

PREA Facility Audit Report: Final

Name of Facility: Peoria Adult Transition Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/13/2022

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: 03/13/2022

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	02/28/2022
End Date of On-Site Audit:	03/01/2022

FACILITY INFORMATION	
Facility name:	Peoria Adult Transition Center
Facility physical address:	607-613 N. Main, Peoria , Illinois - 61602
Facility Phone	
Facility mailing address:	

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

Facility Director	
Name:	Levorne Clemons
Email Address:	levorne.clemons@illinois.gov
Telephone Number:	3096713162

Facility PREA Compliance Manager	
Name:	Jessica Mayhew
Email Address:	jessica.mayhew@illinois.gov
Telephone Number:	O: 3096713162

Facility Characteristics	
Designed facility capacity:	248
Current population of facility:	120
Average daily population for the past 12 months:	87
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	22-76
Facility security levels/resident custody levels:	Minimum
Number of staff currently employed at the facility who may have contact with residents:	41
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

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

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

Agency-Wide PREA Coordinator Information

Name:	Ryan Nottingham	Email Address:	ryan.nottingham@illinois.gov
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SUMMARY OF AUDIT FINDINGS

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

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

Number of standards exceeded:

1	<ul style="list-style-type: none">• 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
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Number of standards met:

40

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-02-28
2. End date of the onsite portion of the audit:	2022-03-01

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International and the Center for Prevention of Abuse - Sexual Assault Services.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	248
15. Average daily population for the past 12 months:	87
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" 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:	123
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:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

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:	3
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:	0
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:	0
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:	0
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:	0
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:	0
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):	The facility is a community confinement facility and as such residents who disclosed prior sexual victimization are not a standard under this protocol. Additionally, community confinement facilities do not have segregated housing units. The auditor reviewed all documentation to confirm there were zero residents at the facility from the certain categories.
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:	41
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:	0
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:	The facility does not have any contracts and the one volunteer was not allowed access during the previous twelve months due to COVID-19.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>Based on the population on the first day of the audit (123) the PREA auditor handbook indicated that at least 20 residents were required to be interviewed. From the provided lists, the auditor selected a representative sample of residents for the targeted and random interviews. Residents for the random interviews were chosen at random and varied across race, housing assignments and time in custody. At least one residents was selected from each of the housing units. There were limited residents available for selection from for the targeted interviews based on the type of facility. Thus, the auditor met the 20 total resident interviews by replacing the specialized category residents with additional random residents.</p> <p>It should be noted that the terms resident, inmate, offender and individual in custody are utilized interchangeably within policy and procedure and also within this document.</p>
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	4
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Documentation review, interviews and site observation.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Documentation review, interviews and site observation.</p>
<p>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:</p>	<p>3</p>
<p>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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Documentation review, interviews and site observation.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Documentation review, interviews and site observation.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Documentation review, interviews and site observation.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Documentation review, interviews and site observation.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This category does not apply for community confinement facilities.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This category does not apply for community confinement facilities.</p>

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	After a review of documentation and discussion with staff and residents it was confirmed that there were zero youthful residents; residents with a vision impairment; residents with a physical impairment; LEP residents; residents who identify as lesbian, gay, bisexual, transgender and intersex and residents who reported sexual abuse. Interviews were conducted using the Resident Interview Questionnaire supplemented by the Targeted Resident Questionnaire.
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	12
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72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
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If "Other," describe:	Race and gender.
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73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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):	Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across gender, race, ethnicity and post assignments. Random staff were interviewed from all three shifts.
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Specialized Staff, Volunteers, and Contractor Interviews

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

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	11
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76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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 type="radio"/> Yes <input type="radio"/> No <input checked="" 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 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 type="checkbox"/> Medical staff <input 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 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 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>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input checked="" type="radio"/> No
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input checked="" type="radio"/> No

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Staff selected for the specialized interviews were selected at random across varying factors, when possible. The facility does not have medical or mental health care staff or contractors and as such no interviews were conducted. Additionally, the facility does not house youthful residents, therefore interviews with line staff who supervise youthful residents and education and program staff who work with youthful residents were not conducted. Interviews were conducted using the Interview Guide for a Random Sample of Staff and/or the Interview Guide for Specialized Staff.</p>
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

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

<p>85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</p>	<p><input checked="" type="radio"/> Yes <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 <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 <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 February 28, 2022 and March 1, 2022. The auditor had an initial briefing with facility leadership to discuss audit logistics. After the initial briefing, the auditor selected residents and staff for interview as well as documents to review. The auditor conducted a tour of the facility on February 28, 2022. The tour included housing units, intake, visitation/multipurpose room; maintenance, food service and recreation. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for residents and other factors as indicated in the below standard findings. The auditor reviewed the cameras during the tour and verified that the camera placement was appropriate. The auditor observed the audit announcements in bright neon colored paper across the facility, including in each housing unit.</p> <p>Interviews were conducted on February 28, 2022 and March 1, 2022. All interviews were conducted in a private confidential setting.</p> <p>The auditor tested the outside reporting mechanism and received confirmation the same day that the call was received. The auditor did not test the victim advocacy number as it required a resident number. Residents can contact the local rape crisis center by contacting a staff member to utilize an outside line or via their cell phones once off-site.</p>
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Documentation Sampling

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

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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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, resident 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 41 staff assigned. The auditor reviewed a random sample of thirteen personnel and training records. There were zero staff who were hired over the previous twelve months, however the auditor reviewed personnel records at three prior IDOC facilities. The sample of staff records included a variety of job functions and post assignments. Most of the files that were reviewed were of the staff the auditor selected for interview. The facility does not have contractors and the only volunteer had not yet been allowed on-site due to COVID-19.

Resident Files. A total of 20 resident files were reviewed although some files were only reviewed for a specific area the auditor was reviewing. Nineteen resident files were of those that arrived within the previous twelve months and four were disabled residents.

Medical and Mental Health Records. During the previous year, there were zero allegations of sexual abuse or sexual harassment and as such there were no medical or mental health files to review. All medical and mental health services are provide in the community and records are maintained at the community office.

Grievances. In the past year, the facility reported they had zero grievance of sexual abuse. The auditor reviewed the grievance log and confirmed there were zero grievances of sexual abuse during the audit period.

Hotline Calls. The agency does not have an internal hotline for reporting. The hotline that is available for residents to call is the outside reporting mechanism. The auditor tested the outside reporting mechanism while on-site.

Incident Reports. The auditor reviewed the incident report log for the previous twelve months. There were zero sexual abuse allegations reported during the previous twelve months.

Investigation Files. During the previous twelve months, there were zero sexual abuse allegations reported. As such, there were zero investigative reports to review.

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	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	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	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were zero sexual abuse and sexual harassment allegations reported.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
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101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were zero sexual abuse and sexual harassment allegations reported.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

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

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
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<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were zero sexual abuse and sexual harassment allegations reported.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

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

121. Who paid you to conduct this audit?	<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>
Identify the name of the third-party auditing entity	CMCG

Standards**Auditor Overall Determination Definitions**

- Exceeds Standard
(Substantially exceeds requirement of standard)

- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)

- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 365 297">Documents:</p> <ol data-bbox="240 331 1441 1800" 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. Peoria Adult Transition Center 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 <p data-bbox="240 1890 352 1917">Interviews:</p> <ol data-bbox="240 1951 660 1977" style="list-style-type: none"> 1. Interview with the PREA Coordinator <p data-bbox="240 2063 483 2089">Findings (By Provision):</p> <p data-bbox="240 2123 1441 2150">115.211 (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, training (staff, volunteers and contractors), staffing, intake/risk screening, resident 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 resident discipline, incident reviews and data collection. The policies are consistent with the PREA standards and outlines the agency's approach to sexual safety. Additionally, the agency has the PREA Manual which addresses each provision of each standard and has corresponding direction, if applicable, related to the provisions/standards. The PREA Manual is utilized by agency staff as a road map for PREA compliance.

115.211 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator (PC) with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. AD 04.01.301, page 3 states that the Director shall designate an Agency PREA Coordinator who shall develop, implement and oversee the Department's Sexual Abuse and Harassment Prevention and Intervention Program. The agency's organizational chart reflects that the PC position is an upper-level, agency-wide position. The position is the Public Service Administrator and reports to the Chief Compliance Officer who reports to the Director. The interview with the PC indicated that he has enough time to manage all of his PREA related responsibilities. He stated that there are 31 facility PREA Compliance Managers and that he communicates with them via SharePoint, email, telephone and site visits. He stated that all IDOC facilities are aware of the open line of communication. It should be noted that while the facility is not required to have a PREA Compliance Manager (PCM), the IDOC has PCMs at each facility, including at community confinement facilities.

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 and information from interview with the PC, this standard appears to exceed this standard. The agency has both agency and facility level policies as well as numerous supporting policies that outline prevention, detection and response strategies. The agency level PC is extremely involved in PREA compliance at the agency level and at the facility level. He is very knowledgeable of the PREA standards and strategies in ensuring the agency prevents, detects and responds to sexual abuse. His only duty is to ensure the agency's PREA compliance and the level of reach with regard to ability to make changes in policy and practice shows the confidence of the agency in his abilities. The agency's approach to sexual safety is fluid and changes based on the needs of the residents.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Contract for Confinement of Inmates/Residents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency's Contract Administrator <p>Findings (By Provision):</p> <p>115.212 (a): The PAQ indicated that the agency has entered into or renewed two contracts for the confinement of residents since the last PREA audit and that the contracts require the contractors to comply with PREA. 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>115.212 (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>115.212 (c): The PAQ indicated that since August 20, 2012, the agency has not entered into one or more contracts with a private agency or other entity that failed to comply with the PREA standards. The Agency Contract Administrator confirmed that the agency has not entered into any contracts with private agencies or other entities that failed to comply with PREA standards since August 20, 2012.</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>

115.213	Supervision and monitoring
	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. Staffing Plan 4. Staffing Plan Review <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director 2. Interview with the PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Staffing Levels 2. Video Monitoring Technology or Other Monitoring Devices <p>Findings (By Provision):</p> <p>115.213 (a): The PAQ indicated that for each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. 04.01.301 pages 4-5 addresses 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 updated PAQ indicated that the current staffing is based on 248 residents. The facility employs 41 staff. Staff mainly make up three shifts; 7:00am-3:00pm, 3:00pm-11:00pm and 11:00pm-7:00am. A review of the facility staffing plan indicates that each shift has a Correctional Officer 2 (Supervisor) and at least three Correctional Officers. Additionally, the facility has Correctional Counselors, a Social Worker and other administrative staff. The staffing plan narrative depicts the elements under this provision, plus additional elements, and how they are incorporated and considered in the staffing plan. During the tour the auditor viewed the video monitoring system and confirmed that video monitoring was located in limited areas within the facility. There were also mirrors strategically placed around the facility to alleviate blinds spots and assist with monitoring in those areas. Additionally, the auditor observed that staff were present throughout the buildings. Staffing levels appeared to be adequate to supervisor and protect the resident population. The interview with the Director confirmed that the facility has a staffing plan that provides adequate staffing levels to protect residents from sexual abuse and that the facility complies with the staffing plan on a regular basis. He indicated that each living unit floor is staffed with a floor officer who sits directly on the living unit. He further stated that two floor officers are present when staffing allows. The Director confirmed that video monitoring is part of the plan and is located in living units. He stated the video has recording and reviewing capabilities. He indicated that the staffing plan is documented and each Shift Commander makes a monthly roster and once the day is over the roster is filed in the office. The Director confirmed that the required components are included in the staffing plan review. He stated that floor officers are placed according to the physical plant and that the facility does not house any special populations. He indicated that he checks for compliance with the staffing plan through a review of the post coverage. The PC stated that community confinement facilities go through the annual staffing plan review just like the prisons. He indicated that blind spots or problematic areas are always considered and, if appropriate, or feasible, mirrors and cameras are provided. He also stated that staff make frequent rounds</p>

to ensure safety. The PC stated that the facility is the lowest security level and does not house individuals designated as predators. He confirmed that the required components under this provision are included in the development and review of the staffing plan.

115.213 (b): The PAQ indicated that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The updated PAQ further indicated that there have been no deviation because mandatory posts are always filled through overtime. 04.01.301, page 5 states that if circumstances arise where the staffing plan is not complied with, the facility shall document and justify all deviation from the plan on the Daily Roster review, DOC 0531, in accordance with 05.01.101. The interview with the Director confirmed that any deviations from the staffing plan would be documented and an explanation of non-compliance would be included on the incident report.

115.213 (c): The PAQ indicated that at least once every year the facility reviews the staffing plan to see whether adjustments are needed in: the staffing plan, prevailing staffing patterns, the deployment of video monitoring systems and other monitoring technologies, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. 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 August 24, 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 resident population, video monitoring technology, physical layout, resources available, number of sexual abuse and sexual harassment allegations, deviation from the staffing plan and any recommendations of staffing reviews. 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.

Based on a review of the PAQ, 04.01.301, the staffing plan, the annual staffing plan review, observations from the tour and information from the interviews with the PC and the Director indicate that this standard appears to be compliant.

115.215	Limits to cross-gender viewing and searches
	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 04.03.104 Evaluation, Treatment and Correctional Management of Transgender Offenders 4. Administrative Directive 05.01.113 Searches of Offenders 5. Rehabilitation, Safety Management and Care for Transgender People in Correctional Settings Curriculum 6. Personal Searches Curriculum 7. Personal Search Card 8. Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Random Residents <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Privacy in Housing Units and Restrooms 2. Observation of Opposite Gender Announcement <p>Findings (By Provision):</p> <p>115.215 (a): The PAQ indicated that the facility does not conduct cross gender strip and cross gender visual body cavity searches of residents and that there have been zero searches of this kind in the previous twelve months. 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>115.215 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances and the facility does not restrict female resident' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The PAQ further indicated that the facility does not house female residents and as such this provision does not apply. The Personal Searches Curriculum, page 4 indicates that staff are trained that only female correctional employees, who are properly trained, are authorized to conduct pat down or clothed body searches of female offenders. There were zero female residents and zero transgender or intersex residents at the facility and as such no interviews were conducted.</p> <p>115.215 (c): The PAQ indicated that facility policy requires all cross gender strip searches, all cross gender visual body cavity searches and all cross gender pat searches of female residents be documented. The PAQ stated that the facility does not house female residents and as such that part of the provision does not apply. 01.12.105, page 3 states that notification of serious and significant unusual incidents shall be in accordance with the provisions of this directive. Page 3 states that following initial notification of the respective Deputy Director or Chief, the Chief Administrative Officer shall ensure electronic notification of the incident is provided and the notification includes the date and time, offenders involved, staff involved and narrative of the incident. The Personal Search Manual, page 4 states that in exigent or emergency circumstances, a male correctional employee, who is properly trained, may conduct a search if a properly trained, female correctional employee is not available. An exigent or emergency or 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</p>

which cannot be safety averted either by securing, escorting or isolating the offender.

115.215 (d): The PAQ indicated that the facility has implemented policies and procedures that enable residents 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. The PAQ further indicated that policies and procedures require staff of the opposite gender to announce their presence when entering a resident 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". During the tour, the auditor did not hear the opposite gender announcement being made upon entry into the housing units, however a female staff member was present in each housing unit during the tour. A staff member is assigned to each housing unit and as such the announcement was previously made when the female staff members arrived on post. The auditor observed that residents are provided privacy when showering, using the restroom and changing their clothes through a solid entrance door. Additionally, once inside the restroom additional privacy is provided through wall barriers and curtains. All twelve random staff interviewed stated that residents have privacy when showering, using the restroom and changing clothes. Nineteen of the 20 residents interviewed indicated they had never been naked in front of a staff member of the opposite gender. One resident stated that the shower curtains in the restroom area are not large enough and he felt it did not provide adequate privacy. All 20 of the residents stated that staff of the opposite gender announce when they enter resident housing units and all twelve staff stated that opposite gender staff announce their presence when entering resident housing units.

115.215 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status and that no searches of this nature have occurred within the previous 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 twelve random staff indicated that all twelve were aware of an agency policy that prohibits strip searching a transgender or intersex resident for the sole purpose of determining the residents' genital status. There were zero transgender or intersex residents at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.215 (f): The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex residents. 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. Interviews with random staff indicated that all twelve had received training on how to conduct cross-gender pat down searches and searches of a transgender and intersex inmates. A review of thirteen staff training records confirmed that all thirteen had received the Personal Search training during their annual training.

Based on a review of the PAQ, 04.01.301, 04.03.104, 05.01.113, a random sample of staff training records, observations made during the tour to include solid doors, barriers and shower curtains, as well as information from interviews with random staff and random residents indicates this standard appears to be compliant.

115.216 Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

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

Interviews:

1. Interview with the Agency Head
2. Interview with Random Staff
3. Interview with Disabled Residents

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.216 (a): The PAQ stated that the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 04.01.301, pages 7-8 state that the Department shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to offender who have limited reading skills. 04.01.111, pages 3-4 indicate that the CAO shall ensure offenders are provide with information regarding ADA disability accommodations and shall establish procedures for offender access to teletypewriter (TTY) and Video Remote Interpreting (VRS) equipment. The policy also indicates that the CAO shall find alternative notification methods for auditory announcements (tactile paging system). 05.07.101, page 2 states that all videos used during orientation shall include closed captioning subtitles and closed captioning utilizing American Sign Language which has been reviewed for accuracy of the interpretation by the Illinois Deaf and Hard of Hearing Commissioner or a qualified interpreter. The policy further states that the department shall reserve the first row of seats during orientation for offenders who are disabled. A review of PREA Posters, Handbook and distributed information confirmed that information can be provided in large font and bright colors and can be read to residents in terminology that they understand. Additionally, pages 9-10 of the Handbook provide information on Americans with Disabilities (ADA) including requesting accommodations, telecommunication equipment and sign language information. The interview with the Agency Head confirmed that the agency has an Administrative Directive, 04.01.111 ADA Accommodations and Propio Language Service Contact that establishes procedures to provide inmates with disabilities and inmates who are limited English Proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The Agency Head stated that all orientation/educational materials are available in Spanish and that orientation is also

available via video with the use of American Sign Language and Spanish translation. The interview further indicated that offenders have the ability to participate in interactive dialogue with staff if further clarification is warranted. Interviews with four disabled residents indicated that three were provided information in a format that they could understand. One resident stated he was not provided any information at the facility, however he was given it at another IDOC facility. During the tour the auditor observed that information was posted in the housing units and common areas in large font and bright colors.

115.216 (b): The PAQ indicates that the agency has established procedures to provide residents 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 resident. The company has interpretation services for over 600 languages. A review of PREA Posters, Handbook and distributed information confirmed that information is available in both English and Spanish and can be translated into other languages, as needed. The auditor utilized Propio Language Services LLC during a prior IDOC audit and confirmed availability and functionality. Interviews with four disabled residents indicated that three were provided information in a format that they could understand. One resident stated he was not provided any information at the facility, however he was given it at another IDOC facility. During the tour, it was observed that PREA information was posted throughout the facility in English and Spanish.

115.216 (c): The PAQ indicated that agency policy prohibits use of resident interpreters, resident readers, or other type of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first responder duties, or the investigation of the resident's allegation. The PAQ further stated that there were zero instances where a resident 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 twelve random staff indicated that seven were aware of a policy that prohibits utilizing resident interpreters, readers or other types of resident assistants for sexual abuse allegations. None of the twelve were aware of a time that another resident was utilized to assist related to a sexual abuse allegation. Interviews with four disabled residents indicated that three were provided information in a format that they could understand. One resident stated he was not provided any information at the facility, however he was given it at another IDOC facility. None of the four stated that another individual was utilized to assist them with understanding the PREA information. Additionally, It should be noted that during the interim report period the PC provided a memo indicating that 04.01.301 was under review and that this provision language was being added to policy.

Based on a review of the PAQ, 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, PREA Posters, the memo related to updated policy language, observations made during the tour to include the PREA Posters as well as interviews with the Agency Head, random staff and residents with a disability indicates that this standard appears to be compliant.

Recommendation

The auditor recommends that the facility provide refresher training related to provision (c).

115.217	Hiring and promotion decisions
	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 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. Memorandum Related to Prior Institutional Checks <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Human Resource Staff <p>Findings (By Provision):</p> <p>115.217 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may come in contact with residents, and shall not enlist the services of any contractor who may have contact with residents 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. The facility did not have any staff hired over the previous twelve months. The PC stated that the facility typically only has staff transfers from other facilities. Additionally, the facility does not have any contracts and as such there were zero contractors with a criminal background records check. It should be noted that the auditor conducted prior IDOC audits and reviewed over 25 staff and contractor personnel files to confirm that the agency conducts a criminal background records check.</p> <p>115.217 (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 resident. 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, approval or denial.</p> <p>115.217 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with residents, 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 zero individuals were hired in the past twelve months that may have contact with residents. Further communication with the PC confirmed that the facility had one staff member transfer from another facility over the previous twelve months but there have been no new hires. The facility did not have any staff hired over the previous twelve months. The PC stated that the facility typically only has staff transfers from other facilities. It should be noted that the auditor conducted prior IDOC audits and reviewed over 25 staff and contractor personnel files to confirm that the agency conducts a criminal background records check. During prior reviews the auditor determined that prior institutional checks were not being completed as required under this provision. 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 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. 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.

115.217 (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 residents. The PAQ indicated that there have been zero contracts at the facility within the past twelve months. 01.02.107, pages 2-3 state that background investigations shall be completed on person prior to employment or prior to placement in safety sensitive position and on person who provide services for the Department. There shall be two levels of background investigations: a computer criminal history check which include a check of an individual's criminal history through the Law Enforcement Agencies Data System (LEADS) and a complete background investigation which includes a check of LEADS and nine other database queries. Policy indicates a complete background investigation is required for all applicants prior to employment, employees, contractual employees and interns. The policy also indicates that the DOC 0450 is also required for the background investigation. The facility does not have any contracts and as such there were zero contractors with a criminal background records check. It should be noted that the auditor conducted prior IDOC audits and reviewed over 25 staff and contractor personnel files to confirm that the agency conducts a criminal background records check. The Human Resource staff confirmed that all contractors who have routine access to offenders go through the same background process as staff.

115.217 (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 residents, 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 agency 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.

115.217 (f): A review of the DOC 0450 Prison Rape Elimination Act Pre-Employment Self-Report confirms that all staff (new applicant and promotion) are required to fill out the form which contains the following questions: have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other correctional facility, a pretrial detention facility, a juvenile facility, a facility for persons who are mentally ill or disabled or have intellectual disabilities or are chronically ill or handicapped, a facility providing skilled nursing intermediate or long-term care custodial or residential care or other institution as defined in the Civil Rights Institutionalized Persons Act (42 U.S.C. 1997)?; have you been convicted of engaging or attempting to engage in sexual activity in the community that was facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?; and have you been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and has there ever been any allegation, complaint or finding made against you regarding any incidents of sexual harassment? The facility did not have any staff hired over the previous twelve months or any staff promoted. The PC stated that the facility typically only has staff transfers from other facilities. It should be noted that the auditor conducted prior IDOC audits and reviewed over 20 staff personnel files to confirm that staff complete a form inquiring about the questions under this provision prior to hire and when promoted.

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.

115.217 (g): The PAQ indicates 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.

115.217 (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, the memo related to prior institutional checks, a review of prior IDOC personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.

115.218	Upgrades to facilities and technology
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the Director <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Absence of Modification to the Physical Plant 2. Observations of Video Monitoring Technology <p>Findings (By Provision):</p> <p>115.218 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA audit. 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 Director confirmed there were no substantial expansions or modifications to the existing facility since the last PREA audit. During the tour the auditor confirmed there were not expansions or modifications.</p> <p>115.218 (b): The PAQ indicated that the agency/facility has not installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. 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 Director confirmed that when installing or updating video monitoring technology they consider how that technology will protect inmates from sexual abuse. The Director stated that they have not updated or installed any video monitoring technology since the last PREA audit. The Director indicated that they have requested cameras from Springfield. During the tour, the auditor observed that video monitoring technology was limited but there were cameras in specific areas of the facility. The auditor observed that a few of the facility cameras needed repaired and were not operational.</p> <p>Based on a review of the PAQ, camera location listing, observations made during the tour and information from interviews with the Agency Head and Warden indicates that this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor recommends that the facility provide maintenance to the cameras that are currently not functional.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 365 297">Documents:</p> <ol data-bbox="240 329 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. Administrative Directive 01.12.120 Investigations of Unusual Incidents 4. Administrative Directive 01.12.112 Preservation of Physical Evidence 5. Memorandum of Understanding with Center for Prevention of Abuse – Sexual Assault Services 6. Memorandum of Understanding with the Illinois State Police 7. Correspondence with the Illinois State Police <p data-bbox="240 790 352 817">Interviews:</p> <ol data-bbox="240 848 660 929" style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with the PREA Coordinator <p data-bbox="240 1019 483 1046">Findings (By Provision):</p> <p data-bbox="240 1077 1485 1570">115.221 (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 twelve random staff indicated that all twelve were aware of and understood the protocol for obtaining usable physical evidence. Additionally, all twelve staff stated they knew who was responsible for conducting sexual abuse investigations. Staff stated that Internal Affairs or the State Police conducted the sexual abuse investigations.</p> <p data-bbox="240 1601 1485 1928">115.221 (b): The PAQ indicated that the evidence protocol is not developmentally appropriate for youth as the agency does not house youthful residents. 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 data-bbox="240 1960 1485 2152">115.221 (c): The PAQ indicated that the facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside medical facility. The PAQ stated that forensic medical examinations are offered without financial cost to the victim. It further indicated forensic medical examinations are conducted by SAFE or SANE, and when SAFE or SANE are not available examinations are conducted by a qualified medical practitioner. The PAQ confirmed that state statute (Illinois Compiled Statutes ILCS) requires forensic medical examination to be performed by SANE/SAFE. 04.01.301, page 9 states that offenders shall not be charged for co-payments for medical treatment, including a forensic medical examination,</p>

obtained for alleged sexual abuse. Treatment shall be provided by a certified Sexual Assault Forensic Examiner (SAFE) or a certified Sexual Assault Nurse Examiner (SANE) at a local emergency room as determined by the local facility. The memo from the Chief of Investigations and Intelligence also indicated that all Sexual Assault Evidence Kits will be completed by an outside hospital or outside hospital emergency room with trained medical staff. The PAQ indicated that during the previous twelve months there were zero forensic medical examination conducted by a SANE/SAFE. There were zero sexual abuse allegations reported during the audit period.

115.221 (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 the Center for Prevention of Abuse – Sexual Assault Services, which was signed in October 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 PC confirmed that the IDOC does not impede access to crisis advocates during forensic medical exams, interviews, etc. He indicated that each IDOC facility has an MOU with a local rape crisis center to provide services. The PC further stated that all rape crisis centers in Illinois are required to participate in minimum training mandated by the Illinois Coalition Against Sexual Assault (ICASA). There were zero inmates who alleged sexual abuse at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.221 (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 the Center for Prevention of Abuse – Sexual Assault Services, which was signed in October 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 PC confirmed that the IDOC does not impede access to crisis advocates during forensic medical exams, interviews, etc. He indicated that each IDOC facility has an MOU with a local rape crisis center to provide services. The PC further stated that all rape crisis centers in Illinois are required to participate in minimum training mandated by the Illinois Coalition Against Sexual Assault (ICASA). There were zero inmates who alleged sexual abuse at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.221 (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 resident. 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.

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

115.221 (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 Center for Prevention of Abuse – Sexual Assault Services, the MOU with the Illinois State Police, the correspondence with the Illinois State Police and information from interviews with random staff and the PREA Coordinator indicates that this standard appears to be compliant.

115.222	Policies to ensure referrals of allegations for 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="240 273 363 300">Documents:</p> <ol data-bbox="240 327 1329 470" style="list-style-type: none"> <li data-bbox="240 327 1329 353">1. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <li data-bbox="240 385 991 412">2. Administrative Directive 01.12.120 Investigations of Unusual Incidents <li data-bbox="240 443 1270 470">3. Memorandum of Understanding with the Illinois State Police/Office of Executive Inspector General <p data-bbox="240 560 352 586">Interviews:</p> <ol data-bbox="240 613 616 703" style="list-style-type: none"> <li data-bbox="240 613 616 640">1. Interview with the Agency Head <li data-bbox="240 672 616 703">2. Interview with Investigative Staff <p data-bbox="240 788 483 815">Findings (By Provision):</p> <p data-bbox="240 846 1485 1442">115.222 (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 zero allegations reported within the previous twelve month. The interview with the Agency Head confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. He stated that the department takes all allegations seriously and when those allegations are found to be substantiated, the perpetrators are referred for appropriate discipline and/or prosecution. The Agency Head further states that in accordance with AD 04.01.301, the department utilizes the required standard of the preponderance of evidence in determining the outcome of such investigations. He indicated that if needed, the department has the ability to call in the Illinois State Police to assist in such investigations. A review of documentation confirmed there were zero sexual abuse and sexual harassment allegations reported over the previous twelve months.</p> <p data-bbox="240 1473 1485 1935">115.222 (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 resident. 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. The interview with the investigator confirmed that all allegations are referred to an investigative agency with the authority to conduct criminal investigations. A review of documentation confirmed there were zero sexual abuse and sexual harassment allegations reported over the previous twelve months.</p> <p data-bbox="240 1966 1485 2092">115.222 (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-resident.</p> <p data-bbox="240 2123 858 2150">115.222 (d): The auditor is not required to audit this provision.</p>

115.222 (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, the agency's website and information obtained via interviews with the Agency Head and the investigator indicate that this standard appears to be compliant.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 365 297">Documents:</p> <ol data-bbox="240 331 1474 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 03.03.102 Employee Training 4. Administrative Directives 01.01.101 Administrative Directives 5. Administrative Directive 01.02.101 Staff Meeting 6. PREA Pre-Service Orientation Training Curriculum 7. PREA – Individual in Custody Sexual Assault Prevention and Intervention Curriculum 8. Transgender and Non-Binary Individuals in Custody Setting – A Guide to Rehabilitation, Safety Management and Care 9. Supervising Individuals in Custody in the IDOC Women's Division 10. Sample of Staff Training Records <p data-bbox="240 958 352 985">Interviews:</p> <ol data-bbox="240 1019 576 1046" style="list-style-type: none"> 1. Interview with Random Staff <p data-bbox="240 1128 483 1155">Findings (By Provision):</p> <p data-bbox="240 1189 1490 1989">115.231 (a): The PAQ indicated that the agency trains all employees who may have contact with residents 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 residents' right to be free from sexual abuse and sexual harassment, the right of the resident 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 residents 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 residents, 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 thirteen staff training records indicated that 100% had received PREA training. Interviews with twelve random staff confirmed that all twelve had received PREA training. Staff stated they receive training annually and they also get memorandums related to any changes or new information. All twelve staff confirmed that the required components under this provision are discussed during the PREA training. Staff stated that the training goes over reporting, opposite gender announcement requirements, first responder duties, zero tolerance, signs to look for related to sexual abuse and LGBTI topics.</p> <p data-bbox="240 2018 1490 2145">115.231 (b): The PAQ indicated that training is tailored to the gender of resident 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</p>

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. Peoria ATC houses adult male residents and as such additional training is not required or conducted.

115.231 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment and that staff are provided training annually. 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 thirteen staff training records indicated that twelve had PREA training the previous two years. One staff member was on military leave in 2019 and then did not receive training in 2020 due to COVID-19.

115.231 (d): The PAQ indicated that the agency documents that employees who may have contact with residents 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 thirteen staff training records indicated that all thirteen had completed training.

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

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 365 297">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. 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 <p data-bbox="240 790 483 817">Findings (By Provision):</p> <p data-bbox="240 846 1497 1507">115.232 (a): The PAQ indicated that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. 04.01.301, pages 3-4 state that the PC shall develop or approve standardized modules for training staff. Training shall include, but may not be limited to: the Department's zero tolerance policy; the Department's Sexual Abuse and Harassment Prevention and Intervention Policy; an offender's right to be free from sexual abuse and harassment and to be free from retaliation for reporting sexual abuse and harassment; common signs of sexually abusive or harassing behavior; common signs of being a victim of sexual abuse or harassment; protocol for initial response, including identification and separation of offenders; reporting procedures and preservation of physical evidence of sexual abuse. Page 2 states that the term staff for the purpose of this directive shall mean any Department employee, contracted employee, employee of a vendor or volunteer. 04.01.122, page 3 states that the Facility Volunteer Coordinator shall ensure volunteers receive orientation and training appropriate to the type of volunteer assignment at the facility or program site prior to service. Training shall include, but not be limited to, preparation of an incident report, volunteer rules of conduct and the Department's zero tolerance policy toward all forms of sexual abuse and sexual harassment. The PAQ indicated that zero volunteers and contractors had received PREA training. The PAQ indicated that the one volunteer that they have has not had contact with residents yet due to COVID-19 and has not had the training yet. A review of the PREA Pre-Service Orientation Training Curriculum and the PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum confirms that the trainings discuss responsibilities under the agency's sexual abuse and sexual harassment policy. A review of the Volunteer Handbook confirms that page 19 includes information on the zero tolerance, how to report and red flags. The facility does not have contractors and the one volunteer had not yet been granted access to the facility due to COVID. As such there were no files to review and there were no interviews completed.</p> <p data-bbox="240 1541 1497 2134">115.232 (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 residents. Additionally, the PAQ indicates that all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 04.01.301, pages 3-4 state that the PC shall develop or approve standardized modules for training staff. Training shall include, but may not be limited to: the Department's zero tolerance policy; the Department's Sexual Abuse and Harassment Prevention and Intervention Policy; an offender's right to be free from sexual abuse and harassment and to be free from retaliation for reporting sexual abuse and harassment; common signs of sexually abusive or harassing behavior; common signs of being a victim of sexual abuse or harassment; protocol for initial response, including identification and separation of offenders; reporting procedures and preservation of physical evidence of sexual abuse. Page 2 states that the term staff for the purpose of this directive shall mean any Department employee, contracted employee, employee of a vendor or volunteer. 04.01.122, page 3 states that the Facility Volunteer Coordinator shall ensure volunteers receive orientation and training appropriate to the type of volunteer assignment at the facility or program site prior to service. Training shall include, but not be limited to, preparation of an incident report, volunteer rules of conduct and the Department's zero tolerance policy toward all forms of sexual abuse and sexual harassment. A review of the PREA Pre-Service Orientation Training Curriculum and the PREA - Individual in Custody Sexual Assault Prevention and Intervention Curriculum confirms that the trainings discuss responsibilities under the agency's sexual abuse and sexual harassment policy. A review of the Volunteer Services Handbook confirms that page 19 includes information on the zero tolerance, how to report and red flags. The facility does not have contractors and the one volunteer</p>

had not yet been granted access to the facility due to COVID. As such there were no files to review and there were no interviews completed.

115.232 (c): The PAQ indicated that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. 03.03.102, page 6 states that certificates or other verification of training received shall be provided to the Training Coordinator. The certificates or verification of training shall include all information required on the DOC 0200. Additionally, all newly hired staff are required to complete the Acknowledgement of Participation which indicates that the staff has read and understood 04.01.301. Additionally, 04.01.122, page 3 states that individual volunteer files shall include training documentation including documented orientation and any additional training. Training documentation shall be signed and dated by the volunteer along with the Volunteer Coordinator. The facility does not have contractors and the one volunteer had not yet been granted access to the facility due to COVID.

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 and the PREA – Individual in Custody Sexual Assault Prevention and Intervention Curriculum, indicates that this standard appears to be compliant.

115.233	Resident education
	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 Administrative Directive 04.01.111 ADA Accommodations 5. Administrative Directive 05.07.101 Reception and Classification Process 6. Video Remote Interpreting Information 7. Language Interpretation Procedure – Propio Language Services, LLC. 8. Individuals In Custody Handbook (Handbook) 9. PREA Posters (English and Spanish) 10. Resident Education Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Intake Staff 2. Interview with Random Residents <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>115.233 (a): The PAQ stated that during the intake process, residents shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. 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. 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 180 residents received PREA information at intake during the previous twelve months. A review of the Handbook confirms that residents are provided information about the zero-tolerance policy, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such incidents, examples of sexual abuse and sexual harassment, how to prevent sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment. A review of 20 resident files indicated all 20 were documented with receiving PREA information. During the on-site portion of the audit the auditor was provided an overview of the intake process. Residents are provided the Handbook</p>

and staff verbally go over the PREA information in the visitation room/intake room. The interview with the intake staff confirmed that residents receive information on the agency's sexual abuse and sexual harassment policies during intake, including zero tolerance, their rights under PREA and how to report. She stated that PREA information is provided during orientation. The information is included in the Handbook and she goes over the information verbally with the residents. She stated she tells them how to report and that information is posted around the facility for their reference. She further stated that when they arrive at Peoria ATC they have probably already heard the PREA information eight or ten times because they have been transferred to numerous other IDOC facilities before they get to community confinement. The intake staff confirmed that PREA education is provided the day after they arrive. Sixteen of the 20 residents interviewed stated they were provided information about the agency's zero tolerance policy, their rights under PREA and how to report on the first day they arrived or the following day.

115.233 (b): The PAQ indicated that the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in provision (a). The PAQ further stated that there has been one resident transferred from another community confinement facility who was provided the refresher information over the previous twelve months. Further communication indicated that all residents receive the same orientation related to PREA, however only one resident was transferred from a different community confinement 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. 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 confirms that residents are provided information about the zero-tolerance policy, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such incidents, examples of sexual abuse and sexual harassment, how to prevent sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment. The interview with the intake staff confirmed that residents receive information on the agency's sexual abuse and sexual harassment policies during intake, including zero tolerance, their rights under PREA and how to report. She stated that PREA information is provided during orientation. The information is included in the Handbook and she goes over the information verbally with the residents. She stated she tells them how to report and that information is posted around the facility for their reference. She further stated that when they arrive at Peoria ATC they have probably already heard the PREA information eight or ten times because they have been transferred to numerous other IDOC facilities before they get to community confinement. The intake staff confirmed that PREA education is provided the day after they arrive. Sixteen of the 20 residents interviewed stated they were provided information about the agency's zero tolerance policy, their rights under PREA and how to report on the first day they arrived or the following day.

115.233 (c): The PAQ indicated that resident PREA education is available in formats accessible to all s, 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 resident. The company has interpretation services for over 600 languages. A review of PREA Posters, the Handbook and distributed information confirmed that information can be provided in large font, bright colors, can be read to residents in terminology that they understand and is available in Spanish. Additionally, pages 9-10 of the Handbook provide information on Americans with Disabilities (ADA) including requesting accommodations, telecommunication equipment and sign language information. A review of four disabled resident files indicated that all four had signed that they received and understood the PREA education.

115.233 (d): The PAQ indicated that the agency maintains documentation of resident 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 20 resident files indicated that all 20 were documented with PREA education.

115.233 (e): 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, resident 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 residents 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, Propio Language Services, LLC. information, Video Remote Interpreting information, 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 residents indicate that this standard appears be compliant.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

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

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.234 (a): The PAQ indicates that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 04.01.301, page 10 states that all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with 01.12.120. 01.12.115, page 2 states that the CAO shall ensure that each individual appointed as an investigator be registered for the next available investigator training program within ten days of temporary or permanent assignment as an investigator. Training topics include but are not limited to: investigative techniques, including interviewing sexual abuse victims; crime scene preservation; collection and preservation of evidence, including sexual abuse evidence collection in a confinement setting; proper use of Miranda and Garrity warnings; criteria and evidence required to substantiate a case for administrative action or prosecution referral; and investigative reporting. The agency utilizes their own training for this standard; PREA for Investigators. A review of documentation indicated that the facility utilizes the investigators from Illinois River Correctional Center. The two investigators completed the specialized training in 2014. The interview with the investigator confirmed he received specialized training regarding conducting sexual abuse and sexual harassment investigations in a confinement setting. He stated the training covered how to handle evidence, different techniques for interviewing victims and perpetrators and the standard for findings of substantiated, unsubstantiated or unfounded.

115.234 (b): 01.12.115, page 2 states that the CAO shall ensure that each individual appointed as an investigator be registered for the next available investigator training program within ten days of temporary or permanent assignment as an investigator. Training topics include but are not limited to: investigative techniques, including interviewing sexual abuse victims; crime scene preservation; collection and preservation of evidence, including sexual abuse evidence collection in a confinement setting; proper use of Miranda and Garrity warnings; criteria and evidence required to substantiate a case for administrative action or prosecution referral; and investigative reporting. The agency utilizes their own training for this standard; PREA for Investigators. A review of the training curriculum confirmed slides 67-118 include the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. A review of documentation indicated that the facility utilizes the investigators from Illinois River Correctional Center. The two investigators completed the specialized training in 2014. 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.

115.234 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that two facility investigators have completed the specialized training. A review of documentation indicated that the facility utilizes the investigators from Illinois River Correctional Center. The two investigators completed the specialized training in 2014.

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

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

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

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

Findings (By Provision):

115.235 (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 zero medical and mental health staff and that residents are transported to the local hospital for all services. The facility does not employ medical or mental health care staff. All services are provided in the community and as such no training is required. No files were reviewed and no interviews were conducted. Additionally, the PC provided a memo indicating that 04.01.301 was under review and that this provision language was added to policy.

115.235 (b): The PAQ indicated that this provision does not apply as agency medical and mental health care staff do not perform forensic medical examinations. The facility does not employ medical or mental health staff and as such no interviews were conducted.

115.235 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. The facility does not employ medical or mental health care staff. All services are provided in the community and as such no training is required.

115.235 (d): 04.01.301, pages 3-4 state that the PC shall develop or approve standardized modules for training staff. Training shall include, but may not be limited to: the Department's zero tolerance policy; the Department's Sexual Abuse and Harassment Prevention and Intervention Policy; an offender's right to be free from sexual abuse and harassment and to be free from retaliation for reporting sexual abuse and harassment; common signs of sexually abusive or harassing behavior; common signs of being a victim of sexual abuse or harassment; protocol for initial response, including identification and separation of offenders; reporting procedures and preservation of physical evidence of sexual abuse. 03.03.102, page 1 states that the Department shall ensure all new employees receive orientation and pre-service training and all employees receive in-service training on a fiscal year basis. A review of the PREA Pre-Service Orientation Training Curriculum and the PREA –Individual in Custody Sexual Assault Prevention and Intervention Curriculum confirm that both trainings includes information on responsibilities in prevention, detection and response as well as the zero tolerance policy and how to report allegations of sexual abuse. The facility does not employ medical or mental health care staff. All services are provided in the community and as such no training is required.

Based on a review of the PAQ, 04.01.301, 03.03.102, Prison Rape Elimination Act: What Healthcare and Mental Health Providers Need to Know training curriculum, the Wexford Health Overview of the 2003 Prison Rape Elimination Act (PREA) and Implementation training curriculum and the memo related to updated policy language indicates that this standard appears to be compliant.

115.241	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. 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 Residents 3. Interview with the PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Risk Screening Area 2. Observations of Where Resident Files are Located <p>Findings (By Provision):</p> <p>115.241 (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 residents. 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. Policy indicates that concerns shall be forwarded to the PCM and 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 an overview of the intake screening process. Residents are asked the risk screening questions in the staff member's private office. The interview with the staff responsible for the risk screening confirmed that residents are screened for their risk of victimization and abusiveness utilizing the DOC 0494 form. Interviews with nineteen residents that arrived within the previous twelve months indicated eleven were asked questions related to risk of victimization and abusiveness.</p> <p>115.241 (b): The PAQ indicated that the policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents 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. Policy indicates that concerns shall be forwarded to the PCM and mental health professionals will also inquire whether the offender has been a victim of sexual abuse in the pastConcerns shall be forwarded to the PCM. Mental</p>

health professionals will also inquire whether the offender has been a victim of sexual abuse in the past. The PAQ indicated that 173 residents 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 nineteen resident files of those that arrived within the previous twelve months indicated that all nineteen had an initial risk screening within the 72 hour timeframe. The interview with the staff responsible for the risk screening confirmed that residents are screened for their risk of victimization and abusiveness within 72 hours utilizing the DOC 0494 form. Interviews with nineteen residents that arrived within the previous twelve months indicate that eleven were asked the questions related to risk of victimization and abusiveness the first day they arrived. Further discussion with the facility PCM indicated that the assessment and reassessment are completed during an interview with counselors. She stated that during the interview they ask some of the risk screening questions indirectly because it puts residents more at ease. She stated an example of this would be instead of asking the inmate about sexual preference, they ask the resident about prior relationships, about who they lived with prior to being incarcerated and individuals they are attracted to.

115.241 (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 residents 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 resident falls on the continuum. The continuum ranges from not likely, likely, moderately likely to highly likely for both vulnerable and predatory. The residents 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.

115.241 (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. Residents are also asked about identified or perceived sexual orientation, gender identity and history or sexual victimization. The resident 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 resident falls on the continuum. The continuum ranges from not likely, likely, moderately likely to highly likely for vulnerability. The residents 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 indicated that the risk screening is done via the DOC 0494 form which contains yes and no questions, or a number scale of prevalence/severity/degree/continuum topic. She indicated the risk screening includes demographic data such as age, height, weight, education level, socioeconomic status, gender identity and immigration status. She stated it also includes any diagnosis or disability, criminal history, history of violence, security threat group, sexual orientation, prior sexual victimization, prior sexual abuse and history of sexual abuse.

115.241 (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 resident falls on the continuum. The continuum ranges from not likely, likely, moderately likely to highly likely for predatory. The residents 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 indicated that the risk screening is done via the DOC 0494 form which contains yes and no questions, or a number scale of prevalence/severity/degree/continuum topic. She indicated the risk screening includes demographic data such as age, height, weight, education level, socioeconomic status, gender identity and immigration status. She stated it also includes any diagnosis or disability, criminal history, history of violence, security threat group, sexual orientation, prior sexual victimization, prior sexual abuse and history of sexual abuse.

115.241 (f): The PAQ did not indicate that the policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. However, communication with the Director indicated this should have been marked yes and that they do reassess each resident's risk level. 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 indicated that 148 residents were reassessed within 30 days.

Reassessments are completed through a review of the DOC 0494 that was completed at intake. The staff go over the information provided and ask the resident if anything has changed. The interview with the staff responsible for the risk screening indicated that residents are reassessed within 30 days of transfer. Interviews with nineteen residents that arrived within the previous twelve months indicated that four have been asked questions related to their risk of victimization and abusiveness more than once. The four stated that the second instance was a week or so later. A review of nineteen resident files of those that arrived in the previous twelve months indicated that all nineteen had a reassessment completed within 30 days. Further discussion with the facility PCM indicated that the assessment and reassessment are completed during an interview with a counselor. She stated that during the interview they ask some of the risk screening questions indirectly because it puts residents more at ease. She stated an example of this would be instead of asking the inmate about sexual preference, they ask the resident about prior relationships, about who they lived with prior to being incarcerated and individuals they are attracted to.

115.241 (g): The PAQ indicated that the policy requires that an resident'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 resident's risk of sexual victimization or abusiveness. 04.01.301, page 6 states screening and assessment shall occur when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. The interview with staff responsible for the risk screening confirmed that residents are reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. Interviews with nineteen residents that arrived within the previous twelve months indicated that four have been asked questions related to their risk of victimization and abusiveness more than once. The four stated that the second instance was a week or so later. A review of nineteen resident files of those that arrived in the previous twelve months indicated that all nineteen had a reassessment completed within 30 days. Further discussion with the facility PCM indicated that the assessment and reassessment are completed during an interview with a counselor. She stated that during the interview they ask some of the risk screening questions indirectly because it puts residents more at ease. She stated an example of this would be instead of asking the inmate about sexual preference, they ask the resident about prior relationships, about who they lived with prior to being incarcerated and individuals they are attracted to. There were zero sexual abuse allegations reported and as such there were no reassessments required based on incidents of sexual abuse.

115.241 (h): The PAQ indicated that policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the resident has previously experienced sexual victimization; and (d) the resident'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 residents are not disciplined for refusing to respond or not disclose information on the DOC 0494. Additionally, the PC provided a memo indicating that 04.01.301 was under review and that this provision language was added to policy.

115.241 (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 resident'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 staff responsible for risk screening confirmed that the agency has outlined who should have access to the risk screening information so that it is not exploited. She stated that the information is kept in the resident's file locked in the Correctional Counselor's office. During the tour the auditor observe that resident files are maintained behind a locked door.

Based on a review of the PAQ, 04.01.301, the PREA Manual, DOC 0494, the memo related to updated policy language, a review of resident files and the information from interviews with the PREA Coordinator, staff responsible for conducting the risk screenings and random residents indicate that this standard is compliant.

Recommendation

The auditor recommends that the facility not conduct reassessments within a few days of the initial assessment.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 363 297">Documents:</p> <ol data-bbox="240 331 1437 584" style="list-style-type: none"> <li data-bbox="240 331 536 358">1. Pre-Audit Questionnaire <li data-bbox="240 387 1326 414">2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <li data-bbox="240 443 1437 470">3. Administrative Directive 04.03.104 Evaluation, Treatment and Correctional Management of Transgender Offenders <li data-bbox="240 499 1289 526">4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) <li data-bbox="240 555 863 582">5. Transgender/Intersex Housing Determination Documents <p data-bbox="240 674 352 701">Interviews:</p> <ol data-bbox="240 734 804 815" style="list-style-type: none"> <li data-bbox="240 734 804 761">1. Interview with Staff Responsible for Risk Screening <li data-bbox="240 790 624 817">2. Interview with PREA Coordinator <p data-bbox="240 909 509 936">Site Review Observations:</p> <ol data-bbox="240 969 595 1050" style="list-style-type: none"> <li data-bbox="240 969 595 996">1. Location of Resident Records <li data-bbox="240 1025 595 1052">2. Shower Area in Housing Units <p data-bbox="240 1133 483 1160">Findings (By Provision):</p> <p data-bbox="240 1193 1485 1888">115.242 (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 residents 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 files are behind a locked door with limited access to ensure sensitive information is not disseminated. The interview with the PREA Coordinator indicated that the information from the risk screening is utilized to appropriately house and program individuals. He stated that placement officers ensure those designated as vulnerable are not housed with predators (predators are not allowed at ATCs) and they ensure other accommodations are made to ensure safety (having their living area/cell/bed closest to the officer's desk, etc.). The interview with the staff responsible for the risk screening indicated that considerations would be taken for any information gathered during the screening process which may make a resident vulnerable to sexual victimization or abuse. She stated she would refer the resident to a community provider as well related to any disclosure of history of sexual victimization. A review of housing documentation confirmed there were zero residents at high risk of abusiveness and zero residents at high risk of victimization. A review of risk screening information confirmed that it is utilized to assist with housing, bed and work assignments, even for those that are not high risk.</p> <p data-bbox="240 1921 1485 2145">115.242 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each resident. 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</p>

identified as a predator, the proposed housing assignment shall be reviewed and approved by the Chief Administrative Officer in consultation with the facility PCM. The interview with the staff responsible for the risk screening indicated that considerations would be taken for any information gathered during the screening process which may make a resident vulnerable to sexual victimization or abuse. She stated she would refer the resident to a community provider as well related to any disclosure of history of sexual victimization.

115.242 (c): The PAQ indicated that the agency/facility makes housing and program assignments for transgender or intersex residents 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 PC stated that transgender and intersex resident's housing and programming assignments are determined by the multidisciplinary Transgender Administrative Committee (TAC). He stated the TAC considers whether the placement will ensure the resident's safety and whether the placement would present any management or security problems. There were zero transgender and intersex residents at the facility over the audit period and during the on-site portion of the audit and as such there was no documentation to review nor any interviews conducted.

115.242 (d): 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 PC and the staff responsible for risk screening confirmed that the residents' views with respect to his/her safety would be given serious consideration. The PC stated that transgender and intersex residents go through a structured interview process. There were zero transgender and intersex residents at the facility over the audit period and during the on-site portion of the audit and as such there was no documentation to review nor any interviews conducted.

115.242 (e): 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. The interview with the PC and the staff responsible for risk screening confirmed that transgender and intersex residents are afforded the opportunity to shower separately. The PC stated that transgender and intersex residents are able to shower alone with adequate shower coverings when dayrooms/showers are closed to other individuals in custody. During the tour the auditor observed that resident restrooms have a solid entrance door. The showers inside the restroom also have curtains at the entrance. There were zero transgender and intersex residents at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.242 (f): 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 residents. He further stated housing is based on the confidential assessment tool (DOC 0494). There were zero LGBTI residents at the facility during the on-site portion of the audit and as such no interviews were completed.

Based on a review of the PAQ, 04.01.301, 04.03.104, the PREA Manual, transgender housing determinations (agency wide – not facility specific), observations made during the tour and information from interviews with the PC and staff responsible for conducting the risk screening, indicates that this standard appears to be compliant.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 365 297">Documents:</p> <ol data-bbox="240 327 1291 640" style="list-style-type: none"> <li data-bbox="240 327 536 353">1. Pre-Audit Questionnaire <li data-bbox="240 383 1291 409">2. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) <li data-bbox="240 439 956 465">3. Memorandum of Understanding with the John Howard Association <li data-bbox="240 495 555 521">4. TRUST Act Memorandum <li data-bbox="240 551 748 577">5. Individuals In Custody Handbook (Handbook) <li data-bbox="240 607 440 633">6. PREA Posters <p data-bbox="240 730 352 757">Interviews:</p> <ol data-bbox="240 786 660 927" style="list-style-type: none"> <li data-bbox="240 786 660 813">1. Interview with the PREA Coordinator <li data-bbox="240 842 576 869">2. Interview with Random Staff <li data-bbox="240 898 628 925">3. Interview with Random Residents <p data-bbox="240 1014 509 1041">Site Review Observations:</p> <ol data-bbox="240 1070 732 1097" style="list-style-type: none"> <li data-bbox="240 1070 732 1097">1. Observation of PREA Reporting Information <p data-bbox="240 1187 483 1214">Findings (By Provision):</p> <p data-bbox="240 1243 1485 1740">115.251 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other resident or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. The PREA Manual, page 29 states that offenders shall be encouraged to report allegations to staff at all levels. Offenders shall be provided with avenues of internal reporting, including, but not limited to, a telephone hotline maintained by the Investigations and Intelligence Unit, or by mail to an outside entity (e.g. John Howard Association). Offenders shall be provided information on reporting mechanisms as noted in section 115.33. A review of additional documentation to include the Handbook and PREA Posters indicated that they outline methods for reporting. These methods include: telling any staff member; calling the hotline and/or sending a note, grievance or request slip. During the tour, the auditor observed that PREA Posters were located in each housing unit. Additionally, the auditor tested the internal reporting line during the tour. The auditor called the line on February 28, 2022 and left a message. The PC provided confirmation the same day that the call was received and forwarded to him. Interviews with 20 residents confirm that all 20 were aware of at least one method to report sexual abuse and sexual harassment. Most residents indicated that they would report through the phone number, staff, their family or anyone on the outside when they leave the facility. Interviews with twelve random staff indicate that residents can report to staff, through a grievance, by calling the hotline or through a kite.</p> <p data-bbox="240 1771 1493 2134">115.251 (b): The PAQ stated that the agency provides at least one way for residents to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ states that the facility does not house residents solely for civil immigration purposes. The PREA Manual, page 29 indicates that offenders shall be provided contact information to the John Howard Association to make such reports. This information shall be available in the facility orientation manual. A review of Handbook and PREA Poster confirmed that residents 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 s can report privileged mail to the John Howard Association through the PO Box in Chicago, Illinois. During a prior IDOC 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 letter was forwarded from the PC to the auditor on December 10, 2021. The interview with the PC indicated residents are provided information for the John Howard Association, which is the outside reporting entity. He stated that upon</p>

receipt, the John Howard Association immediately contacts the agency PREA Coordinator. Interviews with 20 residents indicated that nine were aware of an outside reporting entity and eleven were aware they could anonymously report. While some residents 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.

115.251 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. It further indicated that staff are required to document verbal reports immediately. 04.01.301, page 10 states that any alleged sexual abuse or harassment shall be reported through chain of command as an unusual incident in accordance with 01.12.105. The PREA Manual, page 29 further states that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Interviews with 20 residents indicate that all 20 knew they could report verbally and/or in writing and eighteen knew they could report through a third party. Interviews with twelve random staff indicated that all twelve were aware that residents could report verbally, in writing, anonymously and through a third party. The staff stated that verbal reports are typically documented immediately, but always within 24 hours.

115.251 (d): The PAQ indicates the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. It further states that staff can report through the same confidential reporting methods as the residents. 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 twelve random staff indicate that all twelve were aware that they could privately report sexual abuse of a resident.

Based on a review of the PAQ, PREA Manual, memo related to John Howard Association, the TRUST Act memo, the Handbook, PREA Posters, observations during the tour and information from interviews with the PC, random residents and random staff indicates this standard appears to be compliant.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 365 297">Documents:</p> <ol data-bbox="240 329 1023 584" 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. Grievance Log 5. Sample Grievances <p data-bbox="240 674 483 701">Findings (By Provision):</p> <p data-bbox="240 732 1449 790">115.252 (a): G.0300 is the policy related to grievance procedures for residents. The PAQ indicated that the agency is not exempt from this standard.</p> <p data-bbox="240 822 1493 1014">115.252 (b): The PAQ indicated that agency policy or procedure allows a residents 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 residents 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.</p> <p data-bbox="240 1046 1477 1238">115.252 (c): The PAQ stated that agency policy and procedure allow a resident 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 a resident 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 page 73-76 has information on the grievance procedure.</p> <p data-bbox="240 1270 1485 1731">115.252 (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 there were zero sexual abuse grievances filed in the previous twelve months The PAQ further indicates that the agency always notifies a resident 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 grievance log and sample grievances confirmed there were zero sexual abuse allegations reported. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were conducted.</p> <p data-bbox="240 1762 1477 2152">115.252 (e): The PAQ indicated that agency policy and procedure permit third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. It further indicated that agency policy and procedure requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident'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 indicated there were zero third-party grievances filed in the previous twelve months where the resident declined assistance and contained the resident's decision to decline. A review of the grievance log and sample grievances confirmed that there were zero sexual abuse grievances filed during the audit period. There were zero residents who reported sexual abuse</p>

during the on-site and as such no interviews were conducted.

115.252 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that a resident 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 indicated there were zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the grievance log and sample grievances confirmed that there were zero sexual abuse grievances filed during the audit period. There were zero residents who reported sexual abuse during the on-site and as such no interviews were conducted.

115.252 (g): The PAQ indicated that the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident 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 residents have been disciplined for filing a grievance in bad faith in the previous twelve months.

Based on a review of the PAQ, G.0300, the Handbook, the grievance log and sample grievances, this standard appears to be compliant.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 365 300">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. Memorandum of Understanding with Center for Prevention of Abuse – Sexual Assault Services 4. Individuals in Custody Handbook (Handbook) 5. PREA Poster <p data-bbox="240 674 352 703">Interviews:</p> <ol data-bbox="240 732 1118 815" style="list-style-type: none"> 1. Interview with Random Residents 2. Interview with Center for Center for Prevention of Abuse – Sexual Assault Services <p data-bbox="240 904 483 934">Findings (By Provision):</p> <p data-bbox="240 963 1489 1756">115.253 (a): The PAQ indicated that the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The PAQ also stated that the facility provides residents with mailing addresses and phone numbers to local, state or national victim advocacy or rape crisis centers and provides residents with access to such services by enabling reasonable communication. The MOU with the Center for Prevention of Abuse – Sexual Assault Services states that the purpose and scope of the MOU is to establish a joint effort between IDOC and the Center for Prevention of Abuse – Sexual Assault Services 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 Peoria ATC and within the IDOC prison. The MOU states that IDOC agrees to provide inmates with the rape crisis center’s mailing address in the offender orientation manual or in other printed materials such as postings, bulletins or handouts. Additionally, it states that IDOC agrees to provide inmates access to the rape crisis center’s hotline to enable reasonable communication between the inmate and advocates and counselors in as confidential manner as possible. A review of the PREA Poster confirmed that residents are provided the telephone number and mailing address to the Center for Prevention of Abuse – Sexual Assault Services. 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 tour the auditor observed the PREA Poster with the victim advocacy information displayed throughout the facility. Interviews with 20 residents indicated that ten were aware of outside victim advocacy services and were provided a telephone number and mailing address to a local, state and/or nation rape crisis center. Most of the residents stated they received the information but they did not know anything about the organization. There were zero residents who reported sexual abuse and as such no interviews were conducted. The staff member from the Center for Prevention of Abuse – Sexual Assault Services stated they signed an MOU in September 2021 but never received an executed copy. She stated that they provide a 24 hours reporting/crisis line, medical advocacy services, counseling and therapy and that they offer it to the residents at the facility, but to date they have not provided any services to them. The staff member indicated she did not have any concerns related to the facility’s PREA compliance or any concerns related to residents’ sexual safety.</p> <p data-bbox="240 1789 1489 2148">115.253 (b): The PAQ indicated that the facility informs residents, 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 residents, 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 the Center for Prevention of Abuse – Sexual Assault Services states that the purpose and scope of the MOU is to establish a joint effort between IDOC and the Center for Prevention of Abuse – Sexual Assault Services 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 Peoria ATC and within the IDOC prison. The MOU states that IDOC agrees to provide inmates with the rape crisis center’s mailing address in the offender orientation manual or in other printed materials such as postings, bulletins or handouts. Additionally, it states that IDOC agrees to provide inmates access to the rape crisis center’s</p>

hotline to enable reasonable communication between the inmate and advocates and counselors in as confidential manner as possible. A review of the PREA Poster confirmed that residents are provided the telephone number and mailing address to the Center for Prevention of Abuse – Sexual Assault Services. The PREA Poster states “if you are a victim of sexual abuse, individuals in custody may contact victim advocates for emotional support services related to sexual abuse”. Page 27 of the Handbook states that all personal call are to be placed from dial out only phones located in the living area. It further states that coin operated pay phones are for approved calls to an employer only. Page 27 states outgoing mail is resident’s responsibility. All residents use the regular facility mail room for any and all postal services. It further states that incoming mail is opened, searched and may be reviewed as appropriate. Legal or privileged mail must be clearly marked as such and will only be opened by the resident in the presence of staff. Residents can utilize their cell phones while off-site to call the rape crisis center. Residents can also contact a facility staff member to call the number on an outside line. During the tour the auditor observed the PREA Poster with the victim advocacy information displayed throughout the facility. Interviews with 20 residents indicated that ten were aware of outside victim advocacy services and were provided a telephone number and mailing address to a local, state and/or nation rape crisis center. Most of the residents stated they received the information but they did not know anything about the organization. There were zero residents who reported sexual abuse and as such no interviews were conducted.

115.253 (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 residents with emotional support services related to sexual abuse. The PAQ indicated the facility maintains copies of the agreement. A review of documentation confirmed that the facility has an MOU the Center for Prevention of Abuse – Sexual Assault Services, a local rape crisis center. The MOU was signed on October 21, 2021 and the facility maintains a copy of the MOU.

Based on a review of the PAQ, the MOU with the Center for Prevention of Abuse – Sexual Assault Services., the PREA Poster, the Handbook, observations made during the tour and interviews with random residents, this standard appears to be corrected and as such compliant.

Recommendation

The auditor recommends that the facility provide the Center for Prevention of Abuse – Sexual Assault Services a copy of the executed MOU so they have the information for their records.

115.254	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>115.254 (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 a resident. The PREA Manual, page 32 states that the Department shall post publicly, and maintain, the third-party reporting avenue on its public website. A review of the agency's website as well as the PREA Poster confirm that there is information on how to report sexual abuse and/or staff sexual misconduct. Individuals can call the IDOC Headquarters number (217-558-4013) and leave a message. Additionally, the PREA Posters state that individuals can write to the IDOC PREA Coordinator and/or to the John Howard Association.</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>

115.261	Staff and agency reporting duties
	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 01.12.105 Reporting of Unusual Incidents 4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with the Director 3. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.261 (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 residents 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 twelve staff confirm that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they report the information to the Shift Commander or direct supervisor.</p> <p>115.261 (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 twelve staff confirm that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they report the information to the Shift Commander or direct supervisor.</p> <p>115.261 (c): The facility does not employ medical or mental health care staff and as such no interviews were conducted.</p> <p>115.261 (d): The interview with the PREA Coordinator indicated that these allegations would be handled the same as the</p>

others. The Director stated that the facility does not house anyone under eighteen. He further stated that any vulnerable adults would be moved from the facility and the allegation would be documented and investigated.

115.261 (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 Director confirmed that all allegations are reported to the Shift Commander and Center Supervisor. The Center Supervisor then contacts the Illinois River Correctional Center to conduct an investigation. There were zero allegations of sexual abuse and sexual harassment reported during the audit period and as such there were no documents to review.

Based on a review of the PAQ, 04.01.301, 01.12.105, the PREA Manual and information from interviews with random staff, the PREA Coordinator and the Director indicates that this standard appears to be compliant.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the Director 3. Interview with Random Staff <p>Findings (By Provision):</p> <p>115.262 (a): The PAQ indicated that when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The PAQ further stated there were zero instances where the facility learned that a resident was an imminent risk of substantial risk of sexual abuse. 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 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 Director indicated that if a resident was subject to substantial risk of imminent sexual abuse they would immediately remove the resident from the housing unit and/or area to ensure safety. He stated the resident would be referred to health services and mental health as well. Interviews with random staff confirmed that residents at imminent risk of sexual abuse would be removed from the area/housing unit and the information would be reported.</p> <p>Based on a review of the PAQ, 04.01.301, PREA Manual and information from interviews with the Agency Head, Director and random staff indicates that this standard appears to be compliant.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

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

Interviews:

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

Findings (By Provision):

115.263 (a): The PAQ indicated that the agency has a policy requiring that, upon receiving an allegation that a resident 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 indicated there were zero residents that reported that they were abused while confined at another facility. A review of documentation confirmed there were zero residents who reported sexual abuse that occurred at another facility.

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

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

115.263 (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 (Director) of the IDOC facility receiving the allegation reports such complaint to the Chief Administrative Officer (Director) 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 Director indicated that if an allegation is received they would immediately document it and report the allegation to the Center Supervisor. The Center Supervisor would report the incident to the Illinois River Correctional Center for investigation. The Director confirmed there were no examples where they received an allegation from another facility over the previous twelve months. A review of documentation confirmed there were zero sexual abuse allegation reported during the previous twelve months. Additionally, the PC provided a memo indicating that 04.01.301 was under review and that this provision language was added to policy.

Based on a review of the PAQ, 04.01.301, the PREA Manual, the memo related to updated policy language and interviews with the Agency Head Designee and Director, this standard appears to be compliant.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

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

Interviews:

1. Interview with First Responders
2. Interviews with Random Staff

Findings (By Provision):

115.264 (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 a resident 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 a resident was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be immediately provided protection from the alleged abuser and the incident shall be investigated. The victim shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5 and be evaluated by mental health or a crisis intervention team member within 24 hours to assess the need for counseling services. Policy further states that staff responding to any allegation of sexual abuse shall take steps to ensure preservation of the area in which the alleged abuse occurred, including requesting the alleged victim and abuser not to take any action that may destroy physical evidence, including changing clothes, bathing, brushing teeth, urinating, defecating drinking or eating, etc. The PREA Checklist also provides staff with a checklist of duties to ensure is completed post sexual abuse allegation. The PREA Checklist includes the required first responder duties. The PAQ indicated there were zero sexual abuse allegations reported and as such no first responder duties were required. The first responder stated that he would separate the accused and the victim, lock down the scene, notify the shift commander, make sure he called for backup, get the victim medical aide if necessary, transport the victim to the hospital for rape kit, report the allegation and get internal affairs involved. There were zero residents who reported sexual abuse and as such no interviews were conducted. There were zero sexual abuse allegations reported during the previous twelve months.

115.264 (b): The PAQ indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. It further indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. 04.01.301, page 8 states that a member of the security staff shall be promptly notified if the staff responding is other than security staff. The PREA Checklist also provides staff with a checklist of duties to ensure is completed post sexual abuse allegation. The PREA Checklist includes the required first responder duties. The PAQ indicated there were zero allegations of sexual abuse reported during the previous twelve months. The first responder stated that he would separate the accused and the victim, lock down the scene, notify the shift commander, make sure he called for backup, get the victim medical aide if necessary, transport the victim to the hospital for rape kit, report the allegation and get internal affairs involved. The first responder stated that he would separate the accused and the victim, lock down the scene, notify the shift commander, make sure he called for backup, get medical aide if necessary, transport the victim to hospital for rape kit, report the allegation and get internal affairs involved. Interviews with random staff interviews confirmed that all staff were familiar with first responder duties. Staff stated they would secure, isolate and report. There were zero residents who reported sexual abuse and as such no interviews were conducted. There were zero sexual abuse allegations reported during the previous twelve months.

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

115.265	Coordinated response
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 367 300">Documents:</p> <ol data-bbox="242 327 1444 504" style="list-style-type: none"> <li data-bbox="242 327 534 356">1. Pre-Audit Questionnaire <li data-bbox="242 383 1332 412">2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <li data-bbox="242 439 1444 504">3. Peoria Adult Transition Center Directive (ID) 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <p data-bbox="242 591 359 620">Interviews:</p> <ol data-bbox="242 647 550 676" style="list-style-type: none"> <li data-bbox="242 647 550 676">1. Interview with the Director <p data-bbox="242 763 486 792">Findings (By Provision):</p> <p data-bbox="242 819 1492 1317">115.265 (a): The PAQ indicated that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. ID 04.01.301, page 8 states that any offender who alleges to be a victim of sexual abuse shall be immediately provided protection from the alleged abuser and the incident shall be investigated. The victim shall be referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5. The decision to collect evidence shall be made on a case-by-case basis in accordance with standard investigative procedures. The victim will be 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 3-6 describe the facility leaderships responsibilities. The Director confirmed that the facility follows protocol regarding reporting and/or observing sexual abuse. All allegations are reported and the resident will be removed from the area and protected. The resident will be examined and screened by health services, mental health and crisis intervention. He further stated IID would conduct an investigation into the allegation.</p> <p data-bbox="242 1344 1492 1406">Based on a review of the PAQ, ID 04.01.301 and information from the interview with the Director, this standard appears to be compliant.</p>

115.266	<p>Preservation of ability to protect residents from contact with abusers</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. Collective Bargaining Agreements <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head <p>Findings (By Provision):</p> <p>115.266 (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>115.266 (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>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 365 297">Documents:</p> <ol data-bbox="240 329 1329 528" style="list-style-type: none"> <li data-bbox="240 329 536 356">1. Pre-Audit Questionnaire <li data-bbox="240 387 1329 414">2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <li data-bbox="240 445 748 472">3. PREA Retaliation Monitor – Staff (DOC 0499) <li data-bbox="240 504 791 530">4. PREA Retaliation Monitor – Offender (DOC 0498) <p data-bbox="240 618 352 645">Interviews:</p> <ol data-bbox="240 676 1054 815" style="list-style-type: none"> <li data-bbox="240 676 611 703">1. Interview with the Agency Head <li data-bbox="240 734 555 761">2. Interview with the Director <li data-bbox="240 792 1054 819">3. Interview with Designated Staff Member Charged with Monitoring Retaliation <p data-bbox="240 907 483 934">Findings (By Provision):</p> <p data-bbox="240 965 1485 1220">115.267 (a): The PAQ indicated that the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. 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 and that the facility PCM monitors for retaliation.</p> <p data-bbox="240 1254 1493 2114">115.267 (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 documents indicated that there have been no reported sexual abuse allegations or reports of retaliation. Interviews with the Agency Head, Director and staff responsible for monitoring retaliation all indicated that protective measures would be taken if residents or staff members 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 Director stated that for a minimum of 90 days following the initial report, the facility will monitor the conduct and treatment of the resident to observe any actions that may suggest possible retaliation by residents or staff. He further stated that conduct and treatment would be documented on the PREA Retaliation form, including disciplinary reports, housing and program changes and facility transfers. The staff responsible for monitoring stated she uses forms DOC 0498 and DOC 0499 to monitor for retaliation. She indicated that to protect residents from retaliation they can make a housing unit change, facility transfer and offer emotional support services. She stated she would monitor the resident's disciplinary reports, housing changes and work assignments. With regard to staff, she indicated she would monitor for post reassignments, facility transfer, performance reviews and reassignments. The staff member further stated that there is a zero tolerance policy and she would contact the resident for a minimum of 90 day, with periodic status checks. There were zero residents who reported sexual abuse and as such no interviews were conducted.</p>

115.267 (c): The PAQ indicated that the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The PAQ stated that the agency/facility monitors the conduct or treatment for 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 indicated there were zero incidents of retaliation reported. The interview with the Director indicated that if retaliation is suspected or reported they would refer it for investigation. The interview with the staff member responsible for monitoring retaliation indicated that she conducts monitoring for a minimum of 90 days and would only cease if the allegation was determined to be unfounded. She stated that she would extend the monitoring if needed and would monitor as long as there was a threat. She stated she would monitor the resident's disciplinary reports, housing changes and work assignments. With regard to staff, she indicated she would monitor for post reassignments, facility transfer, performance reviews and reassignments. There were zero allegations of sexual abuse reported during the audit period and as such there were no documents to review.

115.267 (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 there is a zero tolerance policy and she would contact the resident for a minimum of 90 day, with periodic status checks.

115.267 (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 Director stated that for a minimum of 90 days following the initial report, the facility will monitor the conduct and treatment of the resident to observe any actions that may suggest possible retaliation by residents or staff. He further stated that conduct and treatment would be documented on the PREA Retaliation form, including disciplinary reports, housing and program changes and facility transfers. He stated any retaliation would be investigated.

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

Based on a review of the PAQ, 04.01.301, DOC 0498, and interviews with the Agency Head, Director and staff charged with monitoring for retaliation, this standard appears to be compliant.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 365 297">Documents:</p> <ol data-bbox="240 329 1329 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 01.12.120 Investigations of Unusual Incidents 4. Administrative Directive 01.12.101 Employee Criminal Misconduct 5. Administrative Directive 01.12.112 Preservation of Physical Evidence 6. Administrative Directive 01.12.125 Uniform Investigative Reporting System 7. Administrative Directive 01.12.115 Institutional Investigative Assignment 8. Memorandum of Understanding with the Illinois State Police/Office of Executive Inspector General 9. Investigator Training Records <p data-bbox="240 904 352 931">Interviews:</p> <ol data-bbox="240 963 660 1099" style="list-style-type: none"> 1. Interview with Investigative Staff 2. Interview with the Director 3. Interview with the PREA Coordinator <p data-bbox="240 1189 483 1216">Findings (By Provision):</p> <p data-bbox="240 1247 1485 1776">115.271 (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 zero allegations of sexual abuse and sexual harassment reported at the facility over the previous twelve months. The interview with the investigator confirmed that an investigation would be initiated immediately. He stated third party and anonymous reports would be handled the same as direct reporting and the investigative process would be the same.</p> <p data-bbox="240 1807 1461 2134">115.271 (b): 01.12.115, page 2 states that the CAO shall ensure that each individual appointed as an investigator be registered for the next available investigator training program within ten days of temporary or permanent assignment as an investigator. Training topics include but are not limited to: investigative techniques, including interviewing sexual abuse victims; crime scene preservation; collection and preservation of evidence, including sexual abuse evidence collection in a confinement setting; proper use of Miranda and Garrity warnings; criteria and evidence required to substantiate a case for administrative action or prosecution referral; and investigative reporting. The agency utilizes their own training for this standard; PREA for Investigators. A review of the training curriculum confirmed slides 67-118 include the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. A review of documentation indicated that the facility utilizes the investigators from Illinois River Correctional Center. The two</p>

investigators completed the specialized training in 2014. 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.

115.271 (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. The interview with the investigator indicated that his first step would be to collect any physical evidence. He stated his full investigative process would involve gathering and preserving evidence; interviewing all parties involved, including any possible witnesses and reviewing electronic monitoring and audio recordings associated with the allegation. The investigators stated he would be responsible for collecting any physical evidence at the scene, ensuring a proper chain of evidence is completed. He also said he would review and preserve any video or audio evidence as well. There were zero allegations reported during the audit period and as such there were no investigations to review.

115.271 (d): The investigator confirmed that when he discovers that a prosecutable crime may have taken place he consults with prosecutors before conducting any compelled interviews. There were zero allegations reported during the audit period and as such no documentation was available for review.

115.271 (e): 04.01.301, page 10 states that alleged victims of sexual abuse shall not be required to submit to truth telling verification examinations such as voice stress analysis or polygraph exam as part of or as a condition of the investigation. The interview with the investigator confirmed that he would never, under any circumstance, require a resident victim of sexual abuse to submit to a polygraph tests or any other truth-telling devices. He further stated that credibility of a victim, suspect and/or witness would be assessed on an individual basis. There were zero residents who reported sexual abuse and as such no interviews were conducted.

115.271 (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. The interview with investigative staff confirmed that all administrative investigations are documented in a written report and include all information gathered during the investigation. He further stated that during the investigation he makes every effort to determine what happened in the situation and what actions or failures could have prevented the incident. There were zero allegations reported during the audit period and as such there were zero investigations to review.

115.271 (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. The interview with investigative staff confirmed that all criminal investigations are documented in a written report. He stated the report includes all information gathered through the investigation. He further stated that the report may also contain attachments such as photographs and video associated with the incident. There were zero allegations reported during the audit period and as such there were zero investigations to review.

115.271 (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 indicated there were zero allegations referred for prosecution since the last PREA audit. The interview with the investigator indicated that all substantiated cases are reviewed and referred for prosecution.

115.271 (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.

115.271 (j): The interview with the investigator confirmed that the investigation would proceed regardless of whether the staff member terminates employment and/or the resident leaves the facility prior to the completed investigation.

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

115.271 (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-resident. 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 Director stated that IID conducts investigations and that the parent facility's investigator (Indian River Correctional Center) would provide information to the facility. The interview with the investigative staff indicated that he would aid in setting up interviews and securing physical evidence for the outside agency.

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 training records and information from interviews with the PREA Coordinator, Director and investigative staff indicate that this standard appears to be compliant.

115.272	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 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.272 (a): The PAQ indicated 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). The interview with the investigator indicated that no standard higher than a preponderance of evidence would be used to determine the conclusion. There were zero sexual abuse allegation reported during the audit period and as such there was no documentation to review.</p> <p>Based on a review of the PAQ, 04.01.301, PREA Investigators Training Curriculum and information from the interview with the investigator, it is determined that this standard appears to be compliant.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 365 297">Documents:</p> <ol data-bbox="240 329 1329 472" style="list-style-type: none"> <li data-bbox="240 329 536 356">1. Pre-Audit Questionnaire <li data-bbox="240 387 1329 414">2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <li data-bbox="240 445 1291 472">3. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) <p data-bbox="240 557 352 584">Interviews:</p> <ol data-bbox="240 616 617 701" style="list-style-type: none"> <li data-bbox="240 616 553 642">1. Interview with the Director <li data-bbox="240 674 617 701">2. Interview with Investigative Staff <p data-bbox="240 786 483 813">Findings (By Provision):</p> <p data-bbox="240 844 1485 1108">115.273 (a): The PAQ indicated that the agency has a policy requiring that any resident 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 indicated there were zero sexual abuse allegations reported and as such zero notifications were made during the audit period. The interviews with the Director and the investigator confirmed that residents are informed of the outcome of the investigation into their allegation. There were zero residents who reported sexual abuse and as such there were no interviews conducted. There were zero sexual abuse allegations reported during the audit period and as such no notification were completed.</p> <p data-bbox="240 1140 1485 1332">115.273 (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 resident of the outcome of the investigation. The PAQ indicated there were zero sexual abuse allegations reported during the previous twelve months and zero notifications related to outside entity investigations. 04.01.301, page 10 states that the alleged victim will be notified, in writing, of the outcome of the investigation. There were zero sexual abuse allegations reported during the audit period and as such no notification were completed.</p> <p data-bbox="240 1364 1485 1960">115.273 (c): The PAQ indicated following an resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident'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 a resident 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. There were zero residents who reported sexual abuse and as such there were no interviews conducted. There were zero sexual abuse allegations reported during the audit period and as such no notification were completed.</p> <p data-bbox="240 1991 1485 2148">115.273 (d): The PAQ indicated following an resident's allegation that he or she has been sexually abused by another resident 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</p>

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. There were zero residents who reported sexual abuse and as such there were no interviews conducted. There were zero sexual abuse allegations reported during the audit period and as such no notification were completed.

115.273 (e): The PAQ indicated the agency has a policy that all notifications to residents 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 indicated there were zero sexual abuse investigations completed within the previous twelve months and zero notifications. There were zero sexual abuse allegations reported during the audit period and as such no notification were completed.

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

Based on a review of the PAQ, 04.01.301, the PREA Manual and information from interviews with the Director and the investigator, this standard appears to be compliant.

115.276	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="242 271 365 300">Documents:</p> <ol data-bbox="242 329 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 03.01.120 Employee Review Hearing 4. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (PREA Manual) <p data-bbox="242 616 483 645">Findings (By Provision):</p> <p data-bbox="242 674 1461 869">115.276 (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="242 898 1485 1093">115.276 (b): The PREA Manual, page 41 states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. It further states that administrative discipline shall be conducted using the Employee Review Hearing Process and the collective bargaining agreement. Any decision made on the proposal shall be in accordance with all applicable laws, rules and regulations. The PAQ indicated there were zero staff members who violated the sexual abuse or sexual harassment policies in the previous twelve months. A review of documentation confirmed that there were zero substantiated sexual abuse and sexual harassment allegations against a staff member during the audit period.</p> <p data-bbox="242 1122 1485 1451">115.276 (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 documentation confirmed that there were zero substantiated sexual abuse and sexual harassment allegations against a staff member during the audit period.</p> <p data-bbox="242 1480 1485 1778">115.276 (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 documentation confirmed that there were zero substantiated sexual abuse and sexual harassment allegations against a staff member during the audit period.</p> <p data-bbox="242 1807 1390 1836">Based on a review of the PAQ, 04.01.301, 03.01.120 and the PREA Manual this standard appears to be compliant.</p>

115.277	Corrective action for contractors and volunteers
	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 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director <p>Findings (By Provision):</p> <p>115.277 (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 residents 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 documentation confirmed there were zero contractors or volunteers who violated the agency's sexual abuse or sexual harassment policies.</p> <p>115.277 (b): The PAQ indicated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents 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 Director indicated that any violation of the sexual abuse and sexual harassment policies would result in a "Stop Order" to prevent the contractor or volunteer from entering the facility. He indicated that the incident would be reported and forwarded to IID for investigation. He further stated that if appropriate, the incident will be reported to local law enforcement. The Director 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 and information from the interview with the Director, this standard appears to be compliant.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

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

Interviews:

1. Interview with the Director

Findings (By Provision):

115.278 (a): The PAQ indicated that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that a resident engaged in resident-on-resident 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 indicated there were zero administrative or criminal finding of guilt for resident-on-resident sexual abuse. A review of documentation confirmed there were zero sexual abuse allegations reported during the previous twelve months.

115.278 (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 Director stated that if a resident violates the sexual abuse and sexual harassment policy they would be placed in investigatory status. He stated upon conclusion of the investigation, a disciplinary report would be completed. If appropriate, the incident would be reported to the State Police. The Director confirmed that discipline would be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

115.278 (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 Director confirmed that the disciplinary process considers whether the resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.278 (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. Further communication indicated that they do not offer medical or mental health services and that the abuser would be discharged from the program immediately. The facility does not employ medical or mental health care staff and as such no interviews were conducted.

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

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

115.278 (g): The PAQ indicated that the agency prohibits all sexual activity between residents. It further indicated that if the agency prohibits all sexual activity between residents and disciplines residents 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 and information from the interview with the Director, this standard appears to be compliant.

115.282	Access to emergency medical and mental health services
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 365 300">Documents:</p> <ol data-bbox="242 329 1329 414" style="list-style-type: none"> <li data-bbox="242 329 536 358">1. Pre-Audit Questionnaire <li data-bbox="242 387 1329 414">2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <p data-bbox="242 501 352 530">Interviews:</p> <ol data-bbox="242 560 608 589" style="list-style-type: none"> <li data-bbox="242 560 608 589">1. Interview with First Responders <p data-bbox="242 674 483 703">Findings (By Provision):</p> <p data-bbox="242 732 1493 1189">115.282 (a): The PAQ indicated that resident 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 confirmed that the facility did not have a medical or mental health area and did not provide medical or mental health services on-site. The facility does not employ medical or mental health care staff and as such no interviews were conducted. There were zero resident who reported sexual abuse and as such no interviews were conducted. There were zero sexual abuse allegations reported and as such no documentation was reviewed.</p> <p data-bbox="242 1225 1493 1518">115.282 (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 first responder stated that he would separate the accused and the victim, lock down the scene, notify the shift commander, make sure he called for backup, get the victim medical aide if necessary, transport the victim to the hospital for rape kit, report the allegation and get internal affairs involved. There were zero resident who reported sexual abuse and as such no interviews were conducted.</p> <p data-bbox="242 1552 1493 1809">115.282 (c): The PAQ indicated that resident 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. There were zero resident who reported sexual abuse and as such no interviews were conducted. There were zero sexual abuse allegations reported and as such no documentation was reviewed.</p> <p data-bbox="242 1843 1493 1966">115.282 (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.</p> <p data-bbox="242 2000 1493 2056">Based on a review of the PAQ, 04.01.301 and information from the interview with the first responder, this standard appears to be compliant.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

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

Findings (By Provision):

115.283 (a): The PAQ indicated the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 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 confirmed that the facility did not have a medical or mental health area and did not provide medical or mental health services on-site.

115.283 (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. The facility does not employ medical or mental health care staff and as such no interviews were conducted. There were zero resident who reported sexual abuse and as such no interviews were conducted. There were zero sexual abuse allegations reported and as such no documentation was reviewed.

115.283 (c): The facility provides access to medical and mental health care off-site through local community providers. The facility does not employ medical or mental health care staff and as such no interviews were conducted.

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

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

115.283 (f): The PAQ indicated that resident 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. There were zero resident who reported sexual abuse and as such no interviews were conducted. There were zero sexual abuse allegations reported and as such no documentation was reviewed.

115.283 (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. There were zero sexual abuse allegations reported and as such no documentation was reviewed.

115.283 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. The PAQ indicated that any abusers would be immediately discharged from the program as it would be a violation of their probation. 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. The facility does not employ medical or mental health care staff and as such no interviews were conducted. There were zero sexual abuse allegations reported during the audit period and as such there were no resident-on-resident abusers.

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

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 365 297">Documents:</p> <ol data-bbox="240 329 1326 472" style="list-style-type: none"> <li data-bbox="240 329 536 356">1. Pre-Audit Questionnaire <li data-bbox="240 387 1326 414">2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <li data-bbox="240 445 783 472">3. Sexual Abuse Incident Review Form (DOC 0593) <p data-bbox="240 557 352 584">Interviews:</p> <ol data-bbox="240 616 660 759" style="list-style-type: none"> <li data-bbox="240 616 553 642">1. Interview with the Director <li data-bbox="240 674 660 701">2. Interview with the PREA Coordinator <li data-bbox="240 732 660 759">3. Interview with Incident Review Team <p data-bbox="240 844 483 871">Findings (By Provision):</p> <p data-bbox="240 902 1493 1131">115.286 (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 indicated that there were zero sexual abuse incident reviews completed within the previous twelve months. There were zero sexual abuse allegations reported during the audit period and as such there were no sexual abuse incident reviews completed.</p> <p data-bbox="240 1162 1493 1355">115.286 (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. There were zero sexual abuse allegations reported during the audit period and as such there were no sexual abuse incident reviews completed.</p> <p data-bbox="240 1386 1493 1713">115.286 (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 interview with the Director indicated that the facility does not have a sexual abuse incident review team as the facility has a PC and in the event of an allegation they would contact IID for investigation. Further communication with the Director cleared up the confusion of the question and he stated that the facility has not had to conduct any sexual abuse incident reviews but if they had an allegation that required one they would complete a sexual abuse incident review and have a team conduct the review. He stated the team would include upper level management officials, with input from line supervisors, the investigator and counselors. He stated they do not have medical or mental health staff so they would not be part of the team.</p> <p data-bbox="240 1744 1493 2107">115.286 (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. Interviews with the Director, PC and incident review team member confirmed sexual abuse incident reviews would include the required elements under this provision. The Director stated that reviews would be provided to the PC who would advise staff and residents of any new or updated PREA information. The PC stated that all required information is captured using the IDOC statewide form (DOC 0593). He confirmed reports are forwarded to him for review and that the majority of allegations are determined to be unsubstantiated. The PC stated that the most common recommendation is additional cameras and the IDOC continues to expand their video monitoring capabilities, targeting facilities with the most need first.</p> <p data-bbox="240 2139 1493 2166">115.286 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons</p>

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 form confirmed that a section exists for recommendations.

Based on a review of the PAQ, 04.01.301, DOC 0593 form, and information from interviews with the Director, the PC and a member of the sexual abuse incident review team, this standard appears to be compliant.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 365 297">Documents:</p> <ol data-bbox="240 331 1329 584" style="list-style-type: none"> <li data-bbox="240 331 536 358">1. Pre-Audit Questionnaire <li data-bbox="240 387 1329 414">2. Administrative Directive 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <li data-bbox="240 443 456 470">3. PREA Checklist <li data-bbox="240 499 509 526">4. Annual PREA Report <li data-bbox="240 555 600 582">5. Survey of Sexual Victimization <p data-bbox="240 674 483 701">Findings (By Provision):</p> <p data-bbox="240 734 1493 1256">115.287 (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 the PREA Checklist confirmed 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">115.287 (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">115.287 (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">115.287 (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.

115.287 (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 residents 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.

115.287 (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, the PREA Checklist, the Survey of Sexual Victimization and the Annual PREA Report this standard appears to be compliant.

115.288	Data review for corrective action
	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. Annual PREA Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.288 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 04.01.301, pages 12-13 state that the Chief Administrative Officer and the facility PCM shall conduct an annual evaluation of the Sexual Abuse and Harassment Prevention and Intervention Program at their respective facility and submit to the PC a written report of the findings. The report should at minimum include: a review of each incident of sexual abuse or harassment that occurred during the reporting period; program and procedural changes implemented based on recommendations of the review team; training needs to ensure future safety and security; record of referrals to outside community resources; record of referrals for post-release service and statistical data. Policy further states that upon receipt of the reports from each facility, the agency PC shall assess the overall effectiveness of the Department's Sexual Abuse and Harassment Prevention and Intervention Program and submit a written report to the Director that has at minimum: statistical data and corrective action by facility; aggregated incident based sexual abuse or harassment data for the Department; perceived areas of concern and recommended or implemented improvements; a comparison of the current year's statistical data and corrective action with those of previous reporting periods; and an assessment of the Department's progress in addressing sexual abuse or harassment overall. A review of the Annual PREA Report indicates that it includes agency accomplishments, facilities audited during the year, statistical data and corrective actions. The report compares data from 2014 through the current year. The interview with the Agency Head indicated that 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 the agency as a whole.</p> <p>115.288 (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;</p>

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

115.288 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 04.01.301, page 13 states that the annual report shall be made available on the Department's website no later than June 30th of the year subsequent to the reporting period. The interview with the Agency Head confirmed that 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.

115.288 (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 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 and PC, this standard appears to be compliant.

115.289	Data storage, publication, and destruction
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 365 300">Documents:</p> <ol data-bbox="242 360 1329 456" 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 data-bbox="242 519 352 548">Interviews:</p> <ol data-bbox="242 609 660 638" style="list-style-type: none"> 1. Interview with the PREA Coordinator <p data-bbox="242 734 483 763">Findings (By Provision):</p> <p data-bbox="242 801 1485 929">115.289 (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 data-bbox="242 992 1485 1120">115.289 (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 data-bbox="242 1160 1485 1288">115.289 (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 data-bbox="242 1328 1461 1456">115.289 (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 data-bbox="242 1496 1469 1554">Based on a review of the PAQ, 04.01.301, the Annual PREA Report, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Findings (By Provision):</p> <p data-bbox="229 318 1509 416">115.401 (a): The facility is part of the Illinois Department of Corrections. All facilities were audited in the previous three-year audit cycle and audit report are found on the agency's website.</p> <p data-bbox="229 416 1509 542">115.401 (b): The facility is part of the Illinois Department of Corrections. The Department has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the third year of the three-year cycle.</p> <p data-bbox="229 542 1509 680">115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.403 (f): The facility was previously audited on August 2, 2019. The final audit report is publicly available via the agency website.</p>

Appendix: Provision Findings		
115.211 (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
115.211 (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 community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (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 residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	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

115.213 (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? (NA if no deviations from staffing plan.)	yes
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (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 residents?	no
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents 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?	yes
	Does the facility have procedures that enable residents 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?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (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 residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents 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 residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents 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 residents 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

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (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 residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (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 residents?	yes
115.217 (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 residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (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
115.217 (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
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.221 (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
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA 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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (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
115.221 (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?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (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
115.221 (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
115.221 (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 attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (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

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
115.222 (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 conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.231 (c)	Employee training	
	Have all current employees who may have contact with residents 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
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (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.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (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.)	na
115.235 (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 §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (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 resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (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 resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	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
115.252 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	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 resident 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
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident 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 residents 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
115.254 (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 a resident?	yes

115.261 (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 residents 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
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (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 residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (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
115.261 (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
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (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
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (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

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (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
115.265 (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
115.266 (a)	Preservation of ability to protect residents 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 limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	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 resident 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:4. Monitor resident 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 resident 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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (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
115.271 (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 115.221(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 115.221(a).)	yes
115.271 (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 115.234?	yes

115.271 (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
115.271 (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
115.271 (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 resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (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
115.271 (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
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (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 facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (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

115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident'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 resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (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
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (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
115.276 (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
115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	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
115.277 (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 residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.278 (f)	Disciplinary sanctions for residents	
	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
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (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 § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (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
115.283 (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 residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (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
115.283 (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
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (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
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (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
115.286 (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 §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (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
115.287 (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
115.287 (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 residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.287 (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
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (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
115.288 (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
115.288 (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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
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 residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees 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