allegation and also did not involve any notification under this provision. Interviews with the inmates who reported sexual abuse indicated that all three involved another inmate. All three stated they were not informed anything about the inmate perpetrator.

115.73 (e): The PAQ indicated the agency has a policy that all notifications to inmates described under this standard are documented. 04.01.301, page 10 states that the alleged victim will be notified, in writing, of the outcome of the investigation. The PAQ stated there were seven notifications made pursuant to this standard. A review of fifteen investigations (eight sexual abuse and seven sexual harassment) indicated that ten were closed and all ten (including the sexual harassment allegations) had a documented inmate victim notification.

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

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

115.76	Disciplinary sanctions for staff
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 376 300">Documents:</p> <ol data-bbox="242 329 1329 645" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Administrative Directive 03.01.120 Employee Review Hearing 4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 5. Investigative Reports 6. Disciplinary Action Documents <p data-bbox="242 674 504 703">Findings (By Provision):</p> <p data-bbox="242 732 1473 925">115.76 (a): The PAQ indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 04.01.301, page 11 states that all terminations for violating the agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PREA Manual, page 41 states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies.</p> <p data-bbox="242 954 1489 1249">115.76 (b): The PREA Manual, page 41 states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. It further states that administrative discipline shall be conducted using the Employee Review Hearing Process and the collective bargaining agreement. Any decision made on the proposal shall be in accordance with all applicable laws, rules and regulations. The PAQ indicated there was one staff member who violated the sexual abuse or sexual harassment policies in the previous twelve months and that the staff member was terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. A review of investigative reports confirmed that there was an allegation reported in 2020. The investigation was referred to the Illinois State Police. The staff member resigned during the investigation, however the investigation was referred to the Logan County State's Attorney for prosecution. The staff member plead guilty and was sentenced to probation, days in jail and a fine.</p> <p data-bbox="242 1279 1489 1608">115.76 (c): The PAQ indicated that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PAQ indicated there were zero staff that were disciplined short of termination for violating the sexual abuse or sexual harassment policies. The PREA Manual, page 41 states that disciplinary sanctions for violations of agency policy relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. 03.01.120 further describes the employee disciplinary review process. A review of investigative reports confirmed that there were no additional substantiated sexual abuse or sexual harassment allegations against a staff member.</p> <p data-bbox="242 1637 1489 2000">115.76 (d): The PAQ indicated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. 04.01.301, page 11 states that all terminations for violating the agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PAQ indicated there were no staff members who were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual or sexual harassment policies. A review of investigative reports confirmed that there was an allegation reported in 2020. The investigation was referred to the Illinois State Police. The staff member resigned during the investigation, however the investigation was referred to the Logan County State's Attorney for prosecution. The staff member plead guilty and was sentenced to probation, days in jail and a fine.</p> <p data-bbox="242 2029 1406 2089">Based on a review of the PAQ, 04.01.301, 03.01.120, the PREA Manual, investigative reports and disciplinary action documents, this standard appears to be compliant.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.77 (a): The PAQ indicated that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. 04.01.301, page 11 states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there have been no contractors or volunteers who violated the sexual abuse or sexual harassment policies nor were there any who were reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports confirmed there were no contractors or volunteers who violated the agency's sexual abuse or sexual harassment policies.</p> <p>115.77 (b): The PAQ indicated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 04.01.301, page 11 states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor being removed and locked out of the facility. The Warden confirmed they have not had any contractors or volunteers violate the sexual abuse or sexual harassment policies during the audit period.</p> <p>Based on a review of the PAQ, 04.01.301, investigative reports and information from the interview with the Warden, this standard appears to be compliant.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 300">Documents:</p> <ol data-bbox="240 329 1329 584" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Illinois Administrative Code 20.504 4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 5. Investigative Reports <p data-bbox="240 616 363 645">Interviews:</p> <ol data-bbox="240 674 759 757" style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Medical and Mental Health Staff <p data-bbox="240 788 507 817">Findings (By Provision):</p> <p data-bbox="240 846 1493 1173">115.78 (a): The PAQ indicated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that an inmate engaged in inmate-on-inmate sexual abuse. 04.01.301, page 10 states that upon conclusion of the investigation disciplinary reports shall be completed, served and processed, where warranted. 20.504, page 2 states that no offender shall be found guilty of any violation without a hearing before the Adjustment Committee or Program Unit. 20.504 further describes the formal disciplinary process required. The PAQ stated there were four administrative findings of inmate-on-inmate sexual abuse and zero criminal findings of inmate-on-inmate sexual abuse. Further discussion with the PCM indicated there were zero administrative or criminal finding of guilt for inmate-on-inmate sexual abuse allegations. A review of investigative reports confirmed there have been no substantiated inmate-on-inmate sexual abuse allegations. There was one substantiated inmate-on-inmate sexual harassment allegation that involved disciplinary action against the perpetrator.</p> <p data-bbox="240 1205 1493 1435">115.78 (b): 20.507, pages 2-3 stated that in determining the appropriate sanctions, the Adjustment Committee or Program Unit, the CAO and the Director shall consider, among other matters, mitigating or aggravating factors including; the offenders age, medical and mental health state, if the offender was determined to be mentally ill, the extent and degree of participation in the commission of the offense and the offender's prior disciplinary record. The Warden confirmed that inmates are subject to disciplinary sanctions following an administrative or criminal finding that they have engaged in inmate-on-inmate sexual abuse. She stated that sanctions would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.</p> <p data-bbox="240 1467 1493 1659">115.78 (c): 20.507, pages 2-3 stated that in determining the appropriate sanctions, the Adjustment Committee or Program Unit, the CAO and the Director shall consider, among other matters, mitigating or aggravating factors including; the offenders age, medical and mental health state, if the offender was determined to be mentally ill, the extent and degree of participation in the commission of the offense and the offender's prior disciplinary record. The interview with the Warden confirmed that the disciplinary process considers whether the inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="240 1691 1493 1816">115.78 (d): The PAQ indicated the facility does not offer therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse. Interviews with medical and mental health staff indicated that they do not have sex offender treatment or any other mental health services like that but that they would offer regular mental health counseling to the perpetrator. The staff confirmed that all services are on a voluntary basis.</p> <p data-bbox="240 1848 1493 1906">115.78 (e): The PAQ indicated that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact.</p> <p data-bbox="240 1937 1493 2130">115.78 (f): The PAQ indicated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The PREA Manual, page 42 states that the maintenance of an effective sexual abuse prevention policy, and general secure and orderly running of a facility, requires that offenders be held responsible for manipulative behavior and intentionally making false allegations. Allegations of false reports shall be considered by staff in accordance with the procedures and standards founds within Illinois Administrative Code 507, Administration of Discipline.</p>

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

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

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Standard Operating Procedural (SOP) Manual for Mental Health 4. Screening for Potential Sexual Victimization or Sexual Abuse (DOC 0494) 5. Medical/Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with Medical and Mental Health Staff 3. Inmates who Disclose Sexual Victimization at Risk Screening <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Risk Screening Area 2. Observation of Inmate Medical and Classification Files <p>Findings (By Provision):</p> <p>115.81 (a): The PAQ indicated that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. 04.01.301, page 6 states that if it is determined that the offender was previously a victim of sexual abuse, the facility PCM shall notify medical and mental health staff within fourteen days of the screening. The PAQ noted that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. A review of mental health documents for six inmates who disclosed prior sexual victimization during the risk screening indicated that none were documented with being provided a follow-up with mental health. The interview with the staff responsible for the risk screening confirmed that inmates who disclose prior sexual victimization are offered a follow-up with mental health care staff. She stated she would notify mental health care staff immediately. Interviews with four inmates who disclosed sexual victimization during the risk screening indicated that one was offered a follow-up with mental health.</p> <p>115.81 (b): The PAQ indicated that all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. 04.01.301, page 7 states that if it is determined that the offender previously perpetrated sexual abuse, the facility PCM shall notify mental health staff within fourteen days of the screening. The PAQ noted that 100% of those inmates who reported prior perpetration were seen within fourteen days by medical or mental health. During documentation review the auditor confirmed that zero of the 31 inmate files reviewed contained inmates with prior sexual abusiveness. The interview with the staff responsible for the risk screening confirmed that inmates who are identified with prior sexual abusiveness are offered a follow-up with mental health care staff. She stated she would notify mental health care staff immediately.</p> <p>115.81 (c): The PAQ indicated that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. 04.01.301, page 6 states that if it is determined that the offender was previously a victim of sexual abuse, the facility PCM shall notify medical and mental health staff within fourteen days of the screening. The PAQ noted that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. A review of mental health documents for six inmates who disclosed prior sexual victimization during the risk screening indicated that none were documented with being provided a follow-up with mental health. The interview with the staff responsible for the risk screening confirmed that inmates who disclose prior sexual</p>

victimization are offered a follow-up with mental health care staff. She stated she would notify mental health care staff immediately. Interviews with four inmates who disclosed sexual victimization during the risk screening indicated that one was offered a follow-up with mental health.

115.81 (d): The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners, however it also stated that the information is shared with other staff to assist with informing security and management decisions. 04.01.301, page 5 states that access to information related to sexual abuse occurring in an correctional setting shall be treated as confidential and limited to staff directly related to the assessment, treatment, placement or investigations of the offender to the extent possible when ensuring the safety and security of the offender. During the tour the auditor observed that all inmate medical files and classification files are maintained electronically with limited access. Additionally, the auditor observed that the risk screening is conducted in a private office setting and medical and mental health areas provide privacy through doors.

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

Based on a review of the PAQ, 04.01.301, SOP Manual for Mental Health, DOC 0494, medical and mental health documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmate who disclosed prior victimization during the risk screening indicate that this standard requires corrective action. A review of mental health documents for six inmates who disclosed prior sexual victimization during the risk screening indicated that none were documented with being provided a follow-up with mental health. Additionally, interviews with four inmates who disclosed sexual victimization during the risk screening indicated that one was offered a follow-up with mental health.

Corrective Action

The facility will need to ensure that a process is in place related to mental health follow-ups for all inmates who disclose prior sexual victimization and/or are identified with prior sexual abusiveness. The facility will need to provide a process memo to the auditor as well as staff training signatures confirming the staff are aware of their responsibilities under this standard. Confirmation should be provided that all current inmates who disclosed prior sexual victimization were offered a follow-up with mental health. Additionally, the facility will need to provide a sample of mental health follow-up documentation under this standard during the corrective action period to show the process has been corrected.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Process Email Related to Mental Health Follow-Ups
2. Staff Training on Mental Health Follow-Ups
3. Mental Health Follow-Up Documents

On April 27, 2022 the facility provided the auditor with a memo to staff completing the PREA risk assessments that provided information on the revision to the DOC 0494, effective July 1, 2021. The memo stated that if an inmate answers yes to experiencing prior sexual victimization either in an institutional setting or in the community or answers yes to previously perpetrating sexual abuse, either in an institutional setting or in the community, staff are prompted to complete the mental health follow-up section of the form. The memo further states that acceptance of the follow-up is not required, however the offering of the follow-up is required. A sign-in sheet was provided indicating staff understood their responsibilities. On July 21, 2022 the facility provided documentation indicating that the agency had updated their electronic risk assessment screening related to this standard and that it was pushed to production the first week of July. The documentation confirmed that the electronic system will now automatically add a mental health follow-up tab for any individual in custody who reports prior victimization or perpetration. The mental health follow-up tab will allow the staff to document the reason for the follow-up and whether the individual in custody accepts or declines. The information indicates that the system will not let the assessment be completed prior to completing the mental health follow-up tab.

The facility provided the auditor with 20 examples of inmates who reported prior victimization or were identified with prior sexual abusiveness during the corrective action period. The documents confirmed that all 20 were offered mental health follow-up. Nineteen declined the follow-up and one accepted the follow-up. Based on the documentation provided, the facility has corrected this standard.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 300">Documents:</p> <ol data-bbox="240 329 1329 470" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Medical and Mental Health Documents <p data-bbox="240 501 363 530">Interviews:</p> <ol data-bbox="240 560 810 701" style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff 2. Interview with Inmates who Reported Sexual Abuse 3. Interview with First Responders <p data-bbox="240 730 528 759">Site Review Observations:</p> <ol data-bbox="240 788 791 817" style="list-style-type: none"> 1. Observations of Medical and Mental Health Areas <p data-bbox="240 846 504 875">Findings (By Provision):</p> <p data-bbox="240 904 1497 1532">115.82 (a): The PAQ indicated that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature of scope of services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further indicates that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. During the tour, the auditor noted that the medical and mental health areas consisted of exam rooms, a waiting area, a pharmacy, dental, x-ray and OBGYN. Exam rooms provided privacy through doors. Medical also has an observation room and a suicide observation room. A review of a sample of eight sexual abuse allegations confirmed that all eight were provided medical and/or mental health services. Additionally, the seven sexual harassment allegations reviewed also included medical and/or mental health services for the inmate victim. Interviews with medical and mental health care staff confirm that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention service. The staff stated that services are offered as soon as they are brought to health care. All three staff stated that the nature and scope of services would be based on their professional judgment as well as policy and procedure and what the inmate victim wants to work on. Interviews with inmates who reported sexual abuse indicated two of the three were provided medical and/or mental health services.</p> <p data-bbox="240 1563 1497 1921">115.82 (b): 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. Page 9 (Paragraph II.G.5) further states that treatment shall be provided by a certified SAFE or SANE at a local emergency room and that the medical examination provided by Department facilities shall include a general physical examination for recent sexual abuse. The security staff first responders indicated that they would separate the individuals, notify his supervisor, secure the scene, call healthcare, tell the victim not to shower, brush her teeth, or remove her clothing and then write a report. The non-security first responder stated that the agency gave her a first responder PREA card and that she would follow those steps. She stated she would separate the individuals, not allow them to tamper with any evidence, change their clothes, brush their teeth, etc., not let them leave her sight, contact security and escort the inmate to health care.</p> <p data-bbox="240 1953 1497 2150">115.82 (c): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. 04.01.301, page 9 states that a general physical examination for recent sexual abuse shall include, but not be limited to: a blood test (RPR for Syphilis); culture smears for seminal fluid, Gonorrhea, Chlamydia and other Sexually Transmitted Diseases (STD) as appropriate; Hepatitis C antibody test and Hepatitis B surface antigen and antibody blood test and an HIV test and counseling shall be offered. A review of</p>

documentation indicated that two of the eight reviewed sexual abuse allegations involved penetration. One inmate was transported to the local hospital for a forensic medical examination and was provided services at the hospital. The investigation was still open and as such additional documentation was not available for review. The second allegation involved an allegation of sexual abuse, however the inmate was not offered services under this provision due to the timeframe and also the mental health aspect determined during the investigation. Interviews with medical and mental health care staff confirm that inmates receive timely information and access to emergency contraception and sexually transmitted infection prophylaxis. The interviews with the inmates who reported sexual abuse indicate that none of the three had an allegation that involved penetration and as such they were not provided services under this provision.

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

Based on a review of the PAQ, 04.01.301, medical and mental health documents and information from interviews with medical and mental health care staff and inmates who reported sexual abuse indicate that this standard appears to be compliant.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 4. Medical and Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff 2. Interview with Inmates who Reported Sexual Abuse <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Medical Treatment Areas <p>Findings (By Provision):</p> <p>115.83 (a): The PAQ indicated the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. Additionally, 04.01.301, page 6 states that if it is determined that the offender was previously a victim of sexual abuse, the facility PCM shall notify medical and mental health staff within fourteen days of the screening. During the tour, the auditor noted that the medical and mental health areas consisted of exam rooms, a waiting area, a pharmacy, dental, x-ray and OBGYN. Exam rooms provided privacy through doors. Medical also has an observation room and a suicide observation room.</p> <p>115.83 (b): 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and shall be evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. A review of a sample of eight sexual abuse allegations confirmed that all eight were provided medical and/or mental health services. Interviews with medical and mental health care staff confirmed that they provide ongoing and follow-up services to inmate victims of sexual abuse. A few of the services include assessments, hospital services, trauma management, group therapy, treatment plans and follow-up counseling. The interviews with the inmates who reported sexual abuse indicated none were offered follow-up services. A review of information indicated follow-up services were not requested or required.</p> <p>115.83 (c): The facility provides access to medical and mental health staff on-site and also transports inmates to the local hospital for treatment that is not available at the facility. All medical and mental health care staff are required to have the appropriate licensure and credentials. A review of a sample of eight sexual abuse allegations confirmed that all eight were provided medical and/or mental health services. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.</p> <p>115.83 (d): The PAQ indicated that female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. The PREA Manual, page 45 states that inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. A review of investigations indicated that two allegations involved penetration, however only one allegation involved penetration that would result in pregnancy. The inmate was not provided pregnancy services due to the timeframe of the allegation and the mental health issues identified during the investigation. Interviews with inmates who reported sexual abuse indicated none involved penetration and as such this provision does not apply.</p> <p>115.83 (e): The PAQ indicated that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. The PREA Manual, page 45 states that if pregnancy results from the conduct described in paragraph (d) of this section (sexually abusive vaginal penetration), such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. It further states that Department healthcare providers shall deliver comprehensive prenatal counseling and care for pregnant female offenders. A review of investigations indicated that two allegations involved</p>

penetration, however only one allegation involved penetration that would result in pregnancy. The inmate was not provided pregnancy services due to the timeframe of the allegation and the mental health issues identified during the investigation.

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. 04.01.301, page 9 states that a general physical examination for recent sexual abuse shall include, but not be limited to: a blood test (RPR for Syphilis); culture smears for seminal fluid, Gonorrhea, Chlamydia and other Sexually Transmitted Diseases (STD) as appropriate; Hepatitis C antibody test and Hepatitis B surface antigen and antibody blood test and an HIV test and counseling shall be offered. A review of documentation indicated that two of the eight reviewed sexual abuse allegations involved penetration. One inmate was transported to the local hospital for a forensic medical examination and was provided services at the hospital. The investigation was still open and as such additional documentation was not available for review. The second allegation involved an allegation of sexual abuse, however the inmate was not offered services under this provision due to the timeframe and also the mental health aspect determined during the investigation. The interviews with the inmates who reported sexual abuse indicate that none of the three had an allegation that involved penetration and as such they were not provided services under this provision.

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

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. The PREA Manual, page 46 states that all prisons shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. There were four inmate-on-inmate sexual abuse allegation reported during the previous twelve months, however none of the allegations were substantiated. As such, there were no confirmed inmate-on-inmate abusers who required an evaluation under this provision. Interviews with medical and mental health staff confirm that inmate-on-inmate abusers would be offered mental health services. None of the staff were aware of the timeframe required under this provision.

Based on a review of the PAQ, 04.01.301 the PREA Manual, medical and mental health documents, observations made during the tour and information from interviews with the inmates who reported sexual abuse and medical and mental health care staff, this standard appears to be compliant.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 373 297">Documents:</p> <ol data-bbox="240 331 1326 528" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Investigative Reports 4. Sexual Abuse Incident Reviews (DOC 0593) <p data-bbox="240 562 360 589">Interviews:</p> <ol data-bbox="240 622 756 757" style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager 3. Interview with Incident Review Team <p data-bbox="240 790 504 817">Findings (By Provision):</p> <p data-bbox="240 851 1485 1070">115.86 (a): The PAQ indicated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 04.01.301, page 11 states that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ stated there were seven reviews completed within the previous twelve months. A review of the fifteen investigations (eight sexual abuse and seven sexual harassment) indicated that four were closed and required a sexual abuse incident review. Documentation indicated two sexual abuse incident reviews were completed.</p> <p data-bbox="240 1104 1469 1323">115.86 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 04.01.301, page 11 states that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. A review of the fifteen investigations (eight sexual abuse and seven sexual harassment) indicated that four were closed and required a sexual abuse incident review. Documentation indicated two sexual abuse incident reviews were completed. One was completed within the 30 days and one was completed beyond the 30 days.</p> <p data-bbox="240 1357 1477 1576">115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. 04.01.301, page 11 states that the review team, at minimum, shall include: Assistant Chief Administrative Officer; Shift Commander or Lieutenant; a representative from Internal Affairs; the PCM, a representative from medical and a representative from mental health. The two completed sexual abuse incident reviews included the PCM, medical and/or mental health staff and internal affairs staff. The interview with the Warden confirmed that these reviews are being completed and they include upper management officials, line supervisors, medical and/or mental health staff and the facility investigator.</p> <p data-bbox="240 1619 1485 1973">115.86 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. 04.01.301, page 11 states that the review, including any reports of findings or any recommendation for improvement, shall be documented on the DOC 0593, Sexual Abuse Incident Review. A review of the two completed sexual abuse incident reviews indicated that all required components were included in the review. Interviews with the Warden, PCM and incident review team member confirmed that these reviews are being completed and they include all the required elements under this provision. The Warden stated that the information is shared among the administration related to recommendation on cameras, training, education, policy change, etc. The PCM stated that the reports are forwarded for her review and she has not noticed any trends. She stated that once the report is submitted the information is forwarded to the retaliation monitoring staff member to utilized as well as to the PC.</p> <p data-bbox="240 2007 1485 2136">115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 04.01.301, page 11 states that the DOC 0593 shall be forwarded to the Chief Administrative Officer so recommendations for improvement may be considered. Any recommendation not implemented shall be documented on the DOC 0593 including justification for not doing so. A review of the two completed sexual abuse incident reviews indicated that</p>

a section exists for recommendations and corrective action. Both of the sexual abuse incident reviews had recommendations for additional cameras in the area the incident occurred.

Based on a review of the PAQ, 04.01.301, investigative report, sexual abuse incident reviews (DOC 0593) and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard appears to require corrective action. A review of the fifteen investigations (eight sexual abuse and seven sexual harassment) indicated that four were closed and required a sexual abuse incident review. Two of the incidents did not have sexual abuse incident review completed and one of the completed reviews was past the 30 day timeframe.

Corrective Action

The facility will need to ensure that a sexual abuse incident review is completed for all completed sexual abuse investigations that are deemed substantiated or unsubstantiated. Training should be provided to the appropriate staff on the requirements and documentation of the training should be provided to the auditor. The facility will also need to provide the sexual abuse allegations reported during the corrective action period and the corresponding sexual abuse incident reviews.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Staff Training on Sexual Abuse Incident Reviews
2. List of Sexual Abuse Allegations Reported During the Corrective Action Plan
3. Sexual Abuse Incident Reviews

On July 21, 2022 the facility provided the auditor with a memorandum that indicated that on January 31, 2022 the PREA Coordinator held a training with all incident review committee members and trained the committee on how to complete a PREA incident review.

The facility also provided the auditor with a list of sexual abuse allegations reported during the corrective action period. There were seven closed sexual abuse investigations reported during the corrective action period, two of which were closed within the previous 30 days. As such, only five required a sexual abuse incident review at the time of the issuance of the final report. A review of documentation confirmed that all five had a sexual abuse incident review completed. Three were within 30 days of the conclusion of the investigation and two were a few days past the 30 day timeframe. The sexual abuse incident reviews indicated recommendations for additional cameras and staffing for security checks. Based on the information provided, the facility has corrected this standard.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Staff Training on Sexual Abuse Incident Reviews
2. List of Sexual Abuse Allegations Reported During the Corrective Action Plan
3. Sexual Abuse Incident Reviews

On July 21, 2022 the facility provided the auditor with memorandum that indicated that on January 31, 2022 the PREA Coordinator held a training with all incident review committee members and trained the committee on how to complete a PREA incident review.

The facility also provided the auditor with a list of sexual abuse allegations reported during the corrective action period. There were seven closed sexual abuse allegations reported during the corrective action period, two of which were closed within the previous 30 days. As such, only five required a sexual abuse incident review at the time of the issuance of the final report. A review of documentation confirmed that all five had a sexual abuse incident review completed. Three were within 30 days of the conclusion of the investigation and two were a few days past the 30 day timeframe. The sexual abuse incident reviews indicated recommendations for additional cameras and staffing for security checks. Based on the information provided, the facility has corrected this standard.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 300">Documents:</p> <ol data-bbox="240 329 1329 640" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. PREA Checklist 4. Investigative Reports 5. Annual PREA Report 6. Survey of Sexual Victimization <p data-bbox="240 674 504 703">Findings (By Provision):</p> <p data-bbox="240 730 1493 1256">115.87 (a): The PAQ indicated that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. 04.01.301, pages 12-13 state that the Chief Administrative Officer and the facility PCM shall conduct an annual evaluation of the Sexual Abuse and Harassment Prevention and Intervention Program at their respective facility and submit to the PC a written report of the findings. The report should at minimum include: a review of each incident of sexual abuse or harassment that occurred during the reporting period; program and procedural changes implemented based on recommendations of the review team; training needs to ensure future safety and security; record of referrals to outside community resources; record of referrals for post-release service and statistical data. Policy further states that upon receipt of the reports from each facility, the agency PC shall assess the overall effectiveness of the Department's Sexual Abuse and Harassment Prevention and Intervention Program and submit a written report to the Director that has at minimum: statistical data and corrective action by facility; aggregated incident based sexual abuse or harassment data for the Department; perceived areas of concern and recommended or implemented improvements; a comparison of the current year's statistical data and corrective action with those of previous reporting periods; and an assessment of the Department's progress in addressing sexual abuse or harassment overall. A review of investigative reports and the PREA Checklist confirm that information/data related to each sexual abuse and sexual harassment allegation is reported and documented. The PREA Checklist is then forwarded to the PC to assist with compiling statistical data to identify trends.</p> <p data-bbox="240 1290 1493 1518">115.87 (b): The PAQ indicated that the agency aggregates the incident-based sexual abuse data at least annually. 04.01.301, pages 12-13 state that upon receipt of the reports from each facility, the agency PC shall assess the overall effectiveness of the Department's Sexual Abuse and Harassment Prevention and Intervention Program and submit a written report to the Director that has at minimum: statistical data and corrective action by facility; aggregated incident based sexual abuse or harassment data for the Department; perceived areas of concern and recommended or implemented improvements; a comparison of the current year's statistical data and corrective action with those of previous reporting periods; and an assessment of the Department's progress in addressing sexual abuse or harassment overall</p> <p data-bbox="240 1552 1493 1709">115.87 (c): The PAQ indicated that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. A review of the agency's most recent Survey of Sexual Victimization (formerly known as Survey of Sexual Violence) confirms that the agency collects appropriate information using a standardized instrument and reports the appropriate information via the SSV.</p> <p data-bbox="240 1742 1493 2134">115.87 (d): The PAQ indicated that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. 04.01.301, pages 12-13 state that the Chief Administrative Officer and the facility PCM shall conduct an annual evaluation of the Sexual Abuse and Harassment Prevention and Intervention Program at their respective facility and submit to the PC a written report of the findings. The report should at minimum include: a review of each incident of sexual abuse or harassment that occurred during the reporting period; program and procedural changes implemented based on recommendations of the review team; training needs to ensure future safety and security; record of referrals to outside community resources; record of referrals for post-release service and statistical data. Policy further states that upon receipt of the reports from each facility, the agency PC shall assess the overall effectiveness of the Department's Sexual Abuse and Harassment Prevention and Intervention Program and submit a written report to the Director that has at minimum: statistical data and corrective action by facility; aggregated incident based sexual abuse or harassment data for the Department; perceived areas of concern and recommended or implemented improvements; a comparison of the current year's statistical data and corrective action with</p>

those of previous reporting periods; and an assessment of the Department's progress in addressing sexual abuse or harassment overall.

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

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

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

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 375 297">Documents:</p> <ol data-bbox="240 327 1329 472" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. Annual PREA Report <p data-bbox="240 501 363 528">Interviews:</p> <ol data-bbox="240 557 758 703" style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the PREA Coordinator 3. Interview with the PREA Compliance Manager <p data-bbox="240 732 504 759">Findings (By Provision):</p> <p data-bbox="240 788 1493 1720">115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 04.01.301, pages 12-13 state that the Chief Administrative Officer and the facility PCM shall conduct an annual evaluation of the Sexual Abuse and Harassment Prevention and Intervention Program at their respective facility and submit to the PC a written report of the findings. The report should at minimum include: a review of each incident of sexual abuse or harassment that occurred during the reporting period; program and procedural changes implemented based on recommendations of the review team; training needs to ensure future safety and security; record of referrals to outside community resources; record of referrals for post-release service and statistical data. Policy further states that upon receipt of the reports from each facility, the agency PC shall assess the overall effectiveness of the Department's Sexual Abuse and Harassment Prevention and Intervention Program and submit a written report to the Director that has at minimum: statistical data and corrective action by facility; aggregated incident based sexual abuse or harassment data for the Department; perceived areas of concern and recommended or implemented improvements; a comparison of the current year's statistical data and corrective action with those of previous reporting periods; and an assessment of the Department's progress in addressing sexual abuse or harassment overall. A review of the Annual PREA Report indicates that it includes agency accomplishments, facilities audited during the year, statistical data and corrective actions. The report compares data from 2014 through the current year. The interview with the Agency Head Designee indicated that incident-based sexual abuse data is completed through the facility review process outlined in AD 04.01.301. The facilities identify problem areas or policies, address issues that have occurred on a regular basis, staff training, continuing to make corrective action when problems arise and using the facility review process to ensure the proper proactive steps are taken for problem solving. He further stated that the department has implemented procedures to collect data on a quarterly basis for all facilities within the department. The PC confirmed that the agency reviews data that is collected in order to assess and improve the effectiveness of the sexual abuse prevention, detection and response policies and that the information is published on the agency website. He further stated that the agency takes corrective action on an ongoing basis and that follow-up occurs with corrective action if data includes substantiated information. He also stated that the agency prepares an annual report of findings from data review and any corrective actions for each facility and as the agency as a whole. The interview with the PCM stated that the facility provides data to the agency and that the facility data is taken into consideration to determine agency needs in order to maintain safety and security.</p> <p data-bbox="240 1749 1493 2145">115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and that the annual report provides an assessment of the agency's progress in addressing sexual abuse. 04.01.301, pages 12-13 state that the Chief Administrative Officer and the facility PCM shall conduct an annual evaluation of the Sexual Abuse and Harassment Prevention and Intervention Program at their respective facility and submit to the PC a written report of the findings. The report should at minimum include: a review of each incident of sexual abuse or harassment that occurred during the reporting period; program and procedural changes implemented based on recommendations of the review team; training needs to ensure future safety and security; record of referrals to outside community resources; record of referrals for post-release service and statistical data. Policy further states that upon receipt of the reports from each facility, the agency PC shall assess the overall effectiveness of the Department's Sexual Abuse and Harassment Prevention and Intervention Program and submit a written report to the Director that has at minimum: statistical data and corrective action by facility; aggregated incident based sexual abuse or harassment data for the Department; perceived areas of concern and recommended or implemented improvements; a comparison of the current year's statistical</p>

data and corrective action with those of previous reporting periods; and an assessment of the Department's progress in addressing sexual abuse or harassment overall. A review of the Annual PREA Report indicates that it includes agency accomplishments, facilities audited during the year, statistical data and corrective actions. The report compares data from 2014 through the current year.

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

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

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

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) 4. Annual PREA Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.89 (a): The PAQ indicated that the agency ensures that incident-based and aggregate data are securely retained. The PREA Manual, page 50 states that the agency shall ensure that data collected pursuant to 115.87 are securely retained. The interview with the PREA Coordinator indicated that information is securely retained and that it is maintained in a secure database managed by the PREA Coordinator and stored in a double locked secure filing cabinet.</p> <p>115.89 (b): The PAQ indicated that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. A review of the website confirmed that the current annual report, which includes aggregated data, as well as prior annual reports are available for review.</p> <p>115.89 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. 04.01.301, page 13 states that the final report shall not contain any personal identifiers. A review of the Annual PREA Report confirmed there was no personal identifying information included nor any security related information. The report did not contain any redacted information.</p> <p>115.89 (d): The PAQ indicated that the agency maintains sexual abuse data collected pursuant to Standard 115.87 for at least ten years after the date of initial collection, unless federal, state or local law requires otherwise. 04.01.301, page 13 states that all reports and statistical data shall be retained for a period of no less than ten years. A review of prior Annual PREA Reports confirmed that data is available from 2014 to current.</p> <p>Based on a review of the PAQ, 04.01.301, the Annual PREA Report, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.</p>

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

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Findings (By Provision): 115.403 (f): The facility was previously audited on December 3-4, 2018. The final audit report is publicly available via the agency website.

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

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

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

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

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

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

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

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

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

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

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes