

PREA Facility Audit Report: Final

Name of Facility: Vandalia Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/01/2022

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: Latera M. Davis	Date of Signature: 10/01/2022

AUDITOR INFORMATION	
Auditor name:	Davis, Latera
Email:	laterad@yahoo.com
Start Date of On-Site Audit:	02/17/2022
End Date of On-Site Audit:	02/18/2022

FACILITY INFORMATION	
Facility name:	Vandalia Correctional Center
Facility physical address:	1825 U.S. 51, Vandalia, Illinois - 62471
Facility mailing address:	PO Box 500, Vandalia , Illinois - 62471

Primary Contact	
Name:	Denessa Battles
Email Address:	denessa.d.battles@illinois.gov
Telephone Number:	6182834170

Warden/Jail Administrator/Sheriff/Director	
Name:	Angela Locke
Email Address:	angela.locke@illinois.gov
Telephone Number:	6182834170

Facility PREA Compliance Manager	
Name:	Denessa Armstrong
Email Address:	denessa.armstrong@illinois.gov
Telephone Number:	O: 6182834170

Facility Health Service Administrator On-site	
Name:	Patricia Eddington
Email Address:	patricia.eddington@illinois.gov
Telephone Number:	6182834170

Facility Characteristics	
Designed facility capacity:	1330
Current population of facility:	326
Average daily population for the past 12 months:	375
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:	19 - 77
Facility security levels/inmate custody levels:	Minimum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	348
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	3
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	39

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

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

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

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none"> • 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Number of standards met:	
44	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-02-17
2. End date of the onsite portion of the audit:	2022-02-18

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International (email) Attempted contact with MOU advocacy center and unable to reach a viable contact John Howard Association (email)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1330
15. Average daily population for the past 12 months:	375
16. Number of inmate/resident/detainee housing units:	15
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	339
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:	0
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:	0
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:	4
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:	27
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):	There were two prior allegations of sexual abuse. However, the allegations were reported when the inmate left the facility.
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:	327
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:	28
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:	4
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:	During the onsite portion of the audit, the facility had four contracted mental health staff.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	13
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?	A total of 28 inmates were interviewed utilizing the Random sample of inmate questionnaire. Fifteen inmates were also identified as targeted residents.
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):	The auditor randomly selected residents from all housing units; in addition to selectin residents by race, age, and length of stay.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	15
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor did not observe or become aware of any inmates who met the above-mentioned targeted category.</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>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>The auditor did not observe or become aware of any inmates who met the above-mentioned targeted category.</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>The auditor did not observe or become aware of any inmates who met the above-mentioned targeted category.</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>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>The auditor did not observe or become aware of any inmates who met the above-mentioned targeted category.</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>The auditor did not observe or become aware of any inmates who met the above-mentioned targeted category.</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>4</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>The auditor did not observe or become aware of any inmates who met the above-mentioned targeted category.</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>Upon review of investigation files, there were two allegations of sexual abuse reported in the last 12 months; however, the allegations were reported after the inmate left the facility.</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>11</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>The auditor randomly selected inmate files to review of current and past inmates along with random and informal discussion during the site inspection. Additionally, the auditor requested prior information on targeted inmates from the facility for file review and to determine if they inmate was still located at the facility during the onsite inspection.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>At the time of the onsite inspection, the facility did not have any identified inmates who reported a sexual abuse. However, the audit team was able to interview one inmate who reported a prior history of sexual harassment.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>The interviewed staff was selected by the auditor. The facility provided the auditor with a list of staff, their position, and shift to identify for interviews and file review.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The interviewed staff was selected by the auditor. The facility provided the auditor with a list of staff, their position, and shift to identify for interviews and file review. There were no barriers to the process.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>29</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<ul style="list-style-type: none"> <input checked="" type="radio"/> Yes <input type="radio"/> No
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>1</p>

<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input checked="" type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>1</p>
<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input checked="" type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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).	The auditor had unimpeded access throughout the facility. During the onsite inspection the auditor was able to observe process and informally talk to staff and inmates in a private manner.

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The auditor was provided information on staff and inmates prior to the onsite inspection. Additional information was provided throughout the audit process.

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	1	0	1	0
Staff-on-inmate sexual abuse	1	0	0	1
Total	2	0	1	1

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	11	0	11	0
Staff-on-inmate sexual harassment	5	0	5	0
Total	16	0	16	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	1	0	0	0
Total	0	1	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	1	0
Staff-on-inmate sexual abuse	0	0	1	0
Total	0	0	2	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	1	6	4
Staff-on-inmate sexual harassment	0	0	5	0
Total	0	1	11	4

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:	2
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>16</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>11</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>5</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>
<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	
<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>Non-certified Support Staff</p>	
<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 checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
<p>AUDITING ARRANGEMENTS AND COMPENSATION</p>	
<p>121. Who paid you to conduct this audit?</p>	<p> <input type="radio"/> The audited facility or its parent agency <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) <input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other </p>
<p>Identify the name of the third-party auditing entity</p>	<p>Correctional Management and Communications Group</p>

Standards**Auditor Overall Determination Definitions**

- Exceeds Standard
(Substantially exceeds requirement of standard)

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

- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
<p>Auditor Overall Determination: Exceeds Standard</p>	
<p>Auditor Discussion</p>	
<p>The mission of the Vandalia Correctional Center includes maintaining a safe and secure environment for all staff and offenders as well as providing programs designed to assist offenders in their reentry into society. To attain maximum success of these programs, security and accountability of offenders remains the center's main goal.</p> <p>The Vandalia Correctional Center, located 85 miles southeast of Springfield, was established as the original prison farm operation in Illinois housing entirely misdemeanor offenders. The center has a dorm-type setting with 113 buildings, totaling 412,000 square feet. Total acreage is 1,520 with eight acres contained within the perimeter fence.</p> <p><u>Inmate Programs</u></p> <p>Academic:</p> <p>ABE (Adult Basic Education) GED (General Education Development) Pre-GED Computer Technology TABE (Test for Adult Basic Education) Vocational Technical Math College Academic Classes</p> <p>Vocational:</p> <p>Building Trades Auto Body School Horticulture Career Technologies</p> <p>Industries:</p> <p>Milk Production Juice Production Turkey Processing Vegetable Oil Processing Spice Production</p> <p>Volunteer Services:</p> <p>Alcoholics Anonymous Bible Studies Religious</p> <p>Other:</p> <p>Chaplaincy Fatherhood Initiative Leisure Time Activity Library Field Services TRAC 1 Orientation Lifestyle Redirection Drug Education Parenting Inside Out Dads Hot Topics Presentations Parole School Anger Management HIV Peer Groups Anger Management</p>	

The following evidence was analyzed in making compliance determination:

1. Documents:

Pre-Audit Questionnaire (PAQ)

Appendix A Section 504 (Offense Numbers and Definitions)

Illinois Department of Corrections (Administrative Directive)

- 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program

Illinois Department of Corrections (Institutional Directive)

- 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program

Memo: Designation of Agency Wide PREA Coordinator (PREA Standard 115.11)

Memo: PREA Compliance Manager (Dated 4/16/21)

Sexual Abuse and Harassment Prevention and Intervention Manual (2016)

Agency Organizational Chart

Facility Organizational Chart

Interviews:

PREA Coordinator

PREA compliance manager

Findings (By Provision):

115.11 (a). As reported in the PAQ, the agency has a written policy that mandates zero tolerance in all forms of sexual abuse and sexual harassment. Policy 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program, states that "The Department shall have a zero-tolerance policy for sexual abuse and sexual harassment and shall establish and maintain a program for the prevention and intervention of sexual abuse and harassment in correctional facilities in accordance with the standards established by the Prison Rape Elimination Act of 2003" (p. 1). The policy further states that its purpose is to "establish internal instructions to staff regarding prevention and intervention of offender sexual abuse and harassment" (p.1).

The agency exceeds this standard, as it has a robust PREA policy and process to manage compliance. There is a designated agency PREA Coordinator and an assigned PREA compliance manager for each facility. Additionally, the agency PREA Coordinator has an internal audit process in place to monitor the application of its policies. Additionally, Appendix A Section 504 (Offense Numbers and Definitions); provides the agency definitions for sexual abuse and sexual harassment; along with the Sexual Abuse and Harassment Prevention and Intervention Manual (2016). The purpose of the manual is to provide a written manual that provides guidance towards implementing zero tolerance against all forms of sexual abuse and sexual harassment, and to provide guidelines to address the following prohibited and/or illegal sexually abusive behavior involving: • Offender perpetrator against offender victim. • Staff perpetrator against offender victim. • Offender sexual harassment

115.11 (b). As reported in the PAQ, the agency employs or designates an upper-level, agency-side PREA coordinator. Policy 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program further states the agency shall designate an Agency PREA Coordinator. The policy further states that the PREA coordinator will:

- a. Develop, implement and oversee the Department's Sexual Abuse and Harassment Prevention and Intervention Program.
- b. Establish, maintain and review annually a PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual that provides written direction for staff concerning the national standards approved and promulgated by the Attorney General pursuant to the Prison Rape Elimination Act of 2003.
- c. Develop or approve standardized modules for training staff. Training shall include, but may not be limited to:
 1. The Department's Zero Tolerance Policy;
 2. The Department's Sexual Abuse and Harassment Prevention and Intervention Policy;

3. An offender's right to be free from sexual abuse and harassment and to be free from retaliation for reporting sexual abuse and harassment;
 4. Common signs of sexually abusive or harassing behavior;
 5. Common signs of being a victim of sexual abuse or harassment;
 6. Protocol for initial response, including identification and separation of offenders;
 7. Reporting procedures; and
 8. Preservation of physical evidence of sexual abuse.
- d. Ensure each year at least one-third of the Department's facilities undergo a PREA audit performed by a contracted PREA auditor certified by the Department of Justice.

Documentation Reviewed

The facility institutional directive further supports the agency policy. A memo dated 1/16/2018 designates the agency wide PREA coordinator (Ryan Nottingham).

Interviews

PREA Coordinator: The agency PREA Coordinator reported that they have adequate time to fulfill their responsibilities. The agency wide PREA Coordinate has correspondence will all DOC PREA compliance managers via SharePoint site, email, phone and site visits. If there is an identified issue with complying with the PREA standards the PREA Coordinator would contact specific division in concern and initiate corrective action and review policy, procedures or any rule that encompasses concern. Agency legal, policy unit, training unit and administration are included with the review. The agency utilizes the PREA Resource Center and network with other state PREA coordinators and DOJ contacts if necessary.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.11 (c). As reported in the PAQ, the facility has a designated PREA compliance manager. Policy 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program, states that The Chief Administrative Officer of each correctional facility shall:

- a. Designate a facility PREA Compliance Manager:
 - 1) With sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards; and
 - 2) Is trained in sexual abuse crisis issues and has the knowledge, skills and abilities for program implementation and evaluation.
- b. Designate a Backup PREA Compliance Manager to assist the PREA Compliance Manager and ensure a continuum of services in the PREA Compliance Manger's absence. Minimum training requirements shall be in accordance with Section II F.4.a.(2).

Documentation Reviewed

Memo: Designated PREA Compliance Manager

Interviews

PREA Compliance Manager (PCM): The interviewed PCM stated that she has enough time to manage the PREA related responsibilities. Time is managed according to the priorities as they arise. Compliance with the facilities PREA standards is coordinated by establishing a positive working relationship with the relevant staff in the various departments within the facility and the Department of Corrections. If there are any identified issues with compliance the PCM will connect with the necessary staff to address and reach a potential solution to issues as they arise.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making compliance determination:

1. Documents:

Pre-Audit Questionnaire (PAQ)

Safer Foundation/Crossroads ATC

Interviews

Agency Contract Administrator

Findings (By Provision):

115.12 (a). As reported in the PAQ, the agency has entered or renewed a contract for the confinement of inmates. A copy of the Safer Foundation agreement was provided, indicating that the "vendor shall comply with the Prison Rape Elimination Act of 1003 and the National Standards to Prevent, Detect, and Respond to Prison Rape Elimination Act (p.2).

The number of contracts for the confinement of inmates that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit, whichever is later: 2.

The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0.

Documentation Reviewed

Safer Foundation/Crossroads ATC Contract

Interviews

The interviewed agency contract administrator stated that individual correctional facilities do not contract for confinement services on their own. The Department (IDOC) does contract with Safer Foundation for the confinement of offenders in a Community Confinement setting. These two facilities – Crossroads Adult Transition Center and North Lawndale Adult Transition Center are stand-alone facilities and both facilities undergo their own PREA audits ever three years just like our other facilities operated by the State. Final Reports for their PREA audits are available on the IDOC website. The contracts for both Crossroads and North Lawndale require full compliance with the PREA Standards. Additionally, both Community Confinement facilities maintain accreditation by the American Correctional Association (ACA)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.12 (b). As reported in the PAQ, the agency requires the contracts to monitor the contracts compliance with PREA standards. The number of contracts referenced in 115.12 (a)-3 that DO NOT require the agency to monitor contractor's compliance with PREA standards: 0.

Documentation Reviewed

Safer Foundation/Crossroads ATC Contract

Interviews

Contract Administrator: The interviewed agency contract administrator reported that individual correctional facilities do not contract for confinement services on their own. The Department (IDOC) does contract with Safer Foundation for the confinement of offenders in a Community Confinement setting. These two facilities – Crossroads Adult Transition Center and North Lawndale Adult Transition Center are stand-alone facilities and both facilities undergo their own PREA audits ever three years just like our other facilities operated by the State. Final Reports for their PREA audits are available on the IDOC website. The contracts for both Crossroads and North Lawndale require full compliance with the PREA Standards. Additionally, both Community Confinement facilities maintain accreditation by the American Correctional Association (ACA).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.13	Supervision and monitoring
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • 05.01.101 Roster Management-Deployment of Security Personnel • 01.02.103 Duty Administrative Officer, Back-up Duty Administrative Officer and Required Inspection Tours • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <p>Staffing Plan (2021)</p> <p>Unscheduled Inspection Report (24)</p> <p>Daily Roster Review (36)</p> <p>Staff Roster</p> <p>Interviews</p> <p>a. Warden</p> <p>b. PREA Compliance Manager</p> <p>c. PREA Coordinator</p> <p>d. Intermediate or Higher-Level Staff (2)</p> <p>Findings (By Provision):</p> <p>115.13 (a). As reported in the PAQ, the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates is 976.</p> <p>Policy Roster Management-Deployment of Security Personnel states that, "The Department shall maintain an accurate roster of all security personnel for each facility to plan for proper utilization of security staff, plan for coverage of posts during absences and ensure that use of overtime is controlled and minimized" (p.1). The policy further states that "The Chief Administrative Officer (CAO) shall ensure a written procedure for a roster management plan is developed and implemented by the Assistant Warden of Operations. Roster management records shall be maintained in the Roster Management Application in accordance with the Roster Management Manual" (p.2)</p> <p>The VCC has 348 staff employed during the time of the PAQ completion that may have contact with inmates. The VCC provided a report showing the average daily number of inmates (800) on which the staffing plan was predicated; over the last 12 months.</p> <p><u>Documentation Reviewed</u></p> <p>Staffing Plan (2020)</p> <p>Staff Roster</p> <p><u>Interviews</u></p> <p>Warden: The interviewed Warden reported that each year a staff plan is developed. In accordance with, A.D.05.01.101, Roster Management. Vandalia Correctional Center shall maintain an accurate daily roster of all security personnel to plan for proper utilization of security staff, plan for coverage of posts during absences, and ensure the safety of staff, individuals in custody, and visitors. The safety of the individuals in custody is always taken into consideration. The number and placement of staff is directly correlated with the amount of movement within the facility. During increased times of movement, the number of supervisory staff increased in the area.</p>	

Video monitoring is not part of the staffing plan. Vandalia Correctional Center is currently installing video cameras in the dormitories and the main facility dietary. Vandalia Correctional Center requested 250 cameras but have received 50 to date. As they are received, they have been installed. Springfield management gives each facility an allocated headcount and allocated posts. These numbers are maintained by human resources. Each month the human resource representative sends out the allocated headcount and vacant positions.

When assessing adequate staffing levels, the need for video monitoring and how the facility staffing plan is considered; as the IDOC continually monitors and updates recommendations by the National Institute of Corrections, the American Correctional Association, and the Association of State Correctional Administrators. In May 2016, the Illinois Department of Corrections entered into a settlement agreement in the case of Rasha v. Baldwin. While the department doesn't admit liability regarding the allegations made in the suit, it recognizes that the treatment of individuals with mental illness will require a shift in departmental operations. The department has already implemented significant initiatives to enhance the delivery of mental health services.

The Warden reported that the Vandalia Correctional Center has not had any federal investigative findings of inadequacy. Every facility is subject to an exhaustive internal performance-based audit conducted by the Office of Performance Based Standards. Each audit examines the facilities compliance with a significant number of Administrative Directives. Corrective action is provided when warranted. It was further reported that while mental health staff are present and seeing individuals, extra security officers will be assigned to provide eyes on observation during individual/mental health interaction. Chapel-security staff are assigned to the chapel during all times when individuals are present including individuals assigned as chapel workers. Dietary-security staff have been assigned on all three shifts to ensure extra observations of individuals especially during mealtimes. Dietary procedures have been reiterated to ensure all doors and locks are secured during mealtimes while dietary supervisors are supervising meals. Gym-security staff always added in the gym when individuals are present including times when individuals are assigned as LTS workers. North Zone Classrooms-eliminated classroom in the North Zone School due to limited observations, lack of secondary exit, and no windows. Segregation-added segregation Sergeants on 7-3 and 3-11 shifts while offenders exit cells for movement, lines, meals, health care needs, or any other non-emergency needs. This will provide extra observation for segregation. Visiting room-added additional security officer in the visit room to provide coverage for video visits and to assist in the observation of the individuals on visits.

The Vandalia Correctional Center is designated as a minimum-security facility. Individuals housed at the facility are typically low escape risk, low aggression/security level, and nearing the end of their sentence. Problematic individuals in custody are transferred to higher level facilities that are suitable for their needs. The number and placement of supervisory staff is directly correlated with the amount of individual movement throughout the facility. During times of increased individual movement. The number of supervisory staff is increased. During times of limited or no movement supervisory staff routinely make random unannounced rounds in all housing units and areas throughout the facility. Each shift commander is responsible for determining staffing levels or a particular program. Staffing needs are based on the size of the program, site and space, and number of participants. There are no applicable state or local laws that apply to staffing levels within IDOC facilities. Vandalia Correctional Center has extremely low numbers or substantiated or unsubstantiated allegations of sexual abuse. There is a zero-tolerance stance towards all forms of sexual abuse and harassment. Contractual employees are always escorted by security staff when on grounds. All individual in custody movement is 100% escorted. Procedures are in place to utilize volunteer overtime when cases arise that additional staff is needed.

When the Warden was asked how she checks for compliance, it was reported that daily roster reviews are completed for each shift. Vacancy notices are also sent to Springfield on a monthly basis.

PCM: The PCM further reiterated the above. In addition, it was reported that the staffing levels are established by operations and administration. If there are inadequacies exposed as a result of investigations or issues brought to light by individuals in custody, they are addressed at that time.

The auditor reviewed the facility annual staffing plan for 2021. A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.13 (b). As reported in the PAQ, there were no deviations in the staffing plan. Staffing at the Vandalia facility is predicated upon the average daily number of inmates (800). The facility makes its best efforts to comply on a regular basis with the presented staffing pattern that provides for adequate levels of staffing supplemented with the use of video monitoring to protect the facility offenders against abuse. Policy Sexual Abuse and Harassment Prevention and Intervention Program provides guidance on the completion of the staffing plan and requires that each time the staffing pattern is not complied with, the facility documents.

The facility documents any deviations for its staffing plan on the Daily Roster Review. The deviations typically include holdovers in the event staff call out or there is a staff shortage to cover a shift.

Documentation Reviewed

Interviews

Warden: When the Warden was asked whether the facility documents all instances of non-compliance with the staffing plan, it was reported that any deviations from the staffing plan is documented on the daily roster review.

115.13 (c). As reported in the PAQ, the facility conducts an annual review of the staffing plan.

Documentation Reviewed

The auditor reviewed a copy of the 2021 annual staffing plan.

Interviews

PREA Coordinator: The interviewed PREA Coordinator stated that staffing assessments are reviewed on an agency level every two weeks. The review is in collaboration with the Chief of Staff, operation division and Chief Financial Officer. This information is strategically evaluated to ensure proper staffing levels are managed.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.13 (d). As reported in the PAQ, the facility requires that the intermediate-level or higher-level staff conduct unannounced rounds. The unannounced rounds cover all shifts and staff are prohibited from alerting other staff of the conduct of such rounds. Policy Duty Administrative Officer, Back-up Duty Administrative Officer and Required Inspection Tours, states that:

A BUDAO shall conduct unscheduled inspections of random areas within the facility.

The inspections shall occur:

- For all major holidays, on the actual date of the respective holiday;
- During back shift, ensuring each BUDAO conducts at least one back shift inspection per calendar month;
- Each weekend unless otherwise approved by the respective Deputy Director due to the facility's number of BUDAO staff; and NOTE: Written documentation from the respective Deputy Director noting the approved exceptions shall be filed with the facility's Unscheduled Inspection Reports, DOC 0481.
- At satellite facilities, a minimum of one unscheduled weekend inspection per month, a minimum of one back shift inspection per month and a minimum of one major holiday per year.

The CAO or any upper-level administrative staff, when acting as the BUDAO, shall document the unscheduled inspections of random areas within the facility on the DOC 0481.

Each inspection shall include, but not be limited to:

- A minimum of three housing units; and
- Security issues, such as:
 - Current inspection logs;
 - Accurate accounting of tools and equipment;
 - Secured cell, wing and gallery doors; and
 - Toxic substance control.

NOTE: Staff shall be prohibited from alerting other staff members that supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.

Documentation Review

Unscheduled Inspection Reports (24 Reviewed) - The form is very detailed providing a clear overview of unannounced rounds.

Interviews

Immediate or Higher-Level Staff: To facility staff who are considered intermediate or higher-level staff, reported that unannounced rounds and conducted and documented. Unannounced rounds are conducted daily and at various locations of the facility. The rounds are documented using the Employee Housing Unit Visitor Logbooks located in each housing unit. It was further reported that staff are prevented and discouraged from alerting other staff of unannounced rounds by informing staff at roll call of the policy in accordance with the Administrative Director 1.02.103. It was further reported that when conducting rounds, the route may vary, and we don't always go from one building to the next.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Memo: Admission of 17-year-old offenders on or after January 1, 2017 (Dated 1/23/2017)</p> <p>Place of Confinement (730 ILCS 5/5-8-6)</p> <p>Inmate Roster</p> <p>Illinois Department of Corrections (Institutional Directive):</p> <ul style="list-style-type: none"> • 05.03.006 Offender Management and Movement/Identification and Monitoring of Youthful Offenders. <p>Findings (By Provision):</p> <p>115.14 (a-c). As reported in the PAQ, the facility prohibits placing youthful inmates in a housing unit with an adult inmate. Upon review of the inmate roster, there were no identified youthful offenders.</p> <p>In the past 12 months there were zero youthful inmates housed at the facility. While the facility does not house youthful offenders, there is a directive (Offender Management and Movement/Identification and Monitoring of Youthful Offenders) in place that guides staff on how to management youthful offenders. Upon review of the inmate roster, there were no youthful offenders housed at the facility.</p> <p>Memo (Admission of 17-year-old offenders on or after January 1, 2017) provides guidance on managing youthful offenders. The memo states:</p> <p>Illinois Unified Code of Corrections Section 5-8-6 Place of confinement [730 ILCS 5/5-8-6] was amended by Public Act 99-628 (effective 1-1-2017). Subsection (c) now provides: "(c) All offenders under 18 years of age when sentenced to imprisonment shall be committed to the Department of Juvenile Justice and the court in its order of commitment shall set a definite term. The provisions of Section 3-3-3 shall be a part of such commitment as fully as though written in the order of commitment. The place of confinement for sentences imposed before the effective date of this amendatory Act of the 99th General Assembly are not affected or abated by this amendatory Act of the 99th General Assembly." As of January 1, 2017, newly sentenced 17-year-old offenders are to be admitted into the penitentiary system at an IDJJ facility and later subject to permanent transfer to IDOC pursuant to 730 ILCS 5/3-10-7(e) after attaining the age of 18. IDOC Reception and Classifications Centers shall no longer accept 17 year old offenders. Committing counties shall be directed to contact IDJJ for instruction as to which IDJJ facility a 17 year old offender should instead be transported by the Sheriff. 17 year old offenders already in IDOC's custody on December 31, 2016 shall remain in IDOC's custody.</p> <p>Furthermore, Illinois Place of Confinement law says that "All offenders under 18 years of age when sentenced to imprisonment shall be committed to the Department of Juvenile Justice and the court in its order of commitment shall set a definite term. The provisions of Section 3-3-3 shall be a part of such commitment as fully as though written in the order of commitment. The place of confinement for sentences imposed before the effective date of this amendatory Act of the 99th General Assembly".</p> <p><u>Documentation Reviewed</u></p> <p>Inmate Roster</p> <p>Memo: Admission of 17-year-old offenders on or after January 1, 2017</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Settlement (Monroe 18-156 Memo and Order; Injunction)</p> <p>Personal Search Card</p> <p>Personal Search Curriculum</p> <p>Rehabilitation, Safety Management and Care for Transgender People in Correctional Settings</p> <p>Sexual Abuse and Harassment Intervention and Prevention Program Manual</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • 04.01. Sexual Abuse and Harassment Prevention and Intervention Program • 04.03.104 Evaluation, Treatment, and Correctional Management of Transgender Offenders • 05.01.113 Searches of Offenders <p>Illinois Administrative Code:</p> <ul style="list-style-type: none"> • Searches For and Disposition of Contraband <p>Corrective Action Training Records (354)</p> <p>Onsite Construction (shower/toilet)</p> <p>Interviews:</p> <p>Random Sample of Staff (12)</p> <p>Random Sample of Residents (28)</p> <p>Findings (By Provision):</p> <p>115.15 (a). As reported in the PAQ, the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. There have been zero instances in the past 12 months were staff conducted cross-gender strip or cross-gender visual body searches of inmates. Policy Searches of Offenders further reiterates that cross gender searches are prohibited (p. 2). The Illinois Administrative Code, Searches for and Disposition of Contraband), also states that:</p> <p>All committed persons and their clothing, property, housing and work assignments are subject to search at any time.</p> <ol style="list-style-type: none"> 1. Strip searches and visual searches of anal or vaginal body cavities of committed persons shall be conducted by persons of the same sex as the committed person and in an area where the search cannot be observed by persons not conducting the search, except in cases of an emergency. 2. Intrusive searches of anal or vaginal body cavities of committed persons may be performed by medical personnel when a reasonable suspicion exists that contraband may be hidden in a body cavity. Intrusive shall mean physical entry into a body cavity. The search shall be conducted in an area where the search cannot be observed by persons not conducting the search, except in cases of emergency. If the committed person does not consent to an intrusive cavity search, the search may only be performed upon the approval of the Chief Administrative Officer, in consultation with the center physician or the Agency Medical Director, and upon consideration of factors including, but not limited to, whether the search is medically contraindicated, whether the committed person's health may be endangered if the contraband is not removed, whether alternative means of securing the contraband are feasible, and institutional security. <p>Furthermore, the agency provides staff with a Personal Search Card that serves as additional tools to conduct searches. Upon review of the Personal Search Curriculum the IDOC provides staff with the tools on conducting searches and what type of searches are permissible. The searches policy states that cross gender strip searches are prohibited.</p>

The Sexual Abuse and Harassment Intervention and Prevention Program Manual states that “§ 115.15 Limits to cross-gender viewing and searches. (a) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. (b) As of August 20, 2015, or August 21, 2017, for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. (c) The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat-down searches of female inmates. The department considers this to be an “unusual event” therefore it shall be documented on an Incident Report, DOC 0434”.

115.15 (b). NA-the facility houses male inmates.

115.15 (c). As reported in the PAQ, the facility policy requires that all cross-gender strip searches and cross gender visual body cavity searches be documented. Policy Searches of Offenders states that all cross-gender searches are prohibited (p. 2). The facility does not house any female offenders.

115.15 (d). As reported in the PAQ, the facility has implemented policies and procedures that enable inmates to dress, shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitals except in exigent circumstances. Policy Sexual Abuse and Harassment Prevention and Intervention Program, further reiterates 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” (p.8). The policy also states 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” (p.8). The PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual provides additional guidance on the above areas.

All announcements are to be logged in the unit logbook. During the physical plant observation, the auditor observed the documentation of the logbook.

Documentation Reviewed

Onsite Construction (shower/toilet)

Interviews

Random Sample of Staff: One hundred percent (100%) of the interviewed random staff reported that inmates can dress, shower, and toilet without being viewed by staff of the opposite gender and that female presence on housing units is announced. The staff reported that they will make announcement by saying “female on deck” or “female on the unit”. Eleven of the 12 staff interviewed stated that inmates are allowed to dress, shower, toilet without being viewed by staff of the opposite gender. However, it should be noted that the design of the housing unit does allow for staff to see inmates showering or using the toilet if they are conducting rounds near those areas.

Random Inmates: Twenty-eight inmates were interviewed. Fourteen of the interviewed inmates reported that staff make announcements when they are entering the housing area especially if female officer are entering the unit. Two of the interviewed inmates stated the officers are inconsistent with making announcements. Twelve inmates interviewed reported that staff do not make announcements when they enter the housing unit. When the inmates were asked if “you or other inmates are ever naked in full view of female staff”, 14 of the inmates expressed concern that the showers are open and/or the toilet area is at the front of the housing unit, therefore anyone walking into unit able to see them using the restroom.

Onsite Inspection: During the onsite inspection, the auditor observed that the setup of the toilet and showers provided very little privacy for the residents. When randomly speaking to residents they expressed concern about the limitations of privacy. While the facility has taken several measures over the last few years to address the privacy concerns there is still significant concern that the overall set up is not conducive for residents to dress, shower, and toilet without being viewed by opposite gender staff.

It should also be noted that the facility is in progress of transitioning the residents to another building on campus. The auditor toured the new site location and found that the shower and toilet set up provided more privacy for the residents. It is expected that the transition to the new site will occur in June 2022. There has been an update to the building expansion. The expansion did not occur; therefore, the facility added additional layers to the shower area and the toilets to increase the privacy of individuals in custody.

115.15 (e). As reported in the PAQ, the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. Therefore, there were zero searches that occurred in the last 12 months. Policy Evaluation, Treatment, and Correctional Management of Transgender Offenders, indicates that if an offender is identified as “transgender, intersex, or gender incongruent in accordance with the

procedures established herein, the offender shall be searched by the gender of the staff designated on their offender identification card” (p. 8). Additionally, it states that at “no time will two different staff split up the body search areas and search a transgender, intersex, or gender incongruent offender” (p. 9).

The Searches of Offenders policy 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 conversations with the offender, 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” (p. 2).

Interviews

Random Sample of Staff: All of the interviewed randomly selected staff reported that they are not allowed to search or physically examine a transgender or intersex inmate for the purpose of determining the inmate’s genital status.

As a result of a judicial decree (Monroe 18-156 Memo and Order; Injunction) the IDOC has implemented new policies and procedures that protected transgender resident rights around medical services, housing, cross gender strip searches and gender affirming clothing; along with staff and inmate training.

115.15 (f). As reported in the PAQ, 100% of security staff who have received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional manner with security needs. The auditor reviewed the training curriculum titled Rehabilitation, Safety Management and Care for Transgender People in Correctional Settings and Personal Search Curriculum.

Documentation Reviewed

Training Records

Rehabilitation, Safety Management and Care for Transgender People in Correctional Settings training records (329 completed)

Corrective Action Training Records (354)

Interviews

Random Sample of Staff: Twelve staff, representing staff from all shifts, were interviewed. All the interviewed random staff reported that female officers are trained to conduct cross-gender pat down searches. All staff reported that it is a normal practice that male officers complete the pat down searches. Twelve staff stated that females would not conduct a strip search unless exigent circumstances. Most of the interviewed staff could articulate that they are to search in a professional and respectful manner and that the training is conducted every year during annual cycle training.

Corrective Action: The auditor has requested a sample of training records for 31 staff. At this time, all of the training records have not been provided. The requested records were provided. No further action is needed. The facility is compliant with the provision.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

Corrective Action: The auditor has requested a sample of training records for 31 staff. At this time, all of the training records have not been provided. The requested records were provided. No further action is needed. The facility is compliant with the standard.

115.16	Inmates with disabilities and inmates who are limited English proficient
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • 04.01.105 Facility Orientation • ADA Accommodations • Receptions and Classification Process <p>Individual In Custody Orientation Manual (English/Spanish)</p> <p>PREA Signage (English/Spanish)</p> <p>American Sign Language Video Remote Interpretation Procedure</p> <p>Language Interpretation Procedure</p> <p>Video Remote Interpreting</p> <p>Settlement Agreement (Deaf and Hard Of Hearing-April 23, 2018)</p> <p>Interviews:</p> <p>Agency Head</p> <p>Random Sample of Staff (12)</p> <p>Findings (By Provision):</p> <p>115.16 (a). As reported in the PAQ, the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>Policy Facility Orientation, states that:</p> <p>A facility orientation program shall be completed within seven (7) calendar days after admission, except in unusual circumstances. For a non-English speaking offender, reasonable efforts shall be made for the orientation to be explained to him or her in a language he or she understands.</p> <ol style="list-style-type: none"> a. The program shall stress all pertinent aspects of the facility's expectations of each offender and what an offender may expect to derive from established programs and services. It shall include, where applicable, an explanation of orientation status, disciplinary rules, grievance procedures, the Security Threat Group avoidance renunciation policies and protective custody. b. An orientation manual shall be provided to each offender. The manual shall be explained to the offender during the orientation program. c. Offenders shall receive written orientation materials and/or translations in their own language. Orientation materials may also be provided electronically, but offenders in special management and restrictive housing must be provided information in a written format so that their access to information is not impeded by their custody status. d. When a literacy problem exists, a staff member shall assist the offender in understanding the material. e. 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. If an offender refuses to sign the DOC 0291, the employee shall document the refusal on the DOC 0291 and sign and date. f. The DOC 0291 shall be placed in the offender's master record file or center file as appropriate (p.2). 	

Policy ADA Accommodations further provides guidance on ensuring services are provided for offenders who have known disabilities. Additionally, it should be noted that under a settlement agreement dated April 23, 2018, the IDOC had to implement additional measures to protect the rights of individuals who are deaf and hard of hearing. Such measures include but not limited to intake medical/hearing screenings, policy and procedures related to hearing screenings, audiological evaluations, auxiliary aids and assessment services, create and maintain a centralized database of deaf and hard of hearing inmates, create deaf and hard of hearing inmate identification cards, develop a communication plan, staff training, appropriate orientation material, provide access to communication devices/technologies, provide television services, create a visual and tactical alert notification, equal access to prison employment, a process for hand restraints, facility and cell assignments, updating the orientation manual, and monitoring and reporting.

The Reception and Classification Process Policy 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 Commission or a Qualified Interpreter. (2) For all offenders attending orientation who the Department has reason to believe are or may be Deaf or Hard of Hearing, the Department shall meet with the offender in a separate, subsequent orientation session to go over all orientation content provided orally at the initial orientation session. If the offender communicates through American Sign Language, then during the second, separate orientation session, the Department shall provide a Qualified Interpreter to assist the offender in understanding any orientation content provided orally. Illinois Department of Corrections Administrative Directive Page 3 of 5 Number: 05.07.101 Title: Reception and Classification Process Effective: 10/1/2020 (3) The Department shall reserve the first row of seats during orientation for offenders who are disabled".

Documentation Reviewed

Language Interpretation Services and American Sign Language Video Remote Interpretation Procedure

Individual In Custody Orientation Manual in English and Spanish

PREA Posters in English and Spanish

In addition, the agency provided a picture and an overview of the Video Remote Interpreting System (VRI)

Interviews

Agency Head: The interviewed agency head stated that the agency has an established procedure to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment by ADA Accommodations and the Language Service Contract. All orientation/educational materials are available in Spanish. In addition, orientation is available via video with the use of American Sign Language and Spanish. Offenders can participate in interactive dialogue with staff if further clarification is warranted

Inmates (with disabilities or who are limited English proficient): During the onsite inspection, it was determined that there were zero residents who were disabled or English proficient.

115.16 (b). As reported in the PAQ, the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment. Policy Facility Orientation states that "A facility orientation program shall be presented to each incoming offender and completed within seven (7) calendar days after admission, except in unusual circumstances. For a non-English speaking offender, reasonable efforts shall be made for the orientation to be explained to him or her in a language he or she understands" (p. 2).

The Language Interpretation Procedure "provides clear direction on how to successfully access the language interpretation services for an offender. The interpretation service can be used for over 600 different languages. The service is a telephone-based service (p. 1).

Documentation Reviewed

Language Interpretation Services and American Sign Language Video Remote Interpretation Procedure

Individual In Custody Orientation Manual in English and Spanish

PREA Posters in English and Spanish.

Interviews

Inmates (with disabilities or who are limited English proficient): During the onsite inspection, it was determined that there were zero residents who were disabled or English proficient.

115.16 (c). As reported in the PAQ, the agency policies prohibit other use of inmate interpreters, inmate readers, or other type of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties, or the investigation of the inmates' allegations. In the past 12 months, there were zero instances where inmate interpreters or readers were used to report allegations of sexual abuse or sexual harassment.

Documentation Reviewed

Language Interpretation Services and American Sign Language Video Remote Interpretation Procedure

Individual In Custody Orientation Manual in English and Spanish

PREA Posters in English and Spanish.

Interviews

Random Sample of Staff: Seven of the twelve random staff interviewed, reported that inmate interpreters have been used in general correspondence however unknown if policy allows for inmates to interpret, read, or provide other types of assistance when allegations of sexual abuse or sexual harassment. Two of the interviewed staff reported that the facility would get an interpreter rather than allowing an inmate to serve as an interpreter. Three of the interviewed staff reported the facility has ADA watches and systems that can be used to interpret for inmate if needed to report sexual abuse or sexual harassment.

Inmates (with disabilities or who are limited English proficient): During the onsite inspection, it was determined that there were zero residents who were disabled or English proficient.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.17	Hiring and promotion decisions
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • Administrative Review of Personnel or Services Issues <p>Background Investigations</p> <p>Standards of Conduct</p> <p>New Hire Background Investigation (28):</p> <ul style="list-style-type: none"> • Prison Rape Elimination Act Pre-Employment Self-Report • Request for Background Investigation • Employment Reference Check <p>Promotions (14):</p> <ul style="list-style-type: none"> • Prison Rape Elimination Act Pre-Employment Self-Report <p>Employee Arrest Notification (1)</p> <p>Memo: Arrest Tracking Process</p> <p>Volunteer and Contractor Background Checks -6</p> <p>Interviews:</p> <p>Administrative (Human Resources) Staff</p> <p>Findings (By Provision):</p> <p>115.17 (a). As reported in the PAQ, the agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who:</p> <ol style="list-style-type: none"> 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2). <p>Policy Administrative Review of Personnel or Services Issues, further reiterates the above requirements of the provision (p. 2).</p> <p>Additionally, the IDOC has a pre-employment form, Prison Rape Elimination Act Pre-Employment Self-Report and a PREA Questionnaire for Institutional Employers, that is asked for formal institutional employers to verify any history of sexual or PREA related allegations/investigations. Upon verification that there was an allegation of sexual abuse or sexual harassment, the IDOC can request any information related to substantiated findings of staff sexual misconduct or sexual harassment with an inmate from a former institutional employer. Such forms are documented and held in the employee personnel files. A review of 34 staff/contractor files, demonstrated that the facility is in compliance with this policy.</p> <p><u>Interviews</u></p> <p>Administration (Human Resources Staff): The interviewed agency human resources staff reported that the Background Investigation Unit (BIU) performs a background check on all Request for Background Investigations sent by facilities. In</p>	

addition, the BIU performs a check of IDOC Intel, work discipline and any PREA related incidents for all employees promoting to Shift Supervisor or a promotion in a Merit Compensation position. We also check IDOC Intel and work discipline for employees that have answered "Yes" on the DOC 0450 (PREA self-disclosure). When asked do you do this for any contractor who may have contact with residents as well? The interviewed staff reported that all contractors who have routine access to offenders (Wexford health providers, GEO drug counselors, etc.) go through the background process.

115.17(b). As reported in the PAQ, the agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

As previously stated, the IDOC has a pre-employment form, Prison Rape Elimination Act Pre-Employment Self-Report and a PREA Questionnaire for Institutional Employers, that is asked for formal institutional employers to verify any history of sexual or PREA related allegations/investigations. Upon verification that there was an allegation of sexual abuse or sexual harassment, the IDOC can request any information related to substantiated findings of staff sexual misconduct or sexual harassment with an inmate from a former institutional employer. Such forms are documented and held in the employee personnel files.

Documentation Reviewed

Background Checks (28)

Contractor Background Checks (6)

Volunteer Background Checks (25)

Sample of Reference Checks (different facility) (4)

Interviews

Administrative Human Resources: The interviewed human resources staff reported that the facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. The BIU reports any incidents that are uncovered while conducting the background check relating to sexual harassment and include these incidents in an Administrative Review (AR) that is forwarded on to the IDOC Executive Staff for their review. This does include contractual employees.

Corrective Action: During the post audit phase, it was determined that the state background investigation process did not consistently conduct reference checks on prior institutional employers. The agency PREA Coordinator identified the problem and instituted a corrective action. During the corrective action phase, the auditor is requested additional completion of reference checks for new hires at the facility. During the corrective action phase four reference checks were provided. There is no further action needed.

115.17 (c). As reported in the PAQ, the agency policy requires that before it hires any new employees who may have contact with inmates, criminal background record checks are conducted. In the past 12 months, the number of persons hired who may have contact with inmates who have had criminal background record checks is 41. Policy Administrative Review of Personnel or Services Issues and Background Investigations, further reiterates the above requirements of the provision (p.3). In addition, the PREA Questionnaire for Institutional Employers is completed on new hires.

In total the auditor reviewed 28 files where background was completed. The final analysis of the evidence indicates that the facility requires that before hiring new employees who may have contact with inmates, the agency shall: (1) Perform a criminal background records check (2) Makes 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.

In addition, the auditor reviewed 14 Prison Rape Elimination Act Pre-Employment Self-Report forms for staff that were promoted. The IDOC has an affirmative background check process where they are immediately notified if an employee is arrested.

Documentation Reviewed

Prison Rape Elimination Act Pre-Employment Self-Report

Request for Background Investigation

PREA Questionnaire for Institutional Employers

Interviews

Administration (Human Resources Staff): The interviewed agency human resources staff reported that the Background Investigation Unit (BIU) performs a background check on all Request for Background Investigations sent by facilities. In

addition, the BIU performs a check of IDOC Intel, work discipline and any PREA related incidents for all employees promoting to Shift Supervisor or a promotion in a Merit Compensation position. We also check IDOC Intel and work discipline for employees that have answered "Yes" on the DOC 0450 (PREA self-disclosure). When asked do you do this for any contractor who may have contact with residents as well? The interviewed staff reported that all contractors who have routine access to offenders (Wexford health providers, GEO drug counselors, etc.) go through the background process.

115.17 (d). As reported in the PAQ, the agency policy requires that a criminal background record check will be completed before enlisting the services of any contractor who may have contact with inmates. In the past 12 months, there were 3 contracts for services where criminal background record checks were contacted on all staff covered in the contract who might have contact with inmates. More specifically, Policy Background Investigations, states that "background investigations shall be completed on persons prior to employment or prior to placement in a safety sensitive position and on persons who provide services for the Department" (p. 2).

During the onsite portion of the audit, the auditor randomly requested and reviewed the files of six contracted staff, to determine if background checks were completed. Background checks were completed consistent with staff background checks.

Documentation Reviewed

Contractor Background Checks (6)

Interviews

Administration (Human Resources Staff): The interviewed agency human resources staff reported that the Background Investigation Unit (BIU) performs a background check on all Request for Background Investigations sent by facilities. In addition, the BIU performs a check of IDOC Intel, work discipline and any PREA related incidents for all employees promoting to Shift Supervisor or a promotion in a Merit Compensation position. We also check IDOC Intel and work discipline for employees that have answered "Yes" on the DOC 0450 (PREA self-disclosure). When asked do you do this for any contractor who may have contact with residents as well? The interviewed staff reported that all contractors who have routine access to offenders (Wexford health providers, GEO drug counselors, etc.) go through the background process.

115.17 (e). As reported in the PAQ, the agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. Policy Background Investigations, states that background checks may be conducted periodically and:

Annual background investigations shall be conducted on all individuals who:

- a. Are authorized to carry weapons and who have been issued a weapons authorization card; or
- b. Have a personally assigned state vehicle (pp. 1-2).

The Standards of Conduct Policy states that:

Employees shall verbally report as soon as possible; submit a written report within five working days; and submit the final disposition, when available, to his or her supervisor who shall forward a copy of the written report and the final disposition to the Background Investigations Unit for any: (1) Arrest, indictment or conviction for a felony or a misdemeanor, other than a minor traffic offense such as a parking ticket. Driving under the influence is considered to be a reportable offense, not a minor traffic offense. The report shall specify the facts forming the basis for the arrest, indictment or conviction and the name of the case. (a) Any employee who is convicted after March 1, 1998, of a domestic violence crime as defined under the Federal Gun Control Act and who may be required to possess, transport or receive a weapon or ammunition in the performance of his or her duty shall be terminated from employment. Any employee who failed to report a conviction of a domestic violence crime prior to March 1, 1998, and who may be required to possess, transport or receive a weapon or ammunition in the performance of his or her duty may be terminated from employment. (b) Any employee who is charged and convicted of a felony shall be terminated from employment. (p. 2).

The agency has a practice in place where they are immediately notified if any staff members are arrested. The immediate notification is conducted in with an arrest tracking process. The auditor reviewed a Memo (Arrest Tracking Process) dated 10/16/2021 that provides guidance on any immediate notification regarding any employee arrest.

Documentation Reviewed

Memo: Arrest Tracking Process

Interviews

Administrative (Human Resources Staff): The interviewed human resources staff reported that before hiring new employees

or contractors who may have contact with residents; that the agency will request information from the IL Department of Juvenile Justice a Child Abuse and Neglect Tracking System (CANTS) CFS form and from the IL Department of Children and Family Services and then forwarded in with other background documentation.

115.17 (f). The agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Interviews

Administrative (Human Resources Staff): The interviewed human resources staff reported that the BIU utilizes an arrest tracking system. When an employee or contract is arrested, the BIU is immediately notified of the arrest via LEAD/NCIC. Additionally, when an individual applies for employment with IDOC they are required to fill out the DOC 0031, applicant information sheet. There are numerous questions within the AIS that asks about visiting, corresponding with and living with IDOC offenders. Additionally, the applicant is asked about any contact with Law Enforcement. Applicants and promoting employees are required to complete the DOC 0450 (PREA Self Report) form.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.17 (g). As reported in the PAQ, the agency policy states that material omission regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Policy Standards of Conduct 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 discharge" (p. 7).

Staff are expected to complete a form (Prison Rape Elimination act Pre-Employment Self-Report). A blank copy of said form was provided. The form further indicates that "material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for ineligibility or termination of employment" (p. 1). Onsite, the auditor reviewed Upon review of 27 new employee and 14 promotion personnel files, it was found that staff are required to review and sign that they understand the consequences for inaccuracies and untruthfulness.

Documentation Reviewed

Prison Rape Elimination act Pre-Employment Self-Report (28 new employee/14 promotion)

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.17 (h). Unless prohibited by law, the agency shall 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.

Interviews

Administrative (Human Resources) Staff: The interviewed HR staff confirmed that when a former employee applies for work at another institution, upon request from that institution, the facility provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law. The IDOC policy request the employee to disclose misconduct.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action:

During the post audit phase, it was determined that the state background investigation process did not consistently conduct reference checks on prior institutional employers. The agency PREA Coordinator identified the problem and instituted a corrective action. During the corrective action phase, the auditor is requested additional completion of reference checks for new hires at the facility. Four reference checks were provided, no further action is needed. The facility is compliant with the standard.

115.18	Upgrades to facilities and technologies
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Memo: Camera Installation</p> <p>Interviews:</p> <p>Agency Head</p> <p>Warden</p> <p>Findings (By Provision):</p> <p>115.18 (a). As reported in the PAQ, the facility has not acquired a new facility or has made substantial expansions since the last PREA audit.</p> <p>Interviews</p> <p>Agency Head: The interviewed agency head stated that the Illinois Department of Corrections manages all facilities with care, custody, and safety in mind. The department takes great measures to ensure the security of those in custody, the employees of the department and the public served by the department. If at any time in the department, there is a facility under a physical change and/or the department may be opening new space for those under its custody, the department considers the ability to protect the inmates from sexual abuse as a main directing factor when accomplishing any change in physical structure or acquiring any new space. The department uses a multi-faceted strategy to attain a zero-tolerance environment for those that are under the department’s care and control.</p> <p>Warden: The interviewed Warden reported that the facility has added to the dormitory shower walls to reduce potential viewing. In addition, cameras are in the process of being installed.</p> <p>A review of the appropriate documentation and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. The considerations made to the modified construction exceeded the requirements of the standard. Onsite observation further confirmed the above.</p> <p>115.18 (b). As reported in the PAQ, the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. The facility provided email correspondence regarding the installation of new cameras. While cameras were recently installed they are not fully operational at this time. The facility will be downsizing, and the inmates housing will change by June 30, 2022. The changes will require the facility reappropriate the location of the new cameras. The auditor was able to observe the location of the newly installed cameras, however since they are not fully operable, the auditor was unable to monitor its usage.</p> <p><u>Documentation Reviewed</u></p> <p>Email: (Upgrades to camera system)</p> <ul style="list-style-type: none"> · Cameras installed D, E, F, G, SEG and Big Top · 5 cameras on hand for the dorms · CCTV monitor has been requested it's waiting to be approved <p><u>Interviews</u></p> <p>Agency Head: The interviewed agency head stated that the department has placed 234 DVR's, 2,574 (of which 75 DVRs and 1000 cameras were purchased with grant funds targeting PREA) new cameras and adjusted the usage of other cameras within the facilities to ensure the proper protection of inmates from sexual abuse. The department uses these cameras to increase supervision and to combat the blind spots within the physical nature of the facilities. The Operations Division continues to work with facilities in prioritizing any additional areas that need to be under surveillance. The department continues to seek and secure funds to procure additional monitoring technology.</p>	

Warden: The interviewed Warden stated that cameras are being implemented to enhance the monitoring areas that are not easily seen by security staff at all times.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.21	Evidence protocol and forensic medical examinations
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • Preservation of Physical Evidence • Sexual Abuse and Harassment Prevention and Intervention Program • Investigations of Unusual Incidents • Employee Criminal Misconduct <p>Email correspondence (Sexual Assault Evidence Kits)</p> <p>Sexual Abuse and Harassment Prevention and Intervention Program Manual</p> <p>MOU: Illinois Department of Corrections and Sexual Assault and Family Emergencies</p> <p>MOU: Illinois State Police</p> <p>Sexual Assault Emergency Survivor Treatment Act</p> <p>Interviews:</p> <p>Random Sample of Staff (12)</p> <p>PREA Compliance Manager</p> <p>Findings (By Provision):</p> <p>115.21 (a). As reported in the PAQ, the agency facility is responsible for conducting administrative or criminal sexual abuse investigations. The only other agency that would be responsible for conducting investigations is the State of Illinois police. Policy Preservation of Physical Evidence states that the Chief of Investigations “shall determine whether the Illinois State Policy (ISP) Crime Scene Unit will be contacted” (p.1). Policy Sexual Abuse and Harassment Prevention and Intervention Program, states that “all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with Administrative Directive 01.12.120 (p.11). In addition, Policy Investigations of Unusual Incidents provides guidance on the agency investigation process.</p> <p>Policy Employee Criminal Misconduct states that “the Chief of Investigations and Intelligence shall:</p> <ol style="list-style-type: none"> a. If the incident of alleged criminal misconduct is listed as a reportable offence in the Memorandum of Understanding, advise the Illinois State Police, Division of Internal Investigations and obtain instructions regarding investigations and further reporting. b. If the incident of alleged criminal misconduct is listed as a non-reportable offence in the Memorandum of Understanding or the incident is referred back from the Illinois State Police, investigate the incident. c. Notify the facility or office in regard to further reporting requirements and advise who shall conduct the investigation (p. 2). <p>The Uniform Investigative Reporting System, the Preservation of Physical Evidence and the Institutional Investigative Assignments policy provides guidance on how the agency conducts sexual abuse investigations, and the agency following a uniform evidence protocol.</p> <p><u>Interviews</u></p> <p>Random Sample of Staff: During the onsite audit, 12 random staff were asked, “Do you know and understand the agency’s protocol for obtaining usable physical evidence if an offender alleges sexual abuse?”. One hundred percent of the interviewed staff were aware of some of the agency’s protocols. Many staff were able to describe the process and steps required to protect physical evidence, which included securing the area, protecting the physical evidence, not allowing the victim to shower or brush teeth, and immediately seeking medical attention. Staff explained they would immediately move</p>	

inmate to a safe location, stop all movement on the housing unit, ensure inmate does not shower, brush teeth or use restroom until seen by medical, contact supervisor and complete incident report.

115.21 (b). NA-there are no youth housed at the facility. The agency provided a memo indicated that "all Sexual Assault Evidence Kits will be completed by an outside hospital or outside hospital emergency room with trained medial staff" (p. 1).

115.21 (c). As reported in the PAQ, the facility offers all inmates who experience sexual abuse access to forensic medical examinations, and they are offered without financial cost to the victim. There have been no reported forensic medical exams conducted in the past 12 months. Policy Sexual Abuse and Harassment Prevention and Intervention Program, further confirms that "offenders shall not be charged a co-payment for medical treatment, including a forensic medical examination, obtained for alleged sexual abuse" (p.10). The Sexual Abuse and Harassment Prevention and Intervention Program Manual states that "when there is a report of an incident of sexual abuse, or there is a strong suspicion that a serious assault may have been sexual in nature, a physical examination of the alleged victim shall be conducted. The victim shall be provided with the opportunity for a forensic examination as soon as possible. Physical evidence collection may also include an examination of and collection of physical evidence from the suspected perpetrator(s)" (p. 18).

The agency provided a memo indicated that "all Sexual Assault Evidence Kits will be completed by an outside hospital or outside hospital emergency room with trained medial staff" (p. 1). In addition, the state law (Sexual Assault Survivors Emergency Treatment Act) provides additional guidance on SAFE or SANE examinations.

Documentation Reviewed

MOU: Illinois Department of Corrections and Sexual Assault and Family Emergencies

Email Correspondence (Sexual Assault Evidence Kits)

MOU: Illinois State Police

Sexual Assault Emergency Survivor Treatment Act

115.21 (d). As reported in the PAQ, the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. Such efforts are documented. Policy Sexual Abuse and Harassment Prevention and Intervention Program, indicates that offenders who are the victims of sexual abuse, shall be "offered counseling and supportive services, such as psychological services, chaplaincy services, correctional counselors, group therapy, etc. and, if possible, be provided with a victim advocate from a sexual assault center (p. 9). The facility has a MOU with Sexual Assault and Family Emergencies to provide inmate access to outside confidential supportive services.

Interviews

PREA Compliance Manager (PCM): The interviewed PCM reported that individuals in custody have access to the community agency Sexual Assaults and Family Emergencies, which will provide advocacy services. The option is provided to the individual and information is provided via postings on the living units.

Individuals who reported a sexual abuse: During the onsite inspection, there were no inmates identified who reported a sexual abuse at the facility.

115.21 (e). As reported in the PAQ, if requested by victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. As previously stated, Policy Sexual Abuse and Harassment Prevention and Intervention Program, indicates that offenders who are the victims of sexual abuse, shall be "offered counseling and supportive services, such as psychological services, chaplaincy services, correctional counselors, group therapy, etc. and, if possible, be provided with a victim advocate from a sexual assault center (p. 9).

The facility has a MOU with Sexual Assault and Family Emergencies (SAFE) to provide inmate access to outside confidential supportive services. The MOU allows if requested by the victim, a victim advocate, qualified agency staff member, or qualified community based organization to accompany and support the victim through the forensic medical examination process and investigatory interviews.

Interviews

PREA Compliance Manager: The interviewed PCM stated that an agreement is entered with SAFE which is recognized by the Illinois Coalition Against Sexual Assault which mandates the training requirements for a rape crisis center.

Inmates who reported a sexual abuse: During the onsite inspection, there were no inmates identified who reported a sexual abuse at the facility.

115.21 (f). N/A- the agency is responsible for administrative and criminal investigations. However, the there is an MOU with outside local law enforcement regarding procedures if at any time outside law enforcement conducted said investigation.

115.21 (g). N/A- the agency is responsible for administrative and criminal investigations.

115.21 (h). For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.22	Policies to ensure referrals of allegations for investigations
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • Sexual Abuse and Harassment Prevention and Intervention Program • Employee Criminal Misconduct <p>Investigations of Unusual Incident</p> <p>Uniform Investigative Reporting System</p> <p>Investigation Report Reviewed (18)</p> <ul style="list-style-type: none"> • PREA File Checklist • PREA Checklist • Results of Allegation • Incident Report • Investigational Interview • Notification • PREA After Action Checklist <p>Interviews:</p> <p>Agency Head</p> <p>Investigative Staff (2)</p> <p>Findings (By Provision):</p> <p>115.22 (a). As reported in the PAQ, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Policy Sexual Abuse and Harassment Prevention and Intervention Program, states that "all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with Administrative Directive 01.12.120 (p.11).</p> <p>The employee Criminal Misconduct Policy states that "all reports of employee criminal misconduct shall be made in writing and shall be marked "CONFIDENTIAL." Dissemination shall be restricted to a need-to-know basis. Reports of a more serious or urgent nature may be made via the telephone with the written report submitted within 24 hours" (p. 2). The policy further states that the Chief of Investigations and Intelligence shall:</p> <ol style="list-style-type: none"> a. If the incident of alleged criminal misconduct is listed as a reportable offence in the Memorandum of Understanding, advise the Illinois State Police, Division of Internal Investigations and obtain instructions regarding investigations and further reporting. b. If the incident of alleged criminal misconduct is listed as a non-reportable offence in the Memorandum of Understanding or the incident is referred back from the Illinois State Police, investigate the incident. c. Notify the facility or office in regard to further reporting requirements and advise who shall conduct the investigation. <p>The Investigations of Unusual Incidents policy provides further guidance on the investigation process.</p> <p>As reported in the PAQ:</p> <ul style="list-style-type: none"> · In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 18 · In the past 12 months, the number of allegations resulting in an administrative investigation: 18 · In the past 12 months, the number of allegations referred for criminal investigation: 1 	

Interview

Agency Head: An interview with the agency head, indicated 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. It was further reported that the agency completes criminal and administrative investigations in accordance with AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program and the PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (internal and external). The department utilizes the required standard of the preponderance of evidence in determining the outcome of such investigations. Additionally, if needed the department can call in the Illinois State Police to assist in such investigations

115.22 (b). As reported in the PAQ, 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 agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. All allegations of sexual abuse or sexual harassment are documented. Policy Sexual Abuse and Harassment Prevention and Intervention Program, states that "all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with Administrative Directive 01.12.120 (p.11).

The employee Criminal Misconduct Policy states that "all reports of employee criminal misconduct shall be made in writing and shall be marked "CONFIDENTIAL." Dissemination shall be restricted to a need-to-know basis. Reports of a more serious or urgent nature may be made via the telephone with the written report submitted within 24 hours" (p. 2). The policy further states that the Chief of Investigations and Intelligence shall:

- a. If the incident of alleged criminal misconduct is listed as a reportable offence in the Memorandum of Understanding, advise the Illinois State Police, Division of Internal Investigations and obtain instructions regarding investigations and further reporting.
- b. If the incident of alleged criminal misconduct is listed as a non-reportable offence in the Memorandum of Understanding or the incident is referred back from the Illinois State Police, investigate the incident.
- c. Notify the facility or office in regard to further reporting requirements and advise who shall conduct the investigation.

The Uniform Investigative Reporting System and the Investigations of Unusual Incidents policy provides further guidance on the investigation process and documentation of the investigations. While the agency conducts its own investigations, there is an MOU with outside local law enforcement regarding procedures if at any time outside law enforcement conducted said investigation.

Interviews

Investigators: Two interviewed investigators reported that the agency policy requires that allegations of sexual abuse or sexual harassment are investigated. Cases of criminal in nature are referred to entities outside the facility although may be handled within prior to referral for prosecution.

A review of the appropriate documentation, interviews with staff, website, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.22 (c). N/A-A separate entity is not responsible for conducting administrative and/or criminal investigations of sexual abuse or sexual harassment at VCC.

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

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

Corrective Action:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Acknowledgement of Participation (New Hire Read and Sign)</p> <p>FY 20 Training Schedule</p> <p>FY 21 and 22 Cycle Training Institutional Cycle Schedule</p> <p>PREA Manual</p> <p>PREA Lesson Plan</p> <p>PREA PSOT_PSCT Presentation</p> <p>PREA Sexual Assault Prevention and Intervention Cycle Training</p> <p>Prohibited Association</p> <p>Settlement (Monroe 18-156 Memo and Order; Injunction)</p> <p>Memo: Suspension of Training</p> <p>Training Curriculum Rehabilitation, Safety, Management, and Care for Transgender People In Confinement Settings</p> <p>Training Log: Rehabilitation, Safety, Management, and Care for Transgender People In Confinement Settings (329)</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <p>Sexual Abuse and Harassment Prevention and Intervention Program</p> <p>Employee Training</p> <p>Corrective Action Employee Training/Initial/Refresher (354)</p> <p>Interviews:</p> <p>a. Random Sample of Staff (12)</p> <p>Findings (By Provision):</p> <p>115.31 (a). As reported in the PAQ, the agency trains all employees who may have contact with inmates on the following matters:</p> <p>§ Agency's zero-tolerance policy for sexual abuse and sexual harassment;</p> <p>§ How to fulfill their responsibility under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;</p> <p>§ The right of inmates to be free from sexual abuse and sexual harassment;</p> <p>§ The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;</p> <p>§ The dynamics of sexual abuse an sexual harassment in confinement;</p> <p>§ The common reactions of sexual abuse and sexual harassment victims;</p> <p>§ How to detect and respond to signs of threatened and actual sexual abuse;</p> <p>§ How to avoid inappropriate relationships with inmates;</p> <p>§ How to communicate effective and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or</p>

gender-nonconforming inmates; and

§ How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Policy Sexual Abuse and Harassment Prevention and Intervention Program, states that staff shall be provided training on the Department's zero tolerance policy for sexual abuse and sexual harassment to all staff and any contractors or volunteers who have contact with offenders (p. 3). Policy Employee Training 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" (p. 1).

Documentation Reviewed

Academy Pre-Service Orientation Training, Prohibited Association

Training Curriculum Rehabilitation, Safety, Management, and Care for Transgender People in Confinement Settings

Training Log: Rehabilitation, Safety, Management, and Care for Transgender People in Confinement Settings

Illinois Department of Corrections Training Academy Cycle Training. Staff Development and Training curriculums

Annual Refresher Training

Corrective Action Employee Training/Initial/Refresher (354)

Interviews

Random Sample of Staff: Interviews with all staff, including randomly selected staff (12) confirmed that they received PREA education when employed during new employee training and during annual in-service training. Interviews with staff indicated they are all aware of the Zero Tolerance Policy, employee and inmate rights, signs and symptoms of sexual abuse, reporting and responding. Interviews with all 12 random staff sampled confirmed that they received PREA education when employed during initial 6-week academy training and during annual cycle training. Interviews with staff indicated they are all aware of the Zero Tolerance Policy, employee and Inmate rights, signs and symptoms of sexual abuse, reporting and responding. One hundred percent of the direct care staff reported being knowledgeable of the topics they had been trained in. The staff were able to describe the training on zero tolerance, Inmate and staff rights, dynamics of sexual abuse and sexual harassment, prevention and response protocol as well supportive services available to Inmates. All staff interviewed indicated they had recently received training on working with vulnerable populations (LGBTQI, prior history of sexual victimization. The staff reported receiving training in person and online.) Note: It was determined speaking with facility leadership that cycle training has been postponed due to covid restrictions.

The random staff interviewed confirmed that they received PREA education when employed during new employee training and annual in-service training. Interviews with staff indicated they are all aware of the Zero Tolerance Policy, employee and inmate rights, signs and symptoms of sexual abuse, reporting and responding. One hundred percent of the security staff reported being knowledgeable of the topics they had been trained in. It should be noted that at least three staff reported that they did not receive specialized training on working with vulnerable populations (LGBTQI).

As a result of a judicial decree (Monroe 18-156 Memo and Order; Injunction) the IDOC has implemented new policies and procedures that protected transgender resident rights around medical services, housing, cross gender strip searches and gender affirming clothing; along with staff and inmate training.

Corrective Action: During the onsite portion of the audit, the auditor reviewed the records of 31 staff. Several of the staff records did not contact the initial and/or refresher training. The auditor was informed that training was suspended during portions of the last year. In order to show compliance with the standard, the auditor has requested that training records for the 31 reviewed staff along with new hires is uploaded. In addition, the training records should include refresher training for the identified existing staff. The requested records were provided. No further action is needed. The facility is in compliance with the provision.

115.31 (b). As reported in the PAQ, the training is not tailored to the gender of the inmates at the facility. It was also reported that employees who are reassigned from facilities housing the opposite gender are given additional training. The Employee Training policy 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 training each subsequent year of employment" (p. 4).

The IDOC lesson plans, were written specifically for female and male offenders, are provided appropriately for the designated facility. The VCC is an all-male facility.

Documentation Reviewed

PPT (Supervising Individuals in Custody of the IDOC Women's Division)

Five-day Cycle Schedule

Institutional Cycle Schedule

Annual Refresher Training

Corrective Action Employee Training/Initial/Refresher (354)

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.31 (c). As reported in the PAQ, there are 778 staff employed by the facility, how may have contact with inmates, who were trained or retrained on the PREA requirements. It was also reported that between trainings the agency provides employees who may have contact with inmates with information about current policies regarding sexual abuse and sexual harassment. Random staff interviews (16) and confirmation from the PCM indicated that as part of the annual training staff are provided with PREA information.

Documentation Reviewed

PPT (Supervising Individuals in Custody of the IDOC Women's Division)

Five-day Cycle Schedule

Institutional Cycle Schedule

Annual Refresher Training

Corrective Action Employee Training/Initial/Refresher (354)

Corrective Action: During the onsite portion of the audit, the auditor reviewed the records of 31 staff. Several of the staff records did not contact the initial and/or refresher training. The auditor was informed that training was suspended during portions of the last year. In order to show compliance with the standard, the auditor has requested that training records for the 31 reviewed staff along with new hires is uploaded. In addition, the training records should include refresher training for the identified existing staff. The requested training records were provided. No further action is needed as the facility is in compliance with the provision.

115.31 (d). As reported in the PAQ, the agency documents that employee who may have contact with inmates understand the training they have received through employee signature or electronic verification. During the onsite documentation review 31 training records were reviewed.

Corrective Action: During the onsite portion of the audit, the auditor reviewed the records of 31 staff. Several of the staff records did not contact the initial and/or refresher training. The auditor was informed that training was suspended during portions of the last year. In order to show compliance with the standard, the auditor has requested that training records for the 31 reviewed staff along with new hires is uploaded. In addition, the training records should include refresher training for the identified existing staff. The requested documentation was provided. No further action is needed. The facility is compliant with the provision.

The facility provided a memo indicating that the staff due to COVID training was suspended on 1-21-2022 for Annual Cycle Training

Documentation Reviewed

PPT (Supervising Individuals in Custody of the IDOC Women's Division)

Five-day Cycle Schedule

Institutional Cycle Schedule

Annual (Cycle) Refresher Training

Corrective Action Employee Training/Initial/Refresher (354)

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

Corrective Action: During the onsite portion of the audit, the auditor reviewed the records of 31 staff. Several of the staff records did not contact the initial and/or refresher training. The auditor was informed that training was suspended during

portions of the last year. In order to show compliance with the standard, the auditor has requested that training records for the 31 reviewed staff along with new hires is uploaded. In addition, the training records should include refresher training for the identified existing staff. The requested documentation was provided. No further action is needed the facility is compliant with the provision.

115.32	Volunteer and contractor training
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making compliance determination:</p> <p>1. Documents:Documents</p> <p>Pre-Audit Questionnaire</p> <p>Illinois Department of Corrections (Administrative Directive):</p> <ul style="list-style-type: none"> • Volunteer Services • Sexual Abuse and Harassment Prevention and Intervention Program <p>Illinois Department of Corrections A Guide for the Prevention and Reporting of Sexual Abuse with Offenders (Volunteer Orientation)</p> <p>Training Curriculum Non-Security Staff</p> <p>Wexford PREA Training PPT</p> <p>Contracted Training Verification (6)</p> <p>Volunteer Services Orientation Checklist (25)</p> <p>FY 20 Five Day Cycle Schedule</p> <p>FY 21 and 22 Institutional Cycle</p> <p>IDOC PREA lesson Plan</p> <p>PREA PSO_PCST Presentation</p> <p>Acknowledgement of Participation (New Hire Read and Sign)-31</p> <p>Additional Contracted Staff Training Records (17)</p> <p>2. Interviews:</p> <p>Volunteers or Contractors (3)</p> <p>Findings (By Provision):</p> <p>115.32 (a). As reported in the PAQ, all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse/harassment prevention, detection, and response. There were 94 volunteers and individual contractors who have contact with inmates, who have been trained in agency policies and procedure regarding sexual abuse/harassment prevention, detection, and response. Policy Volunteer Services states that the facility volunteer coordinator will “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, DOC 0434, volunteer rules of conduct and the Department’s zero tolerance policy towards all forms of sexual abuse and sexual harassment” (p. 3). Policy Sexual Abuse and Harassment Prevention and Intervention Program, states that staff shall be provided training on the Department’s zero tolerance policy for sexual abuse and sexual harassment to all staff and any contractors or volunteers who have contact with offenders (p. 3).</p> <p>The Employee Training policy states that “the Training Coordinator at each facility shall ensure that each full-time and part-time, State or contractual employee new to the Department, receives orientation training at the worksite. The immediate supervisor for employees not working within a facility shall ensure that each full-time and part-time, State or contractual employee new to the Department, receives orientation training at the worksite. Explanations of the items listed on the Employee Orientation, DOC 0043, shall be presented to each new employee by the Training Coordinator or the employee’s supervisor. All new employees shall receive a minimum of eight hours of credit for completing items listed on the DOC 0043” (p. 3).</p> <p>The following documents were reviewed, showing the agency response to volunteer and contractor training:</p> <p><u>Documentation Reviewed</u></p>	

Volunteer Services Orientation Checklist -25 reviewed

Contracted Staff Orientation Checklist-6

Illinois Department of Corrections A Guide for the Prevention and Reporting of Sexual Abuse with Offenders (Volunteer Orientation),

Training Curriculum Non-Security Staff,

Wexford PREA Training.

Additional Contracted Staff Training Records (17)

Interviews

Volunteers or Contractors who have Contact with Inmates: The medical services at VCC are provided by a contracted service. The interviewed contracted staff reported that they have been trained on their responsibility regarding sexual abuse and sexual harassment prevention, detection, and response per the agency policy and procedures. Staff are initially trained upon hire and receive annual training.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.32 (b). As reported in the PAQ, the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. All volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. As previously stated, the Volunteer Services policy indicates the above referenced requirements.

The following documents were reviewed, showing the agency response to volunteer and contractor training: Illinois Department of Corrections A Guide for the Prevention and Reporting of Sexual Abuse with Offenders (Volunteer Orientation), Training Curriculum Non-Security Staff, and Wexford PREA Training.

Interviews

Volunteers or Contractors who have Contact with Inmates: The medical services at VCC are provided by a contracted service. The interviewed contracted staff and volunteer reported that they have been trained on their responsibility regarding sexual abuse and sexual harassment prevention, detection, and response per the agency policy and procedures. Staff are initially trained upon hire and receive annual training.

115.32 (c). As reported in the PAQ, the agency maintains documentation confirming that volunteers/contractors understand the training they have received. The Volunteer Services policy states that "training documentation shall be signed and dated by the volunteer along with the volunteer coordinator, stating what training has been completed. Such files shall be maintained at each facility where the volunteer provides service; copies of documentation shall be obtained from the parent facility" (p. 3).

Documentation Reviewed

Volunteer Service Orientation Checklist – 25 Reviewed

Contracted Staff Training Record-6 Reviewed

Corrective Action:

While the facility has provided documentation of some of the contracted staff training records, the auditor is requesting documentation of a combination of contracted medical and mental health staff records to show compliance with the standard. Such records should include the initial and refresher training for 14 more staff. The records were provided, and no further action is needed, the facility is compliant with the standard.

115.33	Inmate education
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • Sexual Abuse and Harassment Prevention and Intervention Program • Facility Orientation • ADA Accommodations <p>Individual In Custody Orientation Manual (English/Spanish)</p> <p>Settlement Agreement (Deaf and Hard of Hearing-April 23, 2018)</p> <p>PREA Poster</p> <p>Offender Education (13)</p> <p>Corrective Action -Offender Education (32)</p> <p>Offender Education Interviews:</p> <ol style="list-style-type: none"> a. Intake Staff b. Random Sample of Residents (28) c. John Howard Association staff <p>Onsite Observation:</p> <ol style="list-style-type: none"> d. PREA Posters (English/Spanish) e. John Howard Association letter <p>Interviews:</p> <p>Intake Staff</p> <p>Random Sample of Inmates</p> <p>Findings (By Provision):</p> <p>115.33 (a). As reported in the PAQ, inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicion of sexual abuse or harassment. Policy Sexual Abuse and Harassment Prevention and Intervention Program states that:</p> <ol style="list-style-type: none"> a. 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. b. The offender handbook shall include an explanation of reporting procedures and programs and services available to victims or predators of sexual abuse and harassment. <p>Policy Facility Orientation further states that "procedures for reporting sexual abuse, assault or misconduct and current mailing addresses and telephone numbers, including toll-free hotline numbers of local, State and national victim advocacy or rape crisis organization" (p. 4).</p> <p><u>Documentation Reviewed</u></p> <p>Intake Records on Inmates entering the facility in the last 12 months/Offender Education: 13</p>	

Individual In Custody Orientation Manual (English/Spanish)

Corrective Action-Individual in Custody/Offender Education (32)

Interviews

Intake Staff: The interviewed intake staff reported that during orientation they cover zero-tolerance policy and how to report incidents of sexual abuse or sexual harassments. They show inmates PREA video, cover how to complete help request, and explain that staff are available if need to report abuse or harassment.

Random Sample of Inmates: Twenty-eight inmates were interviewed. Twenty-one of the 28 inmates could recall receiving information about the policy on sexual abuse and sexual harassment upon arrival at the facility. It should also be noted that several inmates reported that they could not recall however there are posters located throughout the facility. The interviewed inmates stated that they watched a video, and/or received handouts. Two interviewed inmates reported that they did not receive information about facilities rules against sexual abuse and sexual harassment. Five inmates stated they received the information nearly a month or longer after arriving to the facility: due to Covid restrictions.

Corrective Action: The auditor reviewed 45 offenders' records. Of the 45 reviewed only 13 receipt of offender education records could be found. The facility will enter corrective action for 60 days. During the corrective action phase, the facility will provide proof of all new intakes documented receipt of offender education. Thirty-two additional records were reviewed, showing the facility in compliance with the provision.

115.33 (b). There were 461 inmates admitted to the facility during the past 12 months who were given information at intake. Of the 461/386 length of staff was for more than 30 days. As previously stated, offender education occurs at intake. Upon review of the Individual In Custody Orientation Manual, inmates are provided information on the following:

- Agency zero tolerance policy on sexual abuse
- What is sexual abuse
- Examples of sexual abuse
- How to prevent sexual abuse
- How to report sexual abuse
- Seeking Medical Attention
- Counseling
- Understanding the Investigative Process

Documentation Reviewed

Intake Records on Inmates entering the facility in the last 12 months/Offender Education: 13

Individual In Custody Orientation Manual (English/Spanish)

Corrective Action-Individual in Custody/Offender Education (32)

Interviews

Intake Staff: The interviewed intake staff reported that they ensure inmates are educated on their rights to be free from sexual abuse and sexual harassment and the right to be free from retaliation if reported, by giving conducts random monthly assessments to ensure inmates are educated regarding their rights to be free from sexual abuse and sexual harassment. Staff stated that orientation are held within ten days of inmates arriving to the facility.

Random Sample of Inmates: Random Sample of Inmates: Twenty-eight inmates were interviewed. Twenty-one of the 28 inmates could recall receiving information about the policy on sexual abuse and sexual harassment upon arrival at the facility. It should also be noted that several inmates reported that they could not recall however there are posters located throughout the facility. The interviewed inmates stated that they watched a video, and/or received handouts. Two interviewed inmates reported that they did not receive information about facilities rules against sexual abuse and sexual harassment. Five inmates stated they received the information nearly a month or longer after arriving to the facility: due to Covid restrictions.

Corrective Action: The auditor reviewed 45 offenders' records. Of the 45 reviewed only 13 receipt of offender education records could be found. The facility will enter corrective action for 60 days. During the corrective action phase, the facility will provide proof of all new intakes documented receipt of offender education. Thirty-two additional records were reviewed, showing the facility in compliance with the provision.

115.33 (c). As reported in the PAQ, the agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. It was further reported that Intake education procedures were effective June 30, 2014. All existing inmates in facilities received PREA training. There were zero number of residents still not educated.

The Sexual Abuse and Harassment Prevention and Intervention Program policy 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. b. The offender handbook shall include an explanation of reporting procedures and programs and services available to victims or predators of sexual abuse and harassment.

NOTE: 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, Illinois Department of Corrections Administrative Directive Page 8 of 13 Number: 04.01.301 Title: Sexual Abuse and Harassment Prevention and Intervention Program Effective: 4/1/2021 as well as to offenders who have limited reading skills" (pp. 7-8).

The Facility Orientation policy further reiterates that:

Upon transfer from any facility, including a Reception and Classification Center, the offender shall be placed in orientation status and shall be housed separately from general population, when feasible, until completion of the orientation program. 3. A facility orientation program shall be presented to each incoming offender and completed within seven (7) calendar days after admission, except in unusual circumstances. For a non-English speaking offender, reasonable efforts shall be made for the orientation to be explained to him or her in a language he or she understands.

It should be noted that all of the offenders at the facility were transferred from another facility.

Documentation Reviewed

Intake Records on Inmates entering the facility in the last 12 months/Offender Education: 13

Individual In Custody Orientation Manual (English/Spanish)

Corrective Action-Individual in Custody/Offender Education (32)

Interviews

Intake Staff: One staff interviewed that conducts the intake process with inmates reported that new Orientation is conducted with all new intakes to discuss the zero-tolerance policy and their rights not to be abused while at the facility.

Corrective Action: The auditor reviewed 45 offenders' records. Of the 45 reviewed only 13 receipt of offender education records could be found. The facility will enter corrective action for 60 days. During the corrective action phase, the facility will provide proof of all new intakes documented receipt of offender education. Thirty-two additional records were reviewed, showing the facility in compliance with the provision.

115.33 (d). As reported in the PAQ, inmate PREA education is available in formats accessible to all inmates, including those that are:

§ Limited English proficient

§ Deaf

§ Visually impaired

§ Otherwise disabled

§ Limited in their reading skills

Policy Sexual Abuse and Harassment Prevention and Intervention Program, further states 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 offenders who have limited reading skills" (pp. 7-8). The Facility Orientation policy further reiterates 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 he or she understands (p. 2).

Offenders shall receive written orientation materials and/or translations in their own language (p. 2).

When a literacy problem exists, a staff member shall assist the offender in understanding the material (p. 2).

The ADA Accommodations policy provides additional guidance in that "coordination of communication accommodations when the information being relayed is complex, exchanged for a lengthy period of time or involves legal due process. This may include, but is not limited to, communications such as: i. Orientation" (p. 5).

Additionally, it should be noted that under a settlement agreement dated April 23, 2018, the IDOC had to implement additional measures to protect the rights of individuals who are deaf and hard of hearing. Such measures include but not limited to intake medical/hearing screenings, policy and procedures related to hearing screenings, audiological evaluations, auxiliary aids and assessment services, create and maintain a centralized database of deaf and hard of hearing inmates, create deaf and hard of hearing inmate identification cards, develop a communication plan, staff training, appropriate orientation material, provide access to communication devices/technologies, provide television services, create a visual and tactical alert notification, equal access to prison employment, a process for hand restraints, facility and cell assignments, updating the orientation manual, and monitoring and reporting.

Onsite Observation: During the onsite portion of the audit, the auditor was able to observe the equipment for the deaf and hard of hearing that was readily available at the facility.

Documentation Reviewed

Individual In Custody Orientation Manual (English/Spanish)

Intake Records on Inmates entering the facility in the last 12 months/Offender Education: 13

Corrective Action-Individual in Custody/Offender Education (32)

115.33 (e). As reported in the PAQ, the agency maintains documentation of inmate participation in PREA education sessions. Policy Facility Orientation 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. If an offender refuses to sign the DOC 0291, the employee shall document the refusal on the DOC 0291 and sign and date. f. The DOC 0291 shall be placed in the offender's master record file or center file as appropriate" (p. 2).

Documentation Reviewed

Individual In Custody Orientation Manual (English/Spanish)

Intake Records on Inmates entering the facility in the last 12 months/Offender Education: 13

115.33 (f). As reported in the PAQ, the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. The following observations were made during site observations: PREA posters throughout the facility in English and in Spanish; information on who to contact to make a report, and access to utilize the privileged mail services with the John Howard Association. Offenders are provided an orientational manual at intake. The auditor contacted the John Howard Association, and it was reported that there was on report pertaining to PREA from Vandalia. The allegation was reported around the same week as the audit. The nature of the allegation was related to cross gender viewing, the nature of the toilets.

Based on site review, the PREA materials (posters, Individual In Custody Orientation Manual, etc.) were continuously visible in both English and Spanish throughout the facility. Inmates and staff noted during interviews that posters and additional PREA resources were evident in multiple locations throughout the facility.

During the onsite inspection the auditor spoke to a mailroom staff. The staff was asked about the process of privileged mail and how mail was handled to and from the John Howard Association. It was reported that legal or confidential mail is put in a legal envelope that they will not open. The John Howard Association mail is treated as legal and confidential mail.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

Corrective Action: The auditor reviewed 45 offenders' records. Of the 45 reviewed only 13 receipt of offender education records could be found. The facility will enter corrective action for 60 days. During the corrective action phase, the facility will provide proof of all new intakes documented receipt of offender education. Thirty-two additional records were reviewed, showing the facility in compliance with the standard.

115.34

Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making compliance determination:

Documents:

Pre-audit Questionnaire

Illinois Department of Corrections (Administrative Directive)

- 01.12.115 Institutional Investigative Assignments

Illinois Department of Corrections Prison Rape Elimination Act (PREA) for Investigators Training (PPT)

Specialized Training:

- IDOC: Institutional Investigator Overview: Institutional Investigator (3)

Interviews:

Investigative Staff (2)

Findings (By Provision):

115.34 (a). As reported in the PAQ, the agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Policy Sexual Abuse and Harassment Prevention and Intervention Program, states that "all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with Administrative Directive 01.12.120 (p.11).

Policy Institutional Investigative Assignments states that investigators shall be trained on the following topics:

- 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 (p. 2)

Documentation Reviewed

Training Records Vandalia Correctional Center provided training certificates for three onsite investigators.

Interviews

Investigators: Two interviewed investigators were interviewed. Both staff interviewed reported that they received training on how to conduct sexual abuse investigations in confinement settings. The staff reported that they completed 40 hour facility investigator training and an online training for sexually motivated cases.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.34 (b). The facility provided evidence that the IDOC specialized training for investigators along with the NIC specialized training for investigators included the following:

- Interviewing sexual abuse victims
- Proper use of Miranda and Garrity warnings
- Sexual abuse evidence collection in confinement settings

- Criteria and evidence required to substantiate a case for administrative action; and
- Criteria and evidence required to refer a case for prosecution.

Documentation Reviewed

Training Records Vandalia Correctional Center provided training certificates for three onsite investigators.

Interviews

Investigative Staff: The interviewed investigators reported receiving training on said topics. The trainings included specific topics such as including techniques for sexual abuse victims, Miranda warnings, evidence collection specific to sexual abuse, and case substantiation criteria.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.34 (c). As reported in the PAQ, the agency maintains documentation showing that investigators have completed the required training. Policy Institutional Investigative Assignments states that "written documentation of training received or written verification that training on specific topics was not required due to prior training or experience shall be maintained in the employee's training file" (p. 2).

While conducting the onsite audit, it was identified that there currently two staff who can conduct investigations.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.35	Specialized training: Medical and mental health care
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-audit Questionnaire (PAQ)</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • 03.03.102 Employee Training <p>Wexford PREA Training</p> <p>Specialized Training Curriculum (Medical and Mental Health)</p> <p>Verification of Mental Health and Medical Specialized Training</p> <p>FY21 and 22 Institution Cycle Schedule</p> <p>FY 20 Five Day Cycle Schedule</p> <p>PREA Sexual Assault Prevention and Intervention Cycle Training PPT</p> <p>PREA PSOT and PSCT Presentation</p> <p>Corrective Action Training Records (14)</p> <p>Corrective Action Specialized Training Records (17)</p> <p>Interviews:</p> <p>Medical and Mental Health Staff (3)</p> <p>Findings (By Provision):</p> <p>115.35 (a). Policy, Employee Training, provides guidance on staff responsibilities to complete training.</p> <p>As reported in the PAQ, the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The training lesson plan provided to the auditor addressed how to detect signs of sexual abuse., how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse, how and who to report allegations of sexual abuse/harassment and the roles and responsibilities of staff. There were 26 medical and mental health care practitioners work regularly at this facility</p> <p>Documentation Reviewed</p> <p>Training Records</p> <p><u>Interviews</u></p> <p>Medical and Mental Health: The interviewed medical and mental health staff stated that they receive specialized annual training regarding sexual abuse and sexual harassment. Each interviewed staff was able to articulate their knowledge and understanding to detect signs of sexual abuse, how to professionally interact with victims, preserve physical evidence, as well as perform healthcare reporting documentation responsibilities. More specifically, one staff reported that as a licensed clinical Social Worker they are trained to recognize the signs of sexual abuse and sexual harassment. The staff reported that they also received training on preservation of evidence and know that I am to advise the individual not to wash, brush their teeth, change their clothing, urinate, defecate, smoke, drink, or eat. In addition, the staff reported that they know who to make the report too. The staff reported that they receive annual training and watched a PREA video. When probed one staff reported that the video talked about how to conduct evidence, how to keep from cross contamination evidence, how to collect evidence and the role of the doctor.</p> <p>Corrective Action: While the facility has provided documentation of some of the contracted staff training records, the auditor is requesting documentation of a combination of contracted medical and mental health staff records to show compliance with the standard. Such records should include the initial and refresher training for 14 more staff.</p>	

115.35 (b). As reported in the PAQ, the agency medical staff at this facility do not conduct forensic medical exams. The facility staff do not conduct forensic medical examinations. Interviews with the medical and mental health staff, further confirmed that they are not trained to conduct such examinations. Forensic examinations would occur at the hospital.

Interviews

Medical and Mental Health Staff: The interviewed medical and mental health staff reported that they do not conduct forensic examinations.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.35 (c). The medical staff at the facility is contracted by Wexford. The facility maintains training records of the contracted and state medical and mental health staff. As reported in the PAQ, the agency maintains documentation showing that medical and mental health practitioners have completed the required training.

115.35 (d). The IDOC, Employee Training, policy requires that all staff, including contracted medical and mental health, complete both new employee orientation and annual in-service training. The PREA training is comprised of the lesson plan mandated for agency employees to take at orientation and in-service training. The training included all components of 115.31a.

Documentation Reviewed

Training Logs (4)

Corrective Action Training Records (14)

Corrective Action Specialized Training Records (17)

Corrective Action: While the facility has provided documentation of some of the contracted staff training records, the auditor is requesting documentation of a combination of contracted medical and mental health staff records to show compliance with the standard. Such records should include the initial, refresher, and specialized training for all medical and mental health staff. During the corrective action phase. The additional records were provided. The facility is in compliance with the provision.

Corrective Action:

While the facility has provided documentation of some of the contracted staff training records, the auditor is requesting documentation of a combination of contracted medical and mental health staff records to show compliance with the standard. Such records should include the initial, refresher, and specialized training for all medical and mental health staff. The additional records were provided. The facility is in compliance with the provision.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <p>Sexual Abuse and Harassment Prevention and Intervention Program Manual</p> <p>Offender Intake:</p> <ul style="list-style-type: none"> • PREA Screening (Screening for Potential Sexual Victimization of Sexual Abuse (41) • Individual In Custody Orientation Manual (English/Spanish) • Reassessment <p>Corrective Action Assessments/Reassessments (32)</p> <p>Interviews:</p> <p>Staff Responsible for Risk Screening (2)</p> <p>Random Sample of Inmates (28)</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Findings (By Provision):</p> <p>115.41 (a). As reported in the PAQ, the agency has a policy that requires screening (upon admission to a facility or transferred to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. Policy Sexual Abuse and Harassment Prevention and Intervention Program states that:</p> <p>Screening and assessment to identify predators and vulnerable offenders.</p> <p>a. Staff shall make a reasonable effort to ensure the screening and assessment is conducted with consideration of sound confidentiality and sensitivity to the offender.</p> <p>b. 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:</p> <ul style="list-style-type: none"> I. 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. II. Ordinarily within 72 hours of admission or transfer to any facility and require: <ul style="list-style-type: none"> a. Clinical services staff to review the pre-sentence report, statement of facts and other material in the master file for sexually abusive behavior or victimization. Concerns shall be forwarded to the facility PREA Compliance Manager. b. Mental health professionals to inquire whether the offender has been a victim of sexual abuse in the past (p. 6). <p>The Sexual Abuse and Harassment Prevention and Intervention Program Manual states that:</p> <p>Staff shall utilize the Department's approved standardized screening instrument, the Screening for Potential Sexual Victimization or Sexual Abuse, DOC 0494, or an electronic equivalent, which outlines issues and steps to take during the intake screening process generally, including issues concerning sexual abuse and sexual assault.</p> <p>The PREA screening instrument shall be completed using only information available to staff at the time of intake, and with the purpose of referring the offender for further assessment, if warranted.</p>

If further assessment is needed after documenting and applying the criteria, an offender shall be considered "at-risk" until a final determination is made by the Chief of Mental Health or designee.

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, in accordance with section (h) of this subsection. Sensitive information shall be limited to staff who have a need to know. This is in accordance with Administrative Directive 04.01.301

Documentation Reviewed

Offender Intake Documentation

Corrective Action Assessments/Reassessments (32)

Interviews

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening reported that the initial screening is conducted by mental health staff and follow up screening is completed by clinical staff. The staff further reported that they will read the instrument to them.

There were no new intakes to observe during the onsite audit.

Corrective Action: The auditor reviewed 45 offenders' records. Of the 45 reviewed 41, offender records had documented PREA Screenings completed. The auditor observed that the screenings were not being completed or recorded consistently. The facility will enter corrective action for 60 days. During the corrective action phase, the facility will provide proof of all new intakes documented completion of the initial PREA Screening. The requested documentation was provided. No further action is needed the facility is compliant with the provision.

115.41 (b). As previously discussed, screening and assessment to identify predators and vulnerable offenders.

a. Staff shall make a reasonable effort to ensure the screening and assessment is conducted with consideration of sound confidentiality and sensitivity to the offender.

b. 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:

I. 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.

II. Ordinarily within 72 hours of admission or transfer to any facility and require:

a. Clinical services staff to review the pre-sentence report, statement of facts and other material in the master file for sexually abusive behavior or victimization. Concerns shall be forwarded to the facility PREA Compliance Manager.

b. Mental health professionals to inquire whether the offender has been a victim of sexual abuse in the past (p. 6).

According to the PAQ, the policy requires that inmates be screened for risk of sexual victimization or risk of sexual abusing other inmates within 72 hours of their intake. As previously stated, Policy Sexual Abuse and Harassment Prevention and Intervention Program states that offenders are screened within 24-72 hours. A review of 45 inmate files confirmed that the facility has a process for completing the screenings however there were 4 missing screenings.

There were 459 reported inmates who entered the facility in the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

Documentation Reviewed

Offender Intake Documentation

Corrective Action Assessments/Reassessments (32)

Interviews

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening stated that screening for risk of sexual victimization and risk for sexually abusing other inmates occurs within 24 hours of arrival at the facility.

Random Sample of Inmates: A total of twenty-eight inmates were interviewed. Twenty-two of the interviewed inmates entered the facility within the last 12 months. All but one inmate reported that they could recall being asked questions like

whether you had been in jail or prison before, whether you have ever been sexually abused, whether you identify with being gay, lesbian, or bisexual, and whether you think you might be in danger of sexual abuse here.

Corrective Action: The auditor reviewed 45 offenders' records. Of the 45 reviewed 41, offender records had documented PREA Screenings completed. The auditor observed that the screenings were not being completed or recorded consistently. The facility will enter corrective action for 60 days. During the corrective action phase, the facility will provide proof of all new intakes documented completion of the initial PREA Screening. The facility provided the requested documentation. No further action is needed. The facility is compliant with the provision.

115.41 (c). As reported in the PAQ, the facility uses an objective risk assessment (Screening for Potential Sexual Victimization or Sexual Abuse). The tool can be duplicated, seeking to achieve a response from any offender completing the assessment. The questionnaire is designed to elicit a response that would best determine if a victim were at risk of being a victim of sexual abuse or sexually abusive behaviors. The VCC does not house offenders solely for civil immigration purposes; therefore, the questionnaire does not explicitly ask such questions. The offender is asked questions, relative to their perception of vulnerability.

Documentation Reviewed

Offender Intake Documentation

Corrective Action Assessments/Reassessments (32)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.41 (d). The screening tool used by the facility looks at:

- Age
- Height
- Weight
- Number of Incarcerations
- Whether individuals' criminal history is exclusively nonviolent
- Developmental disability diagnosis
- Diagnosed mental illness
- Physical disability
- Perceived sexual orientation
- Gender identity/physical presentation
- Immigrant status/language
- History of sexual victimization
- Education level
- Socio-economic status
- Predatory risk factors:
 - o History of institutional sexual abusive behavior
 - o Criminal history of sexual abusive behavior in the community
 - o Criminal history of domestic violence or violence toward others
 - o Security threat group affiliation
 - o History of institutional/assaultive/violent behavior.

Interviews

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening confirmed that the above

referenced areas are considered when conducting the initial risk screening. The assessment is conducted by completing the 494 forms. The 494 form is used and asked of the inmate in private. More specifically the staff reported that they screen for age, height, weight (body type), first incarceration, criminal history, mental illness, disabilities, sexual orientation, gender identity, language barriers, education levels, and socio-economic status. If the inmate is unable to answer collateral information is used, they will ask open ended questions, some data questions, and observational data.

Corrective Action: The auditor reviewed 45 offenders' records. Of the 45 reviewed 41, offender records had documented PREA Screenings completed. The auditor observed that the screenings were not being completed or recorded consistently. The facility will enter corrective action for 60 days. During the corrective action phase, the facility will provide proof of all new intakes documented completion of the initial PREA Screening.

115.41 (e). The screening tool considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence of sexual abuse, when assessing the inmate's risk of being sexually abusive. As previously stated, the interviewed staff responsible for risk screening confirmed that the above referenced areas are considered when conducting the initial risk screening. The assessment is conducted by talking to the inmates and file review.

Interviews

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening confirmed that the above referenced areas are considered when conducting the initial risk screening. The assessment is conducted by completing the 494 forms. The 494 form is used and asked of the inmate in private. More specifically the staff reported that they screen for age, height, weight (body type), first incarceration, criminal history, mental illness, disabilities, sexual orientation, gender identity, language barriers, education levels, and socio-economic status. If the inmate is unable to answer collateral information is used, they will ask open ended questions, some data questions, and observational data.

115.41 (f). As reported in the PAQ, the policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. Policy Sexual Abuse and Harassment Prevention and Intervention Program 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 potential predator or vulnerable offender identification based upon any additional, relevant information received by the facility since the intake screening" (p. 6). The Sexual Abuse and Harassment Prevention and Intervention Program Manual states that "within 30 days of arrival at a facility, all offenders shall be reassessed by staff designated by the Chief Administrative Officer of the facility" (p. 26).

Documentation Reviewed

Initial Risk Assessment

Reassessments

Corrective Action Assessments/Reassessments (32)

Interviews

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening reported that inmate's risk level is reassessed within 30 days.

Random Sample of Inmates

Corrective Action: The auditor reviewed 45 offenders' records. Of the 45 reviewed 41, offender records had documented PREA Screenings completed. The auditor observed that the screenings were not being completed or recorded consistently. Additionally, the auditor was not able to determine that reassessments were occurring in accordance with the policy and provision. The facility will enter corrective action for 60 days. During the corrective action phase, the facility will provide proof of all new intakes documented completion of the initial PREA Screening and reassessments. The requested documentation was provided. No further action is needed. The facility is compliant with the provision.

115.41 (g). As reported in the PAQ, the policy requires that inmates risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Policy Sexual Abuse and Harassment Prevention and Intervention Program further supports the language of the provision (p. 6). The policy states that "when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness".

Interviews

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening stated that an inmate's risk level is reassessed if there were a change that would warrant a re-assessment then it is conducted (ie, abuse). It is also done when

an inmate is deemed as predator or vulnerable.

Random Sample of Inmates: A total of twenty-eight inmates were interviewed. Twenty-two of the interviewed inmates entered the facility within the last 12 months. Eleven of the 21 interviewed inmates reported that they do not recall being asked questions like whether you had been in jail or prison before, whether you have ever been sexually abused, whether you identify with being gay, lesbian, or bisexual, and whether you think you might be in danger of sexual abuse here. The inmates who did recall reported that they have been asked by mental health during random quarterly assessments.

Corrective Action: The auditor reviewed 45 offenders' records. Of the 45 reviewed 41, offender records had documented PREA Screenings completed. The auditor observed that the screenings were not being completed or recorded consistently. Additionally, the auditor was not able to determine that reassessments were occurring in accordance with the policy and provision. The facility will enter corrective action for 60 days. During the corrective action phase, the facility will provide proof of all new intakes documented completion of the initial PREA screening and reassessments. The requested documentation was provided. There is no further action needed. The facility is compliant with the provision.

115.41 (h). As reported in the PAQ, the policy prohibits disciplining inmates for refusing to answer the questions regarding:

§ Whether or not the inmate has a mental, physical, or developmentally disability;

§ Whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;

§ Whether or not the inmate has previously experienced sexual victimization; and

§ The inmate's own perception of vulnerability.

The IDOC Sexual Abuse and Harassment Prevention and Intervention Program Manual further reiterates that inmates may not be disciplined for refusing to answer the above.

Interviews

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening stated that VCC does not discipline inmates who refuse to respond or complete any assessments. There will be a follow up after they have had a chance to get to know the staff better to ensure their safety.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.41 (i). The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

Interviews

PREA Coordinator: The interviewed PREA Coordinator indicated that inmates risk assessment is deemed confidential and medical and mental health access per agency policy AD 04.01.301.

PREA Compliance Manager: The interviewed PCM stated that the facility has risk/vulnerability screen is limited access and stored in a secure records location. The information is available to the PCM or the person conducting follow up screenings if necessary.

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening stated that information on an inmate's risk assessment is is utilized only when necessary. The information is available to the staff conducting the assessment and the PREA Compliance Manager. The results indicating predator or vulnerable status are shared only with staff when needed to ensure the safety of the individual such as IA or placement. The assessments go into their master file, other than the PREA Coordinator no one else would see them unless something has come up and there is a need to discuss.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

The auditor reviewed 45 offenders' records. Of the 45 reviewed 41, offender records had documented PREA Screenings completed. The auditor observed that the screenings were not being completed or recorded consistently. Additionally, the auditor was not able to determine that reassessments were occurring in accordance with the policy and provision. The facility will enter corrective action for 60 days. During the corrective action phase, the facility will provide proof of all new intakes documented completion of the initial PREA screening and reassessments. The facility provided the requested documentation. No further action is needed. The facility is compliant with the standard.

115.42	Use of screening information
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
The following evidence was analyzed in making compliance determination:	
Documents:	
Pre-Audit Questionnaire (PAQ)	
Settlement (Monroe 18-156 Memo and Order; Injunction)	
Illinois Department of Corrections (Administrative Directive)	
<ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program • 04.03.104 Evaluation, Treatment, and Correctional Management of Transgender Offenders • Offender Classification Process 	
PREA Screening (Screening for Potential Sexual Victimization of Sexual Abuse (43)	
Individual In Custody Orientation Manual (English/Spanish)	
Reassessment (2)	
Memo: Placement Process	
Corrective Action Assessments/Reassessments (32)	
Interviews:	
PREA Compliance Manager	
Staff Responsible for Risk Screening (2)	
Warden	
Staff Who Supervise Inmates in Isolation	
Medical and Mental Health Staff (3)	
PREA Coordinator	
Findings (By Provision):	
<p>115.42 (a). As reported in the PAQ, the agency/facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Policy Sexual Abuse and Harassment Prevention and Intervention Program states that:</p>	
<p>a. Prior to housing an offender identified as a predator with another offender, the proposed housing assignment shall be reviewed and approved by the Chief Administrative Officer in consultation with the facility PREA Compliance Manager.</p>	
<p>b. An offender identified as vulnerable shall not be housed with an offender identified as a predator. Prior to housing an offender identified as vulnerable with another offender, the proposed housing assignment shall be reviewed and approved by the Chief Administrative Officer in consultation with the facility PREA Compliance Manager.</p>	
<p>c. An offender identified as vulnerable shall not be housed in segregation status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided, and such placement in segregation status shall not ordinarily exceed a period of 30 days.</p>	
<p>The Offender Classification policy also states that Undergo a standardized risk and needs assessment prescreening as outlined in Administrative Directive 04.01.102. The assessment shall: (a) Determine an offender's risk to recidivate that shall be taken into consideration for program placement. NOTE: A full screening shall be completed based on the results of the prescreening assessment. (b) Provide for the use and development of a case plan based on risks, assets and needs identified. The case plan shall be used to determine programming such as education, job training, cognitive behavioral based</p>	

intervention, etc. (c) Be updated based on program participation and other behavior modification exhibited by the offender (pp. 4-5)

Documentation Reviewed

Corrective Action Assessments/Reassessments (32)

Memo: Placement

Interviews

PREA Compliance Manager: The interviewed PCM stated that the initial screening is completed by mental health and if there is an imminent issue it is brought to their attention. If necessary, the PCM will reach out to internal affairs and/or administration to ensure the safety of the individual in custody without infringing on these rights such as undue segregation.

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening stated that information from the risk screening is used to determine housing. In addition to a PREA screening, everyone in custody is screened by a licensed mental health clinician who also assesses for the potential of vulnerability of the individual. If an individual is found to be at risk the staff commander is immediately notified and appropriate housing is found to ensure safety.

Corrective Action: The auditor was unable to determine how the facility uses the risk assessment to determine housing and programming services. The auditor has requested that the facility provide a memo describing the process as to housing and programming is determined. The facility provided a memo that stated "Vandalia Correctional Center placement officer utilizes the PREA screening information to assign beds to individuals in custody. Vandalia Correctional Center houses no Predator status individuals in custody, Individuals in custody with a vulnerable designation are often placed near the front of the dorm so that they are easily visible to security staff. Our facility is an open dorm setting so the individuals in custody are easily visible by security staff". No further action is needed.

115.42 (b). As reported in the PAQ, the agency/facility makes individualized determination about how to ensure the safety of inmates. Policy Evaluation, Treatment, and Correctional Management of Transgender Offenders, provides guidance on the agency response to the treatment and services of transgender offenders. It should be noted that the policy was established on 4/1/2021 therefore the practices were not fully implemented during the audit cycle.

As a result of a judicial decree (Monroe 18-156 Memo and Order; Injunction) the IDOC has implemented new policies and procedures that protected transgender resident rights around medical services, housing, cross gender strip searches and gender affirming clothing; along with staff and inmate training. All staff received specialized training to work with and monitor the transgender inmates.

Interviews

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening stated that information from the risk screening is used to determine housing. In addition to a PREA screening, everyone in custody is screened by a licensed mental health clinician who also assesses for the potential of vulnerability of the individual. If an individual is found to be at risk the staff commander is immediately notified and appropriate housing is found to ensure safety.

115.42 (c). As reported in the PAQ, the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. Policy Evaluation, Treatment, and Correctional Management of Transgender Offenders, further states that "a review of each transgender, intersex and gender incongruent offenders' placement and programing assignment shall be conducted by the facility twice annually to review any threats to safety experienced or posed by the offender" (p. 7). The policy further guides that the Transgender Administrative Committee (TAC) shall make "individualized determination about how to ensure the safety of each offender including considering transfer from one gender-specific facility to an opposite gender facility and specifying the gender Three of the four interviewed transgender inmates reported that staff has asked about their safety.

As previously stated, as a result of a judicial decree (Monroe 18-156 Memo and Order; Injunction) the IDOC has implemented new policies and procedures that protected transgender resident rights around medical services, housing, cross gender strip searches and gender affirming clothing; along with staff and inmate training.

Interviews

PREA Compliance Manager (PCM): The interviewed PCM stated that transgender/intersex individuals in custody are not housed at Vandalia Correctional Center.

Transgender/Intersex Inmates: There were zero identified transgender or intersex inmates at the facility.

115.42 (d). As previously stated, Policy Evaluation, Treatment, and Correctional Management of Transgender Offenders, further states that "a review of each transgender, intersex and gender incongruent offenders' placement and programing assignment shall be conducted by the facility twice annually to review any threats to safety experienced or posed by the

offender” (p. 7). The policy further guides that the Transgender Administrative Committee (TAC) shall make “individualized determination about how to ensure the safety of each offender including considering transfer from one gender-specific facility to an opposite gender facility and specifying the gender of staff which will perform searches of the offender (p. 7).

As previously stated, as a result of a judicial decree (Monroe 18-156 Memo and Order; Injunction) the IDOC has implemented new policies and procedures that protected transgender resident rights around medical services, housing, cross gender strip searches and gender affirming clothing; along with staff and inmate training.

Interviews

PREA Compliance Manager (PCM): The interviewed PCM stated that transgender/intersex individuals in custody are not housed at Vandalia Correctional Center.

Staff Responsible for Risk Screening: The interviewed staff responsible for the risk screening reported that transgender or intersex inmates are not housed at Vandalia Correctional Center.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.42 (e). Policy Evaluation, Treatment, and Correctional Management of Transgender Offenders, provides a detailed overview of the TAC committee’s responsibility to include but not limited to taking into consideration the inmates own views with respect to his or her own safety.

As previously stated, as a result of a judicial decree (Monroe 18-156 Memo and Order; Injunction) the IDOC has implemented new policies and procedures that protected transgender resident rights around medical services, housing, cross gender strip searches and gender affirming clothing; along with staff and inmate training.

Interviews

PREA Compliance Manager (PCM): The interviewed PCM stated that transgender/intersex individuals in custody are not housed at Vandalia Correctional Center.

Staff Responsible for Risk Screening: The interviewed staff responsible for the risk screening reported that transgender or intersex inmates are not housed at Vandalia Correctional Center.

Transgender/Intersex Inmates: There were zero identified transgender/intersex inmates at the facility.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.42 (f). Policy Evaluation, Treatment, and Correctional Management of Transgender Offenders, 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 separate and private from other offenders” (p. 9).

Documentation Reviewed

Several lawsuits/settlements associated with IDOC and/or the Vandalia site were identified. The following are the most notable that are directly related to PREA:

- Rasho v. Baldwin (mental health treatment and services)
- Holmes v. Baldwin (deaf and hard of hearing/equal treatment)
- Monroe 18-156 Memo and Order (Transgender Inmates)

Interviews

PREA Compliance Manager (PCM): The interviewed PCM stated that transgender/intersex individuals in custody are not housed at Vandalia Correctional Center.

Staff Responsible for Risk Screening: The interviewed staff responsible for the risk screening reported that transgender or intersex inmates are not housed at Vandalia Correctional Center.

Transgender/Intersex Inmates: There were zero identified transgender/intersex residents at the facility.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.42 (g). Policy Evaluation, Treatment, and Correctional Management of Transgender Offenders, states that “transgender,

intersex, and gender incongruent offenders shall not be assigned to gender specific facilities based solely on their external genital anatomy” (p. 7).

As previously stated, as a result of a judicial decree (Monroe 18-156 Memo and Order; Injunction) the IDOC has implemented new policies and procedures that protected transgender resident rights around medical services, housing, cross gender strip searches and gender affirming clothing; along with staff and inmate training.

Interviews

PREA Coordinator/PREA Compliance Manager: This was confirmed through discussion with the PREA Coordinator and the PREA compliance manager, all denied such practices at VCC.

Staff Responsible for Risk Screening: If a screening indicates that an inmate has experienced prior sexual victimization, whether in an institutional setting or in the community, do you offer a follow--up meeting with a medical and/or mental health practitioner. Such meetings are offered immediately and must be seen within 14 days. If a screening indicates that an inmate previously perpetrated sexual abuse, do you offer a follow--up meeting with a mental health practitioner. After a screening is such a meeting offered immediately and seen within 14 days.

Transgender/Intersex/Gay/Lesbian Inmates: There were zero identified transgender/intersex residents at the facility. Twenty-eight inmates were interviewed. Four inmates interviewed, reported on the PREA screening that they were gay, lesbian and bisexual community. All four stated that they have never been put in a separate housing area or made to feel different because of their sexual orientation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

115.42 (a). The auditor was unable to determine how the facility uses the risk assessment to determine housing and programming services. The auditor has requested that the facility provide a memo describing the process as to housing and programming is determined. The facility provided a memo describing the process to determine placement of individuals upon the conclusion of the PREA screening. No further action is needed. The facility is compliant with the standard.

115.43

Protective Custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making compliance determination:

Documents:

Pre-Audit Questionnaire (PAQ)

Illinois Department of Corrections (Administrative Directive)

- 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
- Restrictive Housing

Investigation Report Reviewed (18)

- PREA File Checklist
- PREA Checklist
- Results of Allegation
- Incident Report
- Investigational Interview
- Notification
- PREA After Action Checklist

Interviews:

Warden

Staff who Supervise Inmates in Segregated Housing (2)

Findings (By Provision):

115.43 (a). As reported in the PAQ, the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been that there is no available alternative means of separation from likely abusers. There were zero reported inmates at risk of sexual victimization who were held in involuntary segregated housing the past 12 months for one to 24 hours awaiting completion of assessment.

Policy Sexual Abuse and Harassment Prevention and Intervention states that 'An offender identified as vulnerable shall not be housed in segregation status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided, and such placement in segregation status shall not ordinarily exceed a period of 30 days" (p. 7).

Documentation Reviewed

Housing assignments of inmate's high risk for victimization.

Upon review of the sexual assault/harassment investigations (18), there were no investigations identified where an inmate was placed in restrictive housing upon the conclusion of the investigation.

Interviews

Warden: The interviewed Warden reported that segregation status is utilized in emergency situations in which there is no other options. This is considered last resort placement. The facility has a dorm which can be used if needed. It will be segregated from other individuals but there is some movement so the individual isn't as confined as they would be if they were placed in restrictive housing.

Staff who supervisor inmates in segregated housing: The interviewed staff who supervise inmates in segregated housing reported that when inmates are placed in segregated housing for protection from sexual abuse all inmates are given access to activities and privileges. If there are any limitations to services, it will be documented.

115.43 (b).

Interviews

The agency does not use restrictive housing for the purpose of being a victim of sexual abuse/harassment.

Interviews

Staff who Supervise Inmates in Segregated Housing: Staff who supervisor inmates in segregated housing: The interviewed staff who supervise inmates in segregated housing reported that when inmates are placed in segregated housing for protection from sexual abuse all inmates are given access to activities and privileges. If there are any limitations to services, it will be documented. It was further reported that segregated housing is a last-minute resort, and the victim is not ordinarily placed in segregated status.

Inmates in Segregated Housing for risk of sexual victimization/who allege to have suffered sexual abuse: There were no identified inmates' places in segregated housing for risk of sexual victimization.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.43 (c). As reported in the PAQ, there were zero reported inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement.

Interviews

Warden: The interviewed Warden reported that victims or those at high risk are not placed in segregated status unless there is no other option. This is rarely if ever used as an option at Vandalia Correctional Center. The facility has a dorm which can be used if needed. It will be segregated from other individuals but there is some movement so the individual isn't as confined as they would be if they were placed in restrictive housing. It was further reported that the option is rarely used and if it were used it would be for the least amount of time possible.

Staff who Supervise Inmates in Segregated Housing: Staff who supervisor inmates in segregated housing: The interviewed staff who supervise inmates in segregated housing reported that when inmates are placed in segregated housing for protection from sexual abuse all inmates are given access to activities and privileges. If there are any limitations to services, it will be documented. It was further reported that segregated housing is a last-minute resort, and the victim is not ordinarily placed in segregated status. More specifically, one of the interviewed staff reported that any inmate placed on involuntary segregated housing would remain on the segregated housing unit until the investigation has concluded. Overall, it is not normal practice to have an individual in segregated status over 30 days.

Inmates in Segregated Housing (for risk of sexual victimization alleged to have suffered sexual abuse): There were no identified inmates' places in segregated housing for risk of sexual victimization.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.43 (d). As reported in the PAQ, there were zero reported inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.43 (e). As reported in the PAQ, there were zero reported inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement. The Restrictive Housing Policy states that "a Restrictive Housing Review Committee (RHRC) shall be established at each facility with Restrictive Housing. The committee shall review the status of each individual in custody's placement into ERH every seven days for the first 60 days and at least every 30 days thereafter, unless more frequently if clinically indicated. The RHRC shall develop a Transition and Stabilization Plan (TSP) based on programming, safety and security to allow the individual in custody an opportunity to transition to a less restrictive alternative as soon as possible. The TSP shall be documented on the DOC 0598 for all individuals in custody placed into ERH" (pp. 7-8). The policy further states that "the RHRC shall convene within 96 hours for each individual in custody placed in ERH. 4. The RHRC shall convene to consider, review and provide a written recommendation regarding an individual in custody's placement in ERH" (p. 8)

Interviews

Staff who supervisor inmates in segregated housing: The interviewed staff who supervise inmates in segregated housing reported that when inmates are placed in segregated housing for protection from sexual abuse all inmates are given access to activities and privileges. If there are any limitations to services, it will be documented. It was further reported that segregated housing is a last-minute resort, and the victim is not ordinarily placed in segregated status. More specifically, one of the interviewed staff reported that any inmate placed on involuntary segregated housing would remain on the segregated

housing unit until the investigation has concluded. Overall, it is not normal practice to have an individual in segregated status over 30 days.

Inmates in Segregated Housing (for risk of sexual victimization allege to have suffered sexual abuse): There were no identified inmates' places in segregated housing for risk of sexual victimization.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.51	Inmate reporting
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
The following evidence was analyzed in making compliance determination:	
1. Documents:	
a. Pre-Audit Questionnaire (PAQ)	
b. Illinois Department of Corrections (Administrative Directive)	
04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program	
c. Sexual Abuse and Harassment Prevention and Intervention Program Manual Offender	
d. Individual In Custody Orientation Manual (English/Spanish)	
e. Offender Grievance Form (42)	
f. Offender Request Form	
g. Handout: Prison Rape Elimination Act of 2003	
h. MOU: John Howard Association	
2. Interviews:	
a. Random Sample of Staff (12)	
b. Random Sample of Inmates (28)	
c. PREA Compliance Manager	
d. Residents who Reported a Sexual Abuse	
Findings (By Provision):	
115.51 (a). As reported in the PAQ, the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about:	
§ Sexual abuse or sexual harassment;	
§ Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and	
§ Staff neglect or violation of responsibilities that may have contributed to such incidents.	
Policy Sexual Abuse and Harassment Prevention and Intervention Program 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” (p. 7). The Sexual Abuse and Harassment Prevention and Intervention Program Manual provides further guidance for inmate options to make report of sexual abuse or sexual harassment. More specifically the manual 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” (p. 29). Such options included but not limited to: hotline, grievance form, tell staff, offender request form, and write a confidential letter to an outside entity (John Howard Association).	
Onsite the auditor randomly reviewed grievances. During the review process it was determined that seven were PREA related. Four of the grievances were ruled out as infrastructure and three were investigated.	
<u>Documentation Reviewed</u>	
Individual In Custody Orientation Manual (English/Spanish)	
Sexual Abuse and Harassment Prevention and Intervention Program Manual	
Grievances.	

Interviews

Random Sample of Staff: The interviewed random sample of staff (12) reported that the inmates can privately report by using the hotline number, notify staff, completing a help request/grievance, requesting to speak with mental health, family, or friends. Such reports can be made verbally or in writing. All the interviewed staff reported that if an inmate makes a report verbally or in writing, sexual abuse or harassment, the allegations are responded to immediately and they would immediately document the allegation on an incident report and notify supervisor.

Random Sample of Inmates Interviews: Twenty-eight random inmates were interviewed. All interviewed inmates stated that they had multiple ways to report. Most of the inmates reported that they would tell staff, call the hotline, complete request form, tell family members or friends.

During the onsite inspection, the offender phones were checked to ensure that they were working properly. It was observed that the phones were active and available for offenders to report sexual abuse or sexual harassment.

115.51 (b). As reported in the PAQ, the agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency also has a policy requiring inmates detained solely for immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. As previously stated, the VCC Individual In Custody Orientation Manual provides further guidance for inmate options to make report of sexual abuse or sexual harassment. Such options included but not limited to hotline, grievance form, tell staff, offender request form, and write a confidential letter to an outside entity. The agency has an MOU with the John Howard Association. The MOU allows for inmates to send privileged mail to the John Howard Association, as an outside reporting mechanism.

Documentation Reviewed

MOU: John Howard Association

Individual In Custody Orientation Manual (English/Spanish)

Interviews

PREA Compliance Manager: The interviewed PCM stated that Individuals in custody can call the hotline number that is posted throughout the facility, as well as posters on the wall. All ways of reporting are listed in the Individuals In Custody Handbook. Individuals in custody have the option of reporting directly to the John Howard Association who will report to IDOC officials. The option is to mail the concern as privileged mail so that it is not accessible to staff at the facility level.

Random Sample of Inmates: As previously stated, the interviewed inmates stated that they had multiple ways to report. Most of the inmates reported that they would tell staff, call the hotline, complete request form, tell family members or friends. Sixteen of the 28 interviewed inmates felt that they could make a report without giving their name; however, eleven inmates stated they were unaware that they did not have to give their names. Inmates stated they are required to put their assigned number in the PREA phone to make a call.

Per the facility report and onsite observation, there were no offenders housed at the facility detained solely for immigration purposes. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.51 (c). As reported in the PAQ, the agency has a policy mandating that staff accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports. The Sexual Abuse and Harassment Prevention and Intervention Program Manual and the VCC Individual In Custody Orientation Manual describes multiple means for offenders to report. Such means include verbally, in writing, anonymously, and from third parties.

Documentation Reviewed

Individual In Custody Orientation Manual (English/Spanish)

Interviews

Random Sample of Staff: The interviewed random sample of staff (12) reported that the inmates reports can be made verbally or in writing. All the interviewed staff reported that if an inmate makes a report verbally or in writing to them, they would immediately respond to the allegations, contact supervisor and complete an incident report.

Random Sample of Inmates: Twenty-eight random inmates were interviewed. Twelve inmates reported that they could make a report to someone who does not work at the facility by telling other family members or calling the PREA hotline. The inmates stated they can write reports on a request form, note or grievance form. The inmates were able to describe being

able to make reports verbally, in writing, anonymously, and from third parties.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.51 (d). As reported in the PAQ, the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. The agency handout on the Prison Rape Elimination Act of 2003 provides staff with multiple ways to privately report allegations of sexual abuse or sexual harassment of inmates. The Sexual Abuse and Harassment Prevention and Intervention Program Manual further reiterates the agencies responsibility to provide staff with multiple ways to privately report.

Interviews

Random Sample of Staff: The interviewed random staff (12) reported that staff can privately reporting by using the hotline number, notify supervisor, notify mental health or notify the Warden, such reports can be made verbally or in writing. Most staff reported they felt comfortable notifying their supervisor if the abuse or harassment did not involve supervisor.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.52	Exhaustion of administrative remedies
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
The following evidence was analyzed in making compliance determination:	
1. Documents:	
a. Pre-Audit Questionnaire (PAQ)	
b. Illinois Department of Corrections (Administrative Directive)	
04.01.114 Local Offender Grievance Procedures	
c. Illinois Administrative Code (Grievance Procedures for Offenders)	
d. Grievances (42)	
e. Individual in Custody Orientation Manual (English and Spanish)	
Findings (By Provision):	
<p>115.52 (a). As reported in the PAQ, the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. Policy Local Offender Grievance Procedures and the Illinois Administrative Code (Grievance Procedures for Offenders) provides guidance to staff regarding the offender grievance process. When reviewing inmate files, the auditor reviewed 42 grievances filled. Of the 42, seven PREA related. The PREA related grievances were investigated. During the onsite inspection, the auditor randomly spoke to several residents. Three residents reported that they have filed PREA related grievances. One resident report that they have filled multiple grievances related to the shower and toilet area. The residents further reported that the shower and toilet area did not allow for reasonable privacy. The auditor observed that the areas, were concerning in that you could have direct contact with an inmate while they were showering or toileting. It should also be noted that the facility rarely had female inmates working the units; therefore, must of the direct contact was same sex staff/resident.</p>	
<u>Documentation Reviewed</u>	
Grievances (42)	
<p>115.52 (b). As reported in the PAQ, agency policies or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The policy does not require an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Policy Local Offender Grievance Procedures further states that 'Offender grievances involving alleged incidents of sexual abuse shall be exempt from any informal (counselor) grievance process" (p. 2). The policy further states that "offender grievances related to allegations of sexual abuse shall not be subject to any filing time limit" (p. 7).</p>	
When reviewing inmate files, the auditor reviewed 42 grievances filled. Of the 42, seven PREA related. The PREA related grievances were investigated.	
<u>Documentation Reviewed</u>	
Individual In Custody Orientation Manual (English/Spanish)	
Grievances (42)	
<p>115.52 (c). As reported in the PAQ, the agency policy and procedure allow an inmate to submit a grievance alleging sexual abuse without submitting or referring it to the staff member who is the subject of the complaint. Local Offender Grievance Procedure confirms that "An offender may submit the grievance without submitting it to any staff member who is the subject of the complaint" (p. 6). It further states "No grievance shall be referred to any staff member who is the subject of the complaint". . When reviewing inmate files, the auditor reviewed 42 grievances filled. Of the 42, seven PREA related. The PREA related grievances were investigated.</p>	
<u>Documentation Reviewed</u>	
Individual In Custody Orientation Manual (English/Spanish)	
Grievances (42)	

115.52 (d). As reported in the PAQ, the agency policy and procedure require 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 Local Offender Grievance Procedure 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.

a. Computation of the 90-day time period shall not include time consumed by the offender in preparing any administrative appeal.

b. 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.

In the past 12 months, the number of grievances filed for sexual abuse is 2 and all alleged grievances reached a final decision within 90 days. The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days was zero.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.52 (e). As reported in the PAQ, the agency policy and procedure permit third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing a request for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. The Local Offender Grievance Procedure 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" (p. 6). The policy further states that "if the alleged victim declines, the decision shall be documented" (p. 6).

Documentation Reviewed

Investigative Files

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.52 (f). As reported in the PAQ, the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The policy also requires an initial response within 48 hours. There were zero reported emergency grievances filed in the last 12 months. The Local Offender Grievance Procedure, 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 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" (p. 7). A review of grievance documents, investigative reports, along with interviews while conducting the site review confirmed application of the standard.

115.52 (g). As reported in the PAQ, the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. In the past 12 months, there were zero inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith. The Local Offender Grievance Procedure, states that "staff shall be prohibited from imposing discipline due to use of the grievance process" (p. 7). When reviewing inmate files, the auditor reviewed 42 grievances filed. Of the 42, seven PREA related. The PREA related grievances were investigated. Upon review, there was no indication that the facility imposed disciplinary action on a resident for filing a grievance.

Based on review of documentation, the provision of this standard is met.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.53	Inmate access to outside confidential support services
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>The following evidence was analyzed in making compliance determination:</p> <p>1. Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Illinois Department of Corrections (Administrative Directive) <ul style="list-style-type: none"> 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program c. Individual In Custody Orientation Manual (English and Spanish) d. MOU: Illinois Department of Corrections and Sexual Assault & Family Emergencies e. MOU: Illinois Department of Corrections and John Howard Association <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Random Sample of Inmates (28) b. Warden c. PREA Compliance Manager <p>Findings (By Provision):</p> <p>115.53 (a). As reported in the PAQ, the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The Sexual Abuse and Harassment Prevention and Intervention Program states that “an offender who alleges to be a victim of sexual abuse shall be offered counseling and supportive services, such as psychological services, chaplaincy services, correctional counselors, group therapy, etc. and, if possible, be provided with a victim advocate from a sexual assault crisis center” (p. 9).</p> <p>The facility has a MOU with the Sexual Assault & Family Emergencies that outlines the agreement to provide inmates with outside access to outside confidential support services. In addition, the facility has PREA signage providing contact information for the Sexual Assault and Family Emergencies and the John Howard Association.</p> <p><u>Documentation Reviewed</u></p> <p>MOU (Sexual Assault & Family Emergencies)</p> <p><u>Interviews</u></p> <p>Twenty-eight random inmates were interviewed. Twenty-six inmates reported that they were unaware of outside services that would be available to them or other inmates dealing with sexual abuse. Two inmates reported that they were unable to think of outside agency name at the time however, felt comfortable contacting facility mental health if they needed outside services regarding complaints of sexual harassments or sexual abuse. Two inmates stated that they could recall reading some information on the housing units that had some numbers and mailing addresses posted about services. When probed the random sample of inmates could not describe what outside services they would contact if needed services. However, felt comfortable asking facility mental health for assistance if needed. Additional probing, they could recall receiving information about the services in the PREA video, during orientation, in handout and discussed Howard Johnson Center. The two interviewed inmates could recall receiving information about outside services organization call Howard Johnson Center that provide services. They were not able to describe the services since they had not requested the services. The two interviewed inmates reported that they believed they could talk to outside services in a confidential manner if service staff visited the facility in person; however, they felt if they had to talk on the phone the calls would be monitored or recorded because they are required to enter inmate number in the system.</p> <p>Inmates who Reported a Sexual Abuse: There were no inmates at the facility who reported a sexual abuse.</p> <p>115.53 (b). As reported in the PAQ, the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility reported that it informs inmates prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosure of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant</p>	

federal, state, or local law. The agency/facility has an MOU with the John Howard Association and Sexual Assault and Family Emergencies to allow for confidential communication.

Documentation Reviewed

MOU (Sexual Assault & Family Emergencies)

Interviews

Random Sample of Inmates: The two interviewed inmates reported that they believed they could talk to outside services in a confidential manner if service staff visited the facility in person; however, they felt if they had to talk on the phone the calls would be monitored or recorded because they are required to enter inmate number in the system.

Inmates who Reported a Sexual Abuse: There were zero identified inmates who reported a sexual abuse at the facility.

115.53 (c). As reported in the PAQ, the agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that can provide inmates with emotional support services related to sexual abuse.

Documentation Reviewed

MOU: Illinois Department of Corrections and Sexual Assault & Family Emergencies

MOU: Illinois Department of Corrections and John Howard Association

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>1. Documents:</p> <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency website c. Sexual Abuse and Harassment Prevention and Intervention Program Manual <p>Findings (By Provision):</p> <p>115.54 (a). As reported in the PAQ, the agency or facility provides a method to receive third-party reports on inmate sexual abuse or sexual harassment. Said information is publicly distributed. The agency website provides the following guidance:</p> <p>How to Report Institutional Sexual Abuse and/or Staff Sexual Misconduct If you have information regarding an offender who has been sexually abused or sexually harassed while under IDOC custody or community supervision, please call: 217-558-4013.</p> <p>Calls to this number at IDOC Headquarters are recorded. Messages are checked periodically Monday through Friday during business hours by staff of the Investigations Unit.</p> <p>You do not have to give your name, but it is critical that you provide as many details as possible.</p> <p>This includes:</p> <ul style="list-style-type: none"> • The name(s) and locations of persons involved; • The name(s) or description of any witnesses to the incident; • IDOC offender number (if an offender) • A brief description of the incident(s) • A brief description of where the event(s) occurred; • The date(s), time, and place of occurrence(s); • Names and contact information of others who might have additional information about the incident; • Your contact phone number and address (optional) <p>IDOC investigates all allegations of offender–on–offender sexual abuse and staff sexual misconduct. Investigations are initiated by the</p> <p>Investigation Unit at IDOC Headquarters. Please understand without detailed information it is difficult to investigate a sexual abuse or sexual harassment situation.</p> <p>The Sexual Abuse and Harassment Prevention and Intervention Program Manual further reiterates the above requirements.</p> <p>Onsite Observation: During the onsite inspection the auditor observed PREA related brochures, posters, and audit notices in the visitation area.</p> <p>Based on review of documentation, interviews with staff and inmates, the facility met the requirements of the standard.</p> <p>Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.61	Staff and agency reporting duties
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Sexual Abuse and Harassment Prevention and Intervention Program Manual</p> <p>Investigative Reports (18)</p> <p>12 Month Inmate Roster</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program • Reporting of Unusual Incidents <p>Interviews:</p> <p>Random Sample of Staff (12)</p> <p>Medical and Mental Health Staff (3)</p> <p>PREA Compliance Manager</p> <p>Warden</p> <p>Findings (By Provision):</p> <p>115.61 (a). As reported in the PAQ, 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 it is part of the agency. The agency requires all staff to report immediately and according to agency policy any retaliation against inmates or staff who reported such an incident. Policy Sexual Abuse and Harassment Prevention and Intervention Program states that:</p> <p>Any verbal report or observance of sexual activity shall be treated as possible sexual abuse. e. Any report or observance of sexual abuse or harassment shall be documented on an Incident Report, DOC 0434, and reported to the facility PREA Compliance Manager in accordance with Paragraph II.G.6. All reports shall be investigated accordingly.</p> <p>Reports of sexual abuse or harassment occurring while an offender was housed at a different facility shall be reported to the Chief Administrative Officer of the facility where the incident occurred as soon as possible, but not later than 72 hours after the initial report was received. Reports of sexual abuse or harassment occurring while an offender was housed within a different jurisdiction, such as a municipal lockup, county jail, or correctional center in another state, shall be documented on a DOC 0434 and reported by the Chief Administrative Officer of the facility that received the allegation to the Chief Administrative Officer of the agency where the alleged abuse occurred within 72 hours (p. 8-9).</p> <p>The Sexual Abuse and Harassment Prevention and Intervention Program Manual along with the Reporting of Unusual Incidents further reiterates the above-mentioned process. More specifically, the Reporting of Unusual Incidents policy states that "The Chief Administrative Officer shall immediately notify the respective Deputy Director, by telephone, any of the following types of incidents or situations" (p. 2).</p> <p><u>Interviews</u></p> <p>Random Sample of Staff: Twelve random staff interviews; indicated a clear understanding of the duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against Inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation immediately. The twelve staff interviewed carried a small, laminated cards that provided instructions regarding reporting sexual abuse or sexual harassment. The various ways staff indicated that they could make a report included, but was not limited to:</p> <ul style="list-style-type: none"> · Report to supervisor 	

- Notify the Warden
- Call the PREA Hotline
- Notify Intel or Internal Investigation
- Complete an incident report

The twelve interviewed staff consistently described a process for reporting any information related to sexual abuse incidents as: report immediately, take to medical, stop all movement on the housing unit, separate from other inmates, would not allow the inmate to bath, shower, or brush teeth, preserve evidence; and report to someone else for the investigation.

115.61 (b). As reported in the PAQ, 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. Policy Sexual Abuse and Harassment Prevention and Intervention Program states that:

Access to information related to sexual abuse occurring in a correctional setting shall be treated as confidential and limited to staff directly related to the assessment, treatment, placement or investigation of the offender to the extent possible while ensuring the safety and security of offenders and staff. Informed consent shall be required before utilizing information regarding a sexual victimization that occurred outside of a correctional setting.

Interviews

Random Sample of Staff: Twelve random staff interviews; indicated a clear understanding of the duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against Inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation immediately. The twelve staff interviewed carried a small, laminated cards that provided instructions regarding reporting sexual abuse or sexual harassment. The various ways staff indicated that they could make a report included, but was not limited to:

- Report to supervisor
- Notify the Warden
- Call the PREA Hotline
- Notify Intel or Internal Investigation
- Complete an incident report

115.61 (c). Per the above-mentioned policy, medical and mental health staff, are required to report sexual abuse pursuant to 115.61a.

Interviews

Medical and Mental Health Staff: Interviews with medical and mental health staff, indicated that they are fully aware of their duty to report and the limitations of confidentiality. The staff indicated that the "appropriate application of counseling services demands that you divulge the limitations of confidentiality" and that notifications of limitation are told to the inmates verbally and the doctor will go over release forms and a medical treatment form.

Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

115.61 (d). The VCC does not house offenders under the age of 18.

Documentation Reviewed

Investigative Reports (18)

12 Month Inmate Roster

Interviews

Warden: The interviewed Warden reported that the facility has no individuals in custody under the age of 18 housed at the facility. A vulnerable adult would be handled in the same manner as any other complainant. If additional supports or resources are needed to specific to that individual that would be provided.

PREA Coordinator: The interviewed agency PREA Coordinator reported that if the allegation of sexual abuse or sexual harassment is made by someone under the age of 18 or someone considered vulnerable adult under state or local law the allegation would be handled the same as all others.

Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

115.61 (e). As previously stated, the agency policy reports that all incidents of alleged sexual abuse and sexual harassment are reported to be investigated by the facilities Investigative Unit, which also includes any third party and anonymous reports.

Documentation Reviewed

Investigative Reports (18)

Interviews

Warden: During the interview with the Warden, it was confirmed that all reports of sexual abuse and sexual harassment allegations are forwarded to the investigative staff. More specifically the Warden stated that they are reported via an Incident Report to the Shift Commander usually or can be reported to investigative staff or reported to the hotline.

The facility has five trained investigators. If someone calls the facility and makes a report, the call is immediately forwarded for investigation to the facilities Investigations Unit. The interviewed investigator reported that third party or anonymous reports are investigated the same as any other allegation of sexual abuse or sexual harassment.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Sexual Abuse and Harassment Prevention and Intervention Program Manual</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <p>Investigation Report Reviewed (18)</p> <ul style="list-style-type: none"> • PREA File Checklist • PREA Checklist • Results of Allegation • Incident Report • Investigational Interview • Notification • PREA After Action Checklist <p>Interviews:</p> <p>Agency Head</p> <p>Warden</p> <p>Random Sample of Staff (12)</p> <p>Findings (By Provision):</p> <p>115.62 (a). As reported in the PAQ, when the facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. In the past 12 months, there were zero times that the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse. The agency coordinated responses states the following:</p> <p>Any offender who alleges to be a victim of sexual abuse shall be:</p> <ol style="list-style-type: none"> 1. Immediately provided protection from the alleged abuser and the incident shall be investigated. 2. 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. 3. Evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. 4. Offered counseling and supportive services, such as psychological services, chaplaincy services, correctional counselors, group therapy, etc. and, if possible, be provided with a victim advocate from a rape crisis center (p. 8). <p><u>Documentation Reviewed</u></p> <p>Investigation Files (18)</p> <p><u>Interviews</u></p> <p>Agency Head: The interviewed agency head reported that in accordance with AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program and the PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, 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. All such risk would be fully investigated and the offender at risk would have access to medical, mental health care as well as support services.</p>

Warden: The interviewed Warden stated that if an individual in custody is identified as being at substantial risk of sexual abuse the PREA Compliance Manager is notified. Once notified the PREA Compliance Manager discusses the situation with all relevant parties to formulate a plan to ensure the safety of the individual in custody. This could include housing changes or bed moves.

Random Sample of Staff: Twelve random staff interviewed reported being aware of the agency procedure for reporting any information related to an inmate who may be at imminent risk of sexual abuse or sexual harassment. One hundred percent of the interviewed staff could articulate immediate notification to the supervisor and make sure the area is secure. Six of the interviewed staff stated that they would have the victim moved to another housing unit, secure evidence and complete an incident report.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.63	Reporting to other confinement facilities
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <p>PREA Checklist (18)</p> <p>PREA After Action Checklist (18)</p> <p>Interviews:</p> <p>Agency Head</p> <p>Warden</p> <p>Findings (By Provision):</p> <p>115.63 (a). As reported in the PAQ, the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. During the past 12 months, there zero allegation of sexual abuse that the facility received from other facilities.</p> <p>Policy Sexual Abuse and Harassment Prevention and Intervention Program states that:</p> <p>Reports of sexual abuse or harassment occurring while an offender was housed at a different facility shall be reported to the Chief Administrative Officer of the facility where the incident occurred as soon as possible, but not later than 72 hours after the initial report was received.</p> <p>NOTE: Reports of sexual abuse or harassment occurring while an offender was housed within a different jurisdiction, such as a municipal lockup, county jail, or correctional center in another state, shall be documented on a DOC 0434 and reported by the Chief Administrative Officer of the facility that received the allegation to the Chief Administrative Officer of the agency where the alleged abuse occurred within 72 hours (pp. 8-9).</p> <p>The documentation of PREA allegations occurs on the PREA Checklist and the PREA After Action Checklist.</p> <p><u>Documentation Reviewed</u></p> <p>PREA Checklist – 18 completed forms reviewed</p> <p>PREA After Action Checklist- 18 completed forms reviewed</p> <p>Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.</p> <p>115.63 (b). As reported in the PAQ, the agency policy requires the facility head provides such notification as soon as possible, but no more than 72 hours after receiving the allegation. As previously stated, Policy Sexual Abuse and Harassment Prevention and Intervention Program provides guidance on the notification to other facility.</p> <p>Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.</p> <p>115.63 (c). As reported in the PAQ, the facility documents that it has provided such notifications within the 72 hours of receiving the allegation. Policy Sexual Abuse and Harassment Prevention and Intervention Program states that, “any report or observance of sexual abuse or harassment shall be documented on an Incident Report, DOC 0434, and reported to the facility PREA Compliance Manager in accordance with Paragraph II.G.6. All reports shall be investigated accordingly” (p. 8). There were zero allegations to review.</p> <p>Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.</p>	

115.63 (d). As reported in the PAQ, the facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. During the past 12 months, there was one allegation of sexual abuse that the facility received from other facilities.

Documentation Reviewed

Investigation Report/Notification

PREA Checklist – Reviewed 18

PERA After Action Checklist-Reviewed 18

Upon review, it was found that the allegations were immediately investigated in accordance with agency policy.

Interviews

Agency Head: The interviewed agency head reported, that when notified by another agency of an allegation within an IDOC facility, the PREA Compliance Manager of that respective facility is notified and the PREA procedures and protocols are implemented. If an offender provides an allegation to IDOC regarding another jurisdiction, the CAO of the IDOC facility receiving the allegation reports such complaint to the CAO of the jurisdiction in which the report was alleged to have occurred. The cross Jurisdictional Reports happen regularly.

Warden: The interviewed Warden reported that a case would be opened and handled the same as if the individual in custody was housed at this facility with the exception that collaboration would be necessary with the staff at the reporting facility to conduct interviews. There was an instance where another facility or agency reported such allegations, and a case was created for the individual in custody at Statesville Correctional Center who claimed a sexual abuse occurred at Vandalia Correctional Center during a prior incarceration.

Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.64	Staff first responder duties
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Illinois Department of Corrections (Institutional Directive)</p> <ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <p>Investigation Report Reviewed (18)</p> <ul style="list-style-type: none"> • PREA File Checklist • PREA Checklist • Results of Allegation • Incident Report • Investigational Interview • Notification • PREA After Action Checklist <p>Interviews:</p> <p>Random Sample of Staff/Security Staff or Non-Security Staff First Responders (12)</p> <p>Findings (By Provision):</p> <p>115.64 (a). As reported in the PAQ, the agency has a first responder policy for allegations of sexual abuse. Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:</p> <p>§ Separate the alleged victim and abuser;</p> <p>§ Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;</p> <p>§ If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teethe, changing clothes, urinating, defecating, smoking, drinking or eating; and/or;</p> <p>§ If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.</p> <p>Policy Sexual Abuse and Harassment Prevention and Intervention Program, states that:</p> <ol style="list-style-type: none"> a. Any offender who alleges to be a victim of sexual abuse shall be: <ol style="list-style-type: none"> a. Immediately provided protection from the alleged abuser and the incident shall be investigated. b. 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. c. Evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. d. Offered counseling and supportive services, such as psychological services, chaplaincy services, correctional counselors, group therapy, etc. and, if possible, be provided with a victim advocate from a rape crisis center. 	

NOTE: When necessary, referrals for continued care shall be made following the offender's transfer to, or placement in, other facilities, or their release from custody (p. 8).

Additionally, the facility institutional directive (04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program, further reiterates the above-mentioned practice.

Documentation Reviewed

Investigation Report (18)

In the past 12 months, the number of allegations that an inmate was sexually abused: 2

In the past 12 months, the number of times the security staff member to respond to the report separated the alleged victim and abuser: 0

In the past 12 months, the number of allegations were staff were notified within a time period that still allowed for the collection of physical evidence: 0

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested 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: 0

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested 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: 0

It should be noted that all security staff are considered first responders.

115.64 (b). As reported in the PAQ, the 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; and/or

§ Notify security staff.

Policy Sexual Abuse and Harassment Prevention and Intervention Program, 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 that the alleged victim and abuser not take any action that may destroy physical evidence including changing clothes, bathing, brushing teeth, urinating, defecating, drinking or eating, etc. (p. 8).

facility institutional directive (04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program states that a member of the security team shall be promptly notified if the staff responding is other than security staff (pp. 8-9).

Of the allegations that an inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0

Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0

Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0

Interviews

Random Sample of Staff: Twelve random staff interviewed reported being aware of the agency procedure for reporting any information related to an inmate who may be at imminent risk of sexual abuse or sexual harassment. One hundred percent of the interviewed staff could articulate immediate notification to the supervisor and make sure the area is secure. Six of the interviewed staff stated that they would have the victim moved to another housing unit, secure evidence and completed incident report. All Security Staff and Non-Security Staff are considered First Responders.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <p>Illinois Department of Corrections (Institutional Directive)</p> <ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <p>Interviews:</p> <p>Warden</p> <p>Findings (By Provision):</p> <p>115.65 (a). As reported in the PAQ, the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. Policy Sexual Abuse and Harassment Prevention and Intervention Program outlines the institutions coordinated response (p. 8-12). The facility Institutional Directive provides guidance on the written institutional plan on a local level.</p> <p><u>Interviews</u></p> <p>Warden: The interviewed Warden reported that all staff are trained on the PREA procedures. Staff are provided a first responder checklist to guide them accordingly. Staff are trained to immediately report any allegations to the Shift Commander. An incident report is to be completed. The Shift Commander is to make notifications to the Dao, IA, Mental Health and Medical. The first staff notified is to ensure that the victim and the perpetrator are separated. The scene is protected if possible. Staff are to instruct the victim to refrain from destroying any physical evidence. The victim will be seen immediately by medical and mental health.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Collective Bargaining Agreements</p> <ul style="list-style-type: none"> · Downstate Teamsters · Carpenters Contract · Barbers Contract · Electrician Contract · Boilermakers Contract · EMP_afscme (4) · AFSCME-Wexford · Machinists · Painters · Laborers · Fireman and Other Contract · INA RC23 · Plumbers · Operating Engineers · Tinsmith · Fox Valley · VR ISEA <p>Interviews:</p> <p>Agency Head</p> <p>Findings (By Provision):</p> <p>115.66 (a). As reported in the PAQ, the agency, facility, or any other government 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. The agency provided copies of five collective bargaining agreements.</p> <p>Documents Reviewed</p> <ul style="list-style-type: none"> · Downstate Teamsters · Carpenters Contract · Barbers Contract · Electrician Contract · Boilermakers Contract

- EMP_afscme (4)
- AFSCME-Wexford
- Machinists
- Painters
- Laborers
- Fireman and Other Contract
- INA RC23
- Plumbers
- Operating Engineers
- Tinsmith
- Fox Valley
- VR ISEA

Interviews

Agency Head: The interviewed agency head stated that at minimum, all collective bargaining agreements provide the department with the ability to place an employee on paid administrative leave.

115.66 (b). The provision is not required to be audited.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.67	Agency protection against retaliation
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <p>PREA Retaliation Monitor-Staff and Offender (14)</p> <p>Corrective Action (2 monitor for retaliations completed)</p> <p>Interviews:</p> <p>Agency Head</p> <p>Warden</p> <p>Findings (By Provision):</p> <p>115.67 (a). As reported in the PAQ, the facility 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. The agency has designated staff charged with monitoring for retaliation. Policy Sexual Abuse and Harassment and Prevention and Intervention Program provides guidance on protecting inmates and staff from retaliation.</p> <p>115.67 (b). As previously stated, the Sexual Abuse and Harassment and Prevention and Intervention Program provides guidance on protecting inmates and staff from retaliation. The facility reported that no offenders were placed on segregated housing after reporting sexual abuse or sexual harassment.</p> <p><u>Documentation Reviewed</u></p> <p>PREA Retaliation Monitoring- 14 reviewed</p> <p><u>Interviews</u></p> <p>Agency Head: The interviewed 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. In addition, the department has an MOU with John Howard Association to receive complaints from offenders to include retaliatory actions, which are then investigated by the department. Support services are provided throughout our facilities by qualified mental health and local community providers as necessary. Offenders and staff reporting such allegations are monitored for retaliation for a period of no less than 90 days.</p> <p>Warden: The interviewed Warden reiterated the facility process. The process includes immediately separating the perpetrator and the victim. An initial housing unit change is completed if warranted. If the alleged perpetrator is staff they are placed into another area. The outcome of the investigation will dictate if further action is warranted. The victim has the opportunity to voice their concerns as well. Retaliation monitoring begins immediately upon an allegation being made and is continued for no less than three months after the alleged incident. The victim has the opportunity to obtain mental health services immediately and any time needed after.</p> <p>Designated Staff Charged with Monitoring for Retaliation: The designated staff member charged with monitoring for retaliation reported that they will monitor all action in regard to the victim; changes in housing and speak to the victim. The different measures taken to protect inmates and staff from retaliation include follow up to ensure safety and off relevant services. Contact is initiated at least monthly or three months.</p> <p>Inmates in Segregated Housing (for risk of sexual victimization/who alleged to have suffered sexual abuse: There were zero reported residents who were placed in segregated housing as a result of suffering sexual abuse.</p> <p>Inmates who Reported a Sexual Abuse: There were zero reported residents at the facility who reported a sexual abuse.</p> <p>Corrective Action: Upon review of the PREA Retaliation Monitoring form it was found that the forms where all initiated</p>	

however the content of the forms was vague and did not reflect how they monitored. In some instances, the form was not updated to reflect that the monitoring ended because the inmate was no longer at the facility. The auditor is requesting that the facility provide proof of completion of monitoring forms that are specific to the client being monitored. The facility provided additional documentation of monitoring for retaliation. The facility has met the requirements for compliance. No further action is needed.

115.67 (c). As reported in the PAQ, the facility monitors for retaliation for 90 days, and will continue monitoring past 90 days if needed. There were zero reported incidents of retaliation reported in the last 12 months. Policy Sexual Abuse and Harassment and Prevention and Intervention Program states that:

a. 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. The Department shall act promptly to remedy any such retaliation.

1. 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 program changes and facility transfers, and include periodic status checks to ensure he or she displays no changes that may suggest retaliation.

2. 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.

NOTE: The Department's obligation to monitor for retaliation shall terminate if the Department determines the allegation is unfounded; however, the Department shall continue such monitoring beyond the 90 days if the initial monitoring indicated a continuing need.

b. If any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation (pp. 10-11).

Documentation Reviewed

PREA Retaliation Monitoring (14)

Corrective Action (2 monitor for retaliation of COVID completed)

Interviews

Warden: The interviewed Warden reported that any potential instances of retaliation will be referred to internal affairs for investigation and if retaliation is founded referrals will be made for discipline; whether staff or individual in custody.

Designated Staff Charged with Monitoring for Retaliation: The designated staff member charged with monitoring for retaliation reported that some of the areas that are looked act to detect possible retaliation include, housing changes, assignment changes, contracts and programs. The monitoring will occur for at least three months. If there is concern that there is potential retaliation, the monitoring will go on as long as necessary to ensure safety of inmates.

115.67 (d). Policy Sexual Abuse and Harassment and Prevention and Intervention Program, provides guidance on the requirement that monitoring would include periodic checks.

Interviews

Designated Staff Charged with Monitoring for Retaliation: The designated staff member charged with monitoring for retaliation reported that when looking for possible signs of retaliation we will look for housing changes, assignments, contacts, and program review.

115.67 (e). Policy Sexual Abuse and Harassment and Prevention and Intervention Program states that "the Department's obligation to monitor for retaliation shall terminate if the Department determines the allegation is unfounded; however, the Department shall continue such monitoring beyond the 90 days if the initial monitoring indicated a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation" (p. 12).

Interviews

Agency Head: The interviewed 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. In addition, the department has an MOU with John Howard Association to receive complaints from offenders to include retaliatory actions, which are then investigated by the department.

Warden: The interviewed Warden stated that if there is suspicion of retaliation, immediately the perpetrator is separated from the victim. An initial housing unit change is completed if warranted (ie. The two residents are in the same area). If the alleged perpetrator is staff, they are placed into another area until the outcome of the investigation will dictate if further action is warranted. The victim has the opportunity to voice their concerns as well. Retaliation monitors are begun immediately upon an allegation being made and is continued for no less than three months after the alleged incident. The victim has the opportunity to obtain mental health services immediately and any time needed thereafter. Any potential instances of retaliation will be referred to internal affairs for investigation and if retaliation is founded referrals will be made for discipline (staff or individual in custody).

115.67 (f). Per policy, the facilities obligation to monitor shall terminate if the facility determines that the allegation is unfounded (p. 12).

Corrective Action:

Upon review of the PREA Retaliation Monitoring form it was found that the forms were all initiated however the content of the forms was vague and did not reflect how they monitored. In some instances, the form was not updated to reflect that the monitoring ended because the inmate was no longer at the facility. The auditor is requesting that the facility provide proof of completion of monitoring forms that are specific to the client being monitored. The facility provided additional documentation of monitoring for retaliation. The facility has met the requirements for compliance. No further action is needed.

115.68	Post-allegation protective custody
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program • 05.15.100 Restrictive Housing <p>Investigation Report Reviewed (18)</p> <ul style="list-style-type: none"> • PREA File Checklist • PREA Checklist • Results of Allegation • Incident Report • Investigational Interview • Notification • PREA After Action Checklist <p>Interviews:</p> <p>Warden</p> <p>Staff who Supervise Inmates in Segregated Housing (2)</p> <p>Medical and Mental Health Staff</p> <p>Findings (By Provision):</p> <p>115.68 (a). As reported in the PAQ, the agency has a policy that prohibits the placement of inmates who alleged to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and determination has been made that there is no available alternative means of separation from likely abusers. There were zero reported inmates who alleged to have suffered sexual abuse and who were held in involuntary segregated housing in the past 12 months.</p> <p>Policy Sexual Abuse and Harassment Prevention and Intervention Program states that, "an offender identified as vulnerable shall not be housed in segregation status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided, and such placement in segregation status shall not ordinarily exceed a period of 30 days" (p. 7).</p> <p>The Restrictive Housing policy further states that "A Restrictive Housing Review Committee (RHRC) shall be established at each facility with Restrictive Housing. The committee shall review the status of each individual in custody's placement into ERH every seven days for the first 60 days and at least every 30 days thereafter, unless more frequently if clinically indicated. The RHRC shall develop a Transition and Stabilization Plan (TSP) based on programming, safety and security to allow the individual in custody an opportunity to transition to a less restrictive alternative as soon as possible. The TSP shall be documented on the DOC 0598 for all individuals in custody placed into ERH" (p. 6).</p> <p><u>Interviews</u></p> <p>Warden: The interviewed Warden reported that segregation status is utilized in emergency situations in which there is no other options. This is considered last resort placement. The facility has a dorm which can be used if needed. It will be segregated from other individuals but there is some movement so the individual isn't as confined as they would be if they were placed in restrictive housing. The interviewed Warden reported that victims or those at high risk are not placed in segregated status unless there is no other option. This is rarely if ever used as an option at Vandalia Correctional Center. It was further reported that the option is rarely used and if it were used it would be for the least amount of time possible. There were no circumstances in which an individual in custody was placed in segregated status within the last 12 months for victimization of risk.</p>	

Staff who supervisor inmates in segregated housing: The interviewed staff who supervise inmates in segregated housing reported that when inmates are placed in segregated housing for protection from sexual abuse all inmates are given access to activities and privileges. If there are any limitations to services, it will be documented. It was further reported that segregated housing is a last-minute resort and the victim is not ordinarily placed in segregated status. More specifically, one of the interviewed staff reported that any inmate placed on involuntary segregated housing would remain on the segregated housing unit until the investigation has concluded. Overall, it is not normal practice to have an individual in segregated status over 30 days.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.71	Criminal and administrative agency investigations
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program • 1.12.125 Uniform Investigative Reporting System <p>Illinois Administrative Code: Corrections, Criminal Justice, and Law Enforcement Specialized Training:</p> <ul style="list-style-type: none"> • IDOC: Institutional Investigator: Institutional Investigator (2) <p>PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations (6)</p> <p>Investigation Report Reviewed (18)</p> <ul style="list-style-type: none"> • PREA File Checklist • PREA Checklist • Results of Allegation • Incident Report • Investigational Interview • Notification <p>Moss Group PREA Training</p> <p>Interviews:</p> <p>Investigative Staff (2)</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Warden</p> <p>Findings (By Provision):</p> <p>115.71 (a). As reported in the PAQ, the agency/facility has a policy related to criminal and administrative agency investigations. Policy Sexual Abuse and Harassment Prevention and Intervention Program, states that “all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with Administrative Directive 01.12.120 (p.11). The policy further states that the “initial investigative report shall be provided to the Chief of Administrative Officer within 24 hours of the onset of the investigation” (p.11). Illinois Administrative Code: Corrections, Criminal Justice, and Law Enforcement provides additional guidance on the scope, rules and responsibilities of agency/facility investigators.</p> <p>The Uniform Investigative Reporting System policy provides establishes a written procedure governing responsibility for reporting investigative information (p. 1).</p> <p><u>Documentation Reviewed</u></p> <p>Investigative Reports (18)</p> <p><u>Interviews</u></p> <p>Investigative Staff: The interviewed investigators reported that an investigation is initiated immediately following an allegation of sexual abuse and sexual harassment. Anonymous and third-party reports are treated the same as reports from known parties.</p> <p>A review of policy, documentation, and interviews with staff; found that the facility is in compliance with the provisions of this</p>	

standard.

115.71 (b). Policy Sexual Abuse and Harassment Prevention and Intervention Program, states that "all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with Administrative Directive 01.12.120 (p.11).

Policy Institutional Investigative Assignments states that investigators shall be trained on the following topics:

- 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 (p. 2)

Documentation Reviewed

Investigative Staff Training Records (3)

Interviews

Investigative Staff: The interviewed investigators reported that they have completed training specific to conducting sexual abuse investigations in confinement settings. The staff reported that they completed 40 hours of facility investigator training as well as online training for sexual abuse cases.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

115.71 (c). The Illinois Administrative Code: Corrections, Criminal Justice, and Law Enforcement, provides guidance on the process for conducting investigations. The Sexual Abuse and Harassment Prevention and Intervention Program policy states that All investigations shall include a review of:

- 1) All direct and circumstantial evidence;
- 2) Any physical barriers that may have enabled the abuse or harassment;
- 3) The adequacy of staffing levels; and
- 4) Technological needs of the facility with respect to the incident.

Documentation Reviewed

Investigative Reports (18)

Interviews

Investigative Staff: The interviewed investigators, reported that inmate safety is the first step. The next step is to ensure there is a medical or forensic evidence collection and examinations as well as conducting initial interviews within 72 hours. The investigation process includes separating a victim and perpetrator, interviews and evidence collection begins. Interviews start with the victim and perpetrator and then any additional interviews are conducted. Direct and circumstantial evidence is gathered by additional evidence in a rape kit, clothing, bedding, phone monitoring and camera footage review if available.

115.71 (d). The Sexual Abuse and Harassment Prevention and Intervention Program policy states that Upon conclusion of the investigation:

- 1) Disciplinary reports shall be completed, served and processed, where warranted.
- 2) The results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate.
- 3) The alleged victim shall be notified, in writing, of the outcome of the investigation. Investigation findings may be grieved in accordance with 20 Ill. Adm. Code 504 and Administrative Directives 04.01.114 and 04.01.115.
- 4) If applicable, the case shall be reviewed with the appropriate State's Attorney for possible referral for prosecution.

5) 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

6) 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 (pp. 10-11).

Documentation Reviewed

Investigative Reports (18)

Interviews

Investigative Staff: The interviewed investigators stated that prosecutable crimes would be presented to the State Attorney following the completion of the investigation; however the States Attorney could be consulted during the investigation if warranted.

115.71 (e). The Sexual Abuse and Harassment Prevention and Intervention Program policy states that "alleged victims of sexual abuse shall not be required to submit to truth verification examinations such as voice stress analysis or polygraph exam as part of or as a condition of the investigation" (p. 11).

Interviews

Investigative Staff: The interviewed investigators stated that the credibility of alleged victim, suspect, or witness is judged based upon past cooperation, past investigations, as well as consistency statements; along with review of collateral evidence.

Inmates who Reported a Sexual Abuse: There were zero identified inmates who reported a sexual abuse at the facility.

115.71 (f). As previously stated, the Sexual Abuse and Harassment Prevention and Intervention Program policy states that Upon conclusion of the investigation:

- 1) Disciplinary reports shall be completed, served and processed, where warranted.
- 2) The results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate.
- 3) The alleged victim shall be notified, in writing, of the outcome of the investigation. Investigation findings may be grieved in accordance with 20 Ill. Adm. Code 504 and Administrative Directives 04.01.114 and 04.01.115.
- 4) If applicable, the case shall be reviewed with the appropriate State's Attorney for possible referral for prosecution.
- 5) 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.
- 6) 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 (pp. 10-11).

Documentation Reviewed

Investigative Reports (18)

Interviews

Investigative Staff: The interviewed investigators stated that the following actions for administrative investigations would be accessed to determine if staff actions or failures to act contributed to sexual abuse. Administrative investigations are documented. The documentation includes a description of physical and testimonial evidence (interviews), credibility issues/assessments, facts and findings.

115.71 (g). As stated in Provision 115.71 (f), investigative findings are documented and shall determine staff actions or failures that may have contributed to acts of sexual abuse and/or sexual harassment. The VCC investigators are administrative and criminal trained investigators.

Documentation Reviewed

Investigative Reports (18)

Interviews

Investigative Staff: The interviewed investigators stated that criminal investigations are documented, including a thorough description of all physical, testimonial and collateral evidence.

Upon review of 18 investigation cases, there was no substantiated allegations of staff misconduct.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of the standard.

115.71 (h). As reported in the PAQ, substantiated allegations of conduct that appear to be criminal are referred for prosecution. There were zero number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit. Policy Sexual Abuse and Harassment Prevention and Intervention Program states that "if applicable, the case shall be reviewed with the appropriate State's Attorney for possible referral for prosecution" (p. 11). The IDC has an MOU with the Illinois State Police (ISP) to transfer cases for further investigation.

Documentation Reviewed

ISP MOU

Investigative Reports (18)

Interviews

Investigative Staff: The interviewed investigators further reported that cases are referred for prosecution when the burden of proof is met to substantiate a case for criminal conduct.

115.71 (i). As reported in the PAQ, the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The Sexual Abuse and Harassment Prevention and Intervention Program policy provides guidance on record retention.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.71 (j). Administrative Directive 04.01.301 (Il.G.7.f.) states: 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. AND 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.

Interviews

Investigative Staff: The interviewed investigator reported that when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation or a victim leaves the facility, the investigation is continued, and assistance is required by outside law enforcement agencies. The investigation is assisted by outside law enforcement or external investigators.

115.71 (k). N/A

115.71 (l). N/A—A separate entity is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment at VCC.

Interviews

Warden: The interviewed Warden reported that if warranted in outside investigative entity keeps in contact with facility investigators regarding the status of cases referred to them.

PREA Coordinator: The agency PREA Coordinator and Warden stated that an outside agency will provide confidential updates through our agency. This information will be shared with identified agency specialized trained staff.

PREA Compliance Manager: The interviewed PCM stated that if an outside investigation were to occur, internal affairs would communicate with the outside agency and will ensure they receive updates through them.

Investigative Staff: The interviewed investigators reported that when an outside agency investigates an incident of sexual abuse in the facility, the investigators, full cooperation is provided to outside agencies including evidence collection and interviews.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>IDOC PREA Investigator Training PPT</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <p>Investigation Report Reviewed (18)</p> <ul style="list-style-type: none"> • PREA File Checklist • PREA Checklist • Results of Allegation • Incident Report • Investigational Interview • Notification <p>Interviews:</p> <p>Investigative Staff (2)</p> <p>Findings (By Provision):</p> <p>115.72 (a). As reported in the PAQ, the agency imposes a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. Policy Sexual Abuse and Harassment Prevention and Intervention Program 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" (p. 10).</p> <p><u>Documentation Reviewed</u></p> <p>IDOC PREA Investigator Training</p> <p>Investigative Reports (18)</p> <p><u>Interviews</u></p> <p>Investigative Staff: The interviewed investigator stated that the standard used to substantiate allegations of sexual abuse or sexual harassment include a preponderance of evidence.</p> <p>Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Sexual Abuse and Harassment Prevention and Intervention Program Manual</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <p>Investigation Report Reviewed (18)</p> <ul style="list-style-type: none"> • PREA File Checklist • PREA Checklist • Results of Allegation • Incident Report • Investigational Interview • Notification (Findings Memo) <p>Interviews:</p> <p>Warden</p> <p>Investigative Staff (2)</p> <p>Inmates who Reported a Sexual Abuse (7)</p> <p>Findings (By Provision):</p> <p>115.73 (a). As reported in the PAQ, the agency has a policy requiring that any inmate who alleges 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. Policy Sexual Abuse and Harassment Prevention and Intervention Program states that, "the alleged victim shall be notified, in writing, of the outcome of the investigation" (p. 9). The facility reported one criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months and one sexual abuse investigations that were completed in the past 12 months, the number of inmates who were notified, verbally or in writing, of the results of the investigation. During the onsite inspection it was determined that there were two allegations of sexual abuse reported to the facility. The offenders were no longer at the facility when the allegations were reported.</p> <p><u>Interviews</u></p> <p>Warden: The interviewed Warden reported that the facility notifies an individual in custody of the results of an investigation by providing them a letter. This is done on allegations of sexual abuse or sexual harassment.</p> <p>Investigative Staff: The interviewed investigators reported that the agency procedures require that an inmate who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The findings are given and signed by the warden.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Documentation Reviewed</p> <p>Investigative Report (18) 115.73 (b). NA-the facility is responsible for conducting administrative and criminal investigations; however, if needed the case can be referred to Illinois State Patrol. The facility reported that there was one alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months that was in pending status. This same case is being investigated by an outside entity.</p> <p>115.73 (c). As reported in the PAQ, following an inmate's allegation that a staff member has committed sexual abuse against</p>

the inmate, the facility subsequently informs the inmate (unless unfounded) whenever:

§ The staff member is no longer posted within the inmates unit;

§ The staff member is no longer employed at the facility;

§ The agency learns that the staff member has been indicated 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.

There has been zero substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 months.

The Sexual Abuse and Harassment Prevention and Intervention Program Manual state that "an assessment shall be completed to determine if actions described in (c)(1)-(4) 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 (p. 40).

Documentation Reviewed

Investigative Report

Interviews

Inmates who Reported a Sexual abuse: There were no offenders onsite that reported a sexual abuse.

115.73 (d). As reported in the PAQ, the following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whomever the agency learns that the alleged abuser has been indicated 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.

Documentation Reviewed

Investigative Report

Interviews

Inmates who Reported a Sexual abuse: There were no offenders onsite that reported a sexual abuse.

115.73 (e). As reported in the PAQ, the agency has a policy that all notifications to inmates described under this standard are documented. In the past 12 months there were 17 documented notifications to inmates.

The Sexual Abuse and Harassment Prevention and Intervention Program Manual states that "following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. (e) All such notifications or attempted notifications shall be documented. Documentation shall be maintained in the investigation file" (p. 40).

Documentation Reviewed

Investigative Reports to include Notification (18)

115.73 (f). The auditor is not required to audit this provision of the standard.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.76	Disciplinary sanctions for staff
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <p>Illinois Administrative Code, Rules of Conduct</p> <p>Investigation Report Reviewed (18)</p> <ul style="list-style-type: none"> • PREA File Checklist • PREA Checklist • Results of Allegation • Incident Report • Investigational Interview • Notification <p>Interviews:</p> <p>Agency Head</p> <p>PREA Coordinator</p> <p>Warden</p> <p>Findings (By Provision):</p> <p>115.76 (a). As reported in the PAQ, staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The Illinois Administrative Code, Rules of Conduct, indicates that "Failure to comply with any of the foregoing rules of conduct may result in discipline, termination of services, or restriction from entering all or some Department facilities" (p. 5).</p> <p>The 301 Sexual Abuse and Harassment Prevention and Intervention Program policy provides the following guidance:</p> <p>Investigation and Referral for Discipline or Prosecution</p> <p>a. All allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with Administrative Directive 01.12.120. The initial investigative report shall be provided to the Chief Administrative Officer within 24 hours of the onset of the investigation. When notified, the Chief Administrative Officer shall notify the respective Deputy Director and the Chief of Operations. NOTE: 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.</p> <p>b. 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.</p> <p>c. All investigations shall include a review of: (1) All direct and circumstantial evidence; (2) Any physical barriers that may have enabled the abuse or harassment; (3) The adequacy of staffing levels; and (4) Technological needs of the facility with respect to the incident.</p> <p>d. Alleged victims of sexual abuse shall not be required to submit to truth verification examinations such as voice stress analysis or polygraph exam as part of or as a condition of the investigation.</p> <p>e. If an offender is determined to be the possible assailant, he or she may be placed in investigatory status,. For any allegation, the victim shall be protected from the alleged assailant.</p> <p>f. Upon conclusion of the investigation: (1) Disciplinary reports shall be completed, served and processed, where</p>	

warranted. (2) The results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate. (3) The alleged victim shall be notified, in writing, of the outcome of the investigation. Illinois Department of Corrections Administrative Directive Page 11 of 13 Number: 04.01.301 Title: Sexual Abuse and Harassment Prevention and Intervention Program Effective: 4/1/2021 Investigation findings may be grieved in accordance with 20 Ill. Adm. Code 504 and Administrative Directives 04.01.114 and 04.01.115. (4) If applicable, the case shall be reviewed with the appropriate State's Attorney for possible referral for prosecution. (5) 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. (6) 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 (pp. 9-10).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.76 (b). As reported in the PAQ, there were zero staff in the last 12 months who violated the agency policy on sexual abuse or sexual harassment. It was also reported that In the past 12 months, there zero staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies.

Upon review of the investigation files, there were no allegations that involved a staff member being substantiated for allegations of sexual abuse or sexual harassment.

Documentation Reviewed

Investigative Reports (18)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.76 (c). As reported in the PAQ, disciplinary sanctions for violations of the agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff members disciplinary history, and the sanctions imposed are comparable offenses by other staff with similar histories. There were zero staff in the last 12 months who have been disciplined short of termination, for violations of the agency sexual abuse or sexual harassment policies.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

111.76 (d). As reported in the PAQ, 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 resignations, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Policy Sexual Abuse and Harassment Prevention and Intervention Program states 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies" (p.11).

There were zero staff in the last 12 months who have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making compliance determination:

Documents:

Pre-Audit Questionnaire (PAQ)

Illinois Department of Corrections (Administrative Directive)

- 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program

Investigation Report Reviewed (18)

PREA File Checklist

- PREA Checklist
- Results of Allegation
- Incident Report
- Investigational Interview
- Notification

Interviews:

Warden

Findings (By Provision):

115.77 (a). As reported in the PAQ, the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies. The agency policy also requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. Policy Sexual Abuse and Harassment Prevention and Intervention Program 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" (p. 11).

There have been zero contractors or volunteers who have been reported to law enforcement for engaging in sexual abuse of inmates.

Upon review of investigation files, it was further confirmed that there were no allegations involving volunteers or contractors.

Documentation Reviewed

Investigative Files (18)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.77 (b). As reported in the PAQ, the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Interviews

Warden: The interviewed Warden reported that a contractor or volunteer would not longer be allowed to have contact with individuals in custody if they violated the agency sexual abuse or sexual harassment policy. A contractor or volunteer would no longer be allowed contact with the individuals in custody. A contractor or volunteer would be prohibited from contact with individuals in custody within any Illinois Department of Corrections facility.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.78	Disciplinary sanctions for inmates
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Sexual Abuse and Harassment Prevention and Intervention Program Manual</p> <p>Illinois Administrative Code, Administration of Discipline</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <p>Investigative Reports (18)</p> <p>Interviews:</p> <p>Warden</p> <p>Medical and Mental Health Staff (3)</p> <p>Findings (By Provision):</p> <p>115.78 (a). As reported in the PAQ, inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse. The Illinois Administrative Code, Administration of Discipline, provides guidance on the facilities scope and process for disciplining inmates.</p> <p>In the past 12 months there were zero administrative or criminal findings of guilt regarding inmate-on-inmate sexual abuse that occurred at the facility.</p> <p>115.78 (b). The Illinois Administrative Code, Administration of Discipline, states that the committee shall consider the offenders age, medical and mental state at the time of offense; along with the offender's prior disciplinary history (p.7).</p> <p><u>Documentation Reviewed</u></p> <p>Investigative Reports (18)</p> <p><u>Interviews</u></p> <p>Warden: The interviewed Warden reported that an individual in custody would be disciplined in a manner consistent with the infraction. Progressive discipline would be implemented. The maximum sanctions for sexual misconduct are six months loss of privileges, 90 days of grade reduction, six months of sentence credit and six months of restricted confinement. If the infraction was found to be criminal in nature the case would be given to the State's Attorney for criminal charges.</p> <p>115.78 (c). The Illinois Administrative Code, Administration of Discipline, states that the Adjustment Committee or Program Unit, the Chief Administrative Officer, and the Director shall consider whether the offender is seriously mentally ill (p. 7). As previously stated by the Warden, the facility would follow the agency disciplinary procedures.</p> <p><u>Documentation Reviewed</u></p> <p>Investigative Reports (18)</p> <p><u>Interviews</u></p> <p>Warden: The interviewed Warden reported that an individual in custody would be disciplined in a manner consistent with the infraction. Progressive discipline would be implemented. The maximum sanctions for sexual misconduct are six months loss of privileges, 90 days of grade reduction, 6 months of sentence credit and 6 months of restricted housing confinement. If the infraction was to be found criminal in nature the case would be given to the States Attorney for Criminal Charges.</p>	

115.78 (d). As reported in the PAQ, the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Policy Sexual Abuse and Harassment Prevention and Intervention Program, indicates that the facility shall document conduct and treatment of offenders.

Interviews

Medical and Mental Health Staff: The interviewed medical and mental health staff reported that the facility does not offer any sex offender related treatment services. It was further reported that an offending individual in custody would not remain at the facility. However, they would be treated the same as any other individual on our caseload and provided with crisis services to assist them in dealing with any trauma that they may be experiencing. The mental health department would respond to any needed services.

When the interviewed staff was asked whether the services provided requires an inmate's participation as a condition of access to programming or other benefits, the staff reported that individuals in custody can refuse services. The staff reported that they wouldn't make someone participate against their will. It was further reported that an individual can sit in a group and not participate. They would still benefit from the information.

115.78 (e). As reported in the PAQ, the agency discipline inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The Individual In Custody Orientation Manual further reiterates the rules of sexual abuse, and it is against the law to "sexually touch a staff member or force them to touch you" (p. 38). The Administrative Code, Administration of Discipline provides guidance on the agency ability to discipline an inmate for sexual abuse related allegations.

Documentation Reviewed

Individual In Custody Orientation Manual (English/Spanish)

115.78 (f). As reported in the PAQ, 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 Sexual Abuse and Harassment Prevention and Intervention Program Manual 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 DR504, Administration of Discipline" (p. 42).

115.78 (g). As reported in the PAQ, the agency prohibits all sexual activity between inmates. Policy Sexual Abuse and Harassment Prevention and Intervention Program defines sexual abuse as:

An offender by another offender, if the victim does not consent, is coerced into such an act by overt or implied threats of violence, or is unable to consent or refuse including any contact between the penis and vulva or the penis and anus, including penetration, however slight; contact between the mouth and the penis, vulva, or anus; penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of another person excluding contact incidental to a physical altercation (p. 2).

A review of policy and documentation found that the facility is in compliance with the provisions of this standard.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.81	Medical and mental health screenings; history of sexual abuse
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Offender Intake (44):</p> <ul style="list-style-type: none"> • PREA Screening (Screening for Potential Sexual Victimization of Sexual Abuse (44) • Individual In Custody Orientation Manual • Reassessment • Follow Up Medical and Mental Health (6) <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <p>Mental Health SOP Manual</p> <p>Interviews:</p> <p>Inmates who Disclose Sexual Victimization at Risk Screening (13)</p> <p>Staff Responsible for Risk Screening (2)</p> <p>Medical and Mental Health Staff (3)</p> <p>Findings (By Provision):</p> <p>115.81 (a/c). As reported in the PAQ, all inmates at the facility who have disclosed any prior sexual victimization during a screening are offered a follow-up meeting with a medical or mental health practitioner. In the past 12 months, the percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner was two.</p> <p>Policy Sexual Abuse and Harassment Prevention and Intervention Program, states that "if it is determined that the offender was previously a victim of sexual abuse, the facility PREA Compliance Manager shall notify medical and mental health staff within 14 days of screening" (p. 6).</p> <p>Corrective Action: During the onsite inspection, it was determined that residents who disclosed prior victimization during screening were not consistently offered a follow-up meeting with medical or mental health. The auditor was able to review four cases where the follow up occurred. The facility will enter corrective action to ensure that the practice is being followed consistently for the next 60 days. The facility shall provide the assessments, reassessments, and follow up with medical and mental health. During the corrective action phase, the IDOC implemented a system upgrade for the risk screening process. During a risk screening, if an individual in custody answers "yes" to any of the questions for prior victimization or prior perpetration, the system requires the mental health follow-up tab to be completed. This tab documents the offering of the follow-up as well as whether the individual accepted or refused the follow-up. The risk screening cannot be completed without this section being completed. The upgrade took place late June. Since the upgrade there was one inmate who met the criteria and a copy of the follow up was provided.</p> <p><u>Documentation Reviewed</u></p> <p>Offender Intake Records</p> <p>Follow Up with Medical and Mental Health (6)</p> <p><u>Interviews</u></p> <p>Inmates who Disclose Sexual Victimization at Risk Screening: Twenty-eight inmates were interviewed. Thirteen inmates interviewed, disclosed they had prior sexual victimization during their intake. Seven of 13 inmates stated they had been offered opportunity to see a medical or mental health, however only three requested mental health services. Six inmates stated they were never asked if would like to see medical or mental health professional after disclosing.</p>	

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening reported that if an offender indicates that they experienced prior sexual victimization the offender would be referred to medical and mental health for follow up within seven days.

115.81 (b). As reported in the PAQ, all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening are offered a follow up meeting with a mental health practitioner. The follow up meeting would be offered within 14 days of the intake screening. There were zero inmates who previously perpetrated sexual abuse, as indicated during the screening, how were offered a follow up meeting with a mental health practitioner. Policy Sexual Abuse and Harassment Prevention and Intervention Program, states that "if it is determined that the offender previously perpetrated sexual abuse, the facility PREA Compliance Manager shall notify mental health staff within 14 days of screening" (pp. 6-7).

Upon file review, the auditor could not determine if the facility was consistently offering follow up. During the onsite inspection, it was determined that residents who disclosed prior victimization during screening were not consistently offered a follow-up meeting with medical or mental health. The auditor was able to review four cases where the follow up occurred. The facility will enter corrective action to ensure that the practice is being followed consistently for the next 60 days. The facility shall provide the assessments, reassessments, and follow up with medical and mental health.

Documentation Reviewed

Offender Intake Records

Follow Up with Medical and Mental Health (6)

Interviews

Staff Responsible for Risk Screening: The interviewed staff reported that if a screening indicates that an inmate previously perpetrated sexual abuse, a follow up meeting with mental health practitioners is offered within seven working days.

115.381 (c). As reported in the PAQ, all inmates at the facility who have disclosed any prior sexual victimization during a screening are offered a follow-up meeting with a medical or mental health practitioner. In the past 12 months, the percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner was two.

Interviews

Inmates who disclosed sexual victimization during risk screening: Twenty-eight inmates were interviewed. Thirteen inmates interviewed, disclosed they had prior sexual victimization during their intake. Seven of 13 inmates stated they had been offered opportunity to see a medical or mental health, however only three requested mental health services. Six inmates stated they were never asked if would like to see medical or mental health professional after disclosing.

Corrective Action: During the onsite inspection, it was determined that residents who disclosed prior perpetration during screening were not consistently offered a follow-up meeting with medical or mental health. During the corrective action phase, the IDOC implemented a system upgrade for the risk screening process. During a risk screening, if an individual in custody answers "yes" to any of the questions for prior victimization or prior perpetration, the system requires the mental health follow-up tab to be completed. This tab documents the offering of the follow-up as well as whether the individual accepted or refused the follow-up. The risk screening cannot be completed without this section being completed. The upgrade took place late June. Since the upgrade there were no identified inmates who met the criteria.

115.81 (d). Policy Sexual Abuse and Harassment Prevention and Intervention Program, states that "access to information related to sexual abuse occurring in a correctional setting shall be treated as confidential and limited to staff directly related to the assessment, treatment, placement or investigation of the offender to the extent possible while ensuring the safety and security of offenders and staff. Informed consent shall be required before utilizing information regarding a sexual victimization that occurred outside of a correctional setting" (p. 5).

115.81 (e). As reported in the PAQ, information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. As previously stated, Policy Sexual Abuse and Harassment Prevention and Intervention Program, states that informed consent shall be required before utilizing information regarding a sexual victimization that occurred outside of a correctional setting" (p. 5).

The STANDARD OPERATING PROCEDURAL MANUAL FOR MENTAL HEALTH provides guidance on the staff responsibility on confidentiality and informed consent. More specifically the manual states that:

Confidentiality of the clinician-offender relationship is grounded in ethical and legal principles. It rests, in part, on the assumption that a patient will be deterred from seeking care and discussing the important matters relevant to therapy if there

is not some guaranteed confidentiality in that relationship. The Clinicians should clearly specify any limits of confidentiality of the offender-clinician relationship. This disclosure should occur at the outset of treatment, except in emergencies. Notwithstanding these necessary limits on confidentiality, relevant guidelines should be adhered to, to the greatest degree possible. Requests from outside organizations for Mental Health-related information about offenders shall be referred to the Treating Mental Health Professional. The release of any Confidential Mental Health Records must be accompanied by a consent form or Authorization for Release of Offender Mental Health, or Substance Abuse Treatment Information (DOC 0240) signed by the offender. In addition, the CAO shall be notified of this request.

Offender disclosures made to a Mental Health Professional in the course of receiving Mental Health Services are considered to be confidential and privileged, with the following exceptions: • Threats to physically harm self-and/or others • Threats to escape or otherwise disrupt or breach the security of the institution • Information about an identifiable minor child or elderly/disabled person who has been the victim of physical or sexual abuse All other information obtained by a Mental Health Professional retains its confidential status unless the offender specifically consents to its disclosure.

Informed Consent is defined as consent voluntarily given by a patient, in writing, after he or she has been provided with a conscientious and sufficient explanation of the nature, consequences, risks, and alternatives of the proposed treatment. Patients should be advised of the Limits of Confidentiality prior to their receiving any Mental Health Services (pp. 45-46).

Interviews

Medical and Mental Health Staff: The interviewed medical and mental health staff reported that they obtain informed consent from inmates before reporting about prior sexual victimization that did not occur in an institutional setting. As part of a therapeutic relationship, the staff reported being open and honest with the clients. If the person is concerned about my reporting of an event, staff will help them work through their concerns. The medical staff reported that informed consent is completed during the physical examinations. The staff reported that the facility does not have a separate informed consent process for individuals under the age of 18 as there are not any individuals under the age of 18.

Corrective Action:

During the onsite inspection, it was determined that residents who disclosed prior sexual victimization and perpetration during screening were not consistently offered a follow-up meeting with medical or mental health. The auditor was able to review four cases where the follow up occurred. The facility will enter corrective action to ensure that the practice is being followed consistently for the next 60 days. The facility shall provide the assessments, reassessments, and follow up with medical and mental health. During the corrective action phase, the IDOC implemented a system upgrade for the risk screening process. During a risk screening, if an individual in custody answers "yes" to any of the questions for prior victimization or prior perpetration, the system requires the mental health follow-up tab to be completed. This tab documents the offering of the follow-up as well as whether the individual accepted or refused the follow-up. The risk screening cannot be completed without this section being completed. The upgrade took place late June. Since the upgrade there was one inmate who met the criteria (prior victimization) and a copy of the follow up was provided.

115.82	Access to emergency medical and mental health services
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <p><u>Interviews:</u></p> <p>Medical and Mental Health Staff (3)</p> <p>Findings (By Provision):</p> <p>115.82 (a). As reported in the PAQ, inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment crisis intervention services. The nature and scope of those services are determined by medical and mental health practitioners according to their professional judgement. Policy Sexual Abuse and Harassment Prevention and Intervention Program states that “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” (p. 8).</p> <p>The two allegations of sexual abuse that occurred at the facility, were reported when the inmates left the facility; therefore, there was no follow up with medical and mental health after the allegation was reported.</p> <p><u>Interviews</u></p> <p>Medical and Mental Health Staff: The interviewed medical and mental health staff reported that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Inmates in custody are provided with an immediate response and provided with emergency medical and crisis intervention services. Such services are provided immediately. The nature and scope of the services are determined by the physician and/or the mental health staff.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.82 (b). Policy Sexual Abuse and Harassment Prevention and Intervention Program states that the Coordinated Response:</p> <ol style="list-style-type: none"> a. Any offender who alleges to be a victim of sexual abuse shall be: <ol style="list-style-type: none"> 1) Immediately provided protection from the alleged abuser and the incident shall be investigated. 2) 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. 3) Evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. 4) Offered counseling and supportive services, such as psychological services, chaplaincy services, correctional counselors, group therapy, etc. and, if possible, be provided with a victim advocate from a rape crisis center (p. 8). <p>The two allegations of sexual abuse that occurred at the facility, were reported when the inmates left the facility; therefore, there was no follow up with medical and mental health after the allegation was reported.</p> <p>115.82 (c). As reported in the PAQ, inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Policy Sexual Abuse and Harassment Prevention and Intervention Program states that medical treatment for sexual abuse includes:</p> <p>The medical examination provided by Department facilities shall include a general physical examination and for recent sexual</p>	

abuse shall also include, but not be limited to:

- 1) A blood test (RPR serology for Syphilis) - repeat in three months;
- 2) Culture smears for seminal fluid, Gonorrhea, Chlamydia and other Sexually Transmitted Diseases (STD) as appropriate; STD and Gonorrhea and Chlamydia testing repeat at three weeks;
- 3) Hepatitis C antibody test and Hepatitis B surface antigen and antibody blood test, and repeated at three months and six months, as appropriate; and

An HIV test and counseling shall be offered in accordance with Administrative Directive 04.03.115. The HIV test shall be repeated at three, six and nine months after the initial test (p. 9).

The two allegations of sexual abuse that occurred at the facility, were reported when the inmates left the facility; therefore there was no follow up with medical and mental health after the allegation was reported.

Interviews

Medical and Mental Health Staff: The interviewed medical and mental health staff reported that victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. Such services would be determined by the medical staff and mental health would meet with the individual to help them process any concerns regarding sexually transmitted infections; as well as help them to access any medical care needed.

Inmates who Reported a Sexual Abuse: There were no inmates who reported sexual abuse at the facility.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.82 (d). As reported in the PAQ, 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. Policy Sexual Abuse and Harassment Prevention and Intervention Program states that, "offenders shall not be charged a co-payment for medical treatment, including a forensic medical examination, obtained for alleged sexual abuse" (p. 9).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <p>Interviews:</p> <p>Medical and Mental Health (3)</p> <p>Findings (By Provision):</p> <p>115.83 (a). As reported in the PAQ, the facility offers medical and mental health evaluations, and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Policy Sexual Abuse and Harassment Prevention and Intervention Program states that, any offender who alleges to be a victim of sexual abuse shall be:</p> <ol style="list-style-type: none"> 1) Immediately provided protection from the alleged abuser and the incident shall be investigated. 2) 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. 3) Evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services. 4) Offered counseling and supportive services, such as psychological services, chaplaincy services, correctional counselors, group therapy, etc. and, if possible, be provided with a victim advocate from a rape crisis center (p. 8). <p>115.83 (b). The above referenced policy further states the evaluation and treatment of victims shall include, as appropriate, follow-up services, evaluations, and when needed continued care. The two allegations of sexual abuse were reported after the offender left the facility.</p> <p>Inmates who Reported a Sexual Abuse -There were no offenders onsite who reported a sexual abuse.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.83 (c). The facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p><u>Interviews</u></p> <p>Medical and Mental Health Staff: The interviewed medical and mental health staff reported that services are consistent with the community level of care.</p> <p>115.83 (d). NA-the facility only houses male inmates.</p> <p>115.83 (e). NA-the facility only houses male inmates.</p> <p>115.83 (f). As reported in the PAQ, inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Policy Sexual Abuse and Harassment Prevention and Intervention Program states that medical treatment for sexual abuse includes:</p> <p>The medical examination provided by Department facilities shall include a general physical examination and for recent sexual abuse shall also include, but not be limited to:</p> <ol style="list-style-type: none"> 1) A blood test (RPR serology for Syphilis) - repeat in three months. 	

2) Culture smears for seminal fluid, Gonorrhea, Chlamydia and other Sexually Transmitted Diseases (STD) as appropriate; STD and Gonorrhea and Chlamydia testing repeat at three weeks;

3) Hepatitis C antibody test and Hepatitis B surface antigen and antibody blood test, and repeated at three months and six months, as appropriate; and

An HIV test and counseling shall be offered in accordance with Administrative Directive 04.03.115. The HIV test shall be repeated at three, six and nine months after the initial test (p. 9).

Inmates who Reported a Sexual Abuse -There were no offenders onsite who reported a sexual abuse.

115.83 (g). Policy Sexual Abuse and Harassment Prevention and Intervention Program states that, "offenders shall not be charged a co-payment for medical treatment, including a forensic medical examination, obtained for alleged sexual abuse" (p. 9).

Inmates who Reported a Sexual Abuse -There were no offenders onsite who reported a sexual abuse.

115.83 (h). As reported in the PAQ, the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Policy Sexual Abuse and Harassment Prevention and Intervention Program states that, 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:

- 1) 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.
- 2) Ordinarily within 72 hours of admission or transfer to any facility and require:
- 3) Clinical services staff to review the pre-sentence report, statement of facts and other material in the master file for sexually abusive behavior or victimization. Concerns shall be forwarded to the facility PREA Compliance Manager.
- 4) Mental health professionals to inquire whether the offender has been a victim of sexual abuse in the past (p. 6).

There were no substantiated allegations of sexual abuse identified at VCC.

Interviews

Medical and Mental Health Staff: The mental health staff reported that the prison attempts to provide services on all known inmate on inmate abusers.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.86	Sexual abuse incident reviews
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
The following evidence was analyzed in making compliance determination:	
Documents:	
Pre-Audit Questionnaire (PAQ)	
Incident Reviews	
Illinois Department of Corrections (Administrative Directive)	
<ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 	
Illinois Department of Corrections (Institutional Directive)	
<ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 	
Incident Reviews (3)	
Corrective Action Incident Reviews (2)	
Interviews:	
b. Warden	
c. PREA Compliance Manager	
d. Incident Review Team (2)	
Findings (By Provision):	
<p>115.86 (a). As reported in the PAQ, 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. In the past 12 months, there was one of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: Policy Sexual Abuse and Harassment Prevention and Intervention Program 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 review shall ordinarily occur within 30 days of the conclusion of the investigation (p. 11).</p>	
<u>Documentation Reviewed</u>	
Incident Reviews (3)	
Corrective Action Incident Reviews (2)	
<p>Corrective Action: In review of the investigations, there were three incident reviews that were provided. All of which were for sexual harassment allegations. There were two sexual abuse allegation that were unsubstantiated that an incident review did not occur. During the corrective action phase, the auditor is requesting that the facility provide proof of completed incident reviews for sexual abuse allegations.</p>	
<p>During the corrective action phase, the facility provided documentation of incident reviews taking place upon the completion of a sexual abuse allegation investigation. No further action is needed, the facility has shown improvement for compliance with the provision.</p>	
<p>115.86 (b). As reported in the PAQ, the facility ordinarily conducts criminal and/or administrative sexual abuse investigations within 30 days. As previously stated, the agency policy indicates that the reviews shall occur within 30 days of the conclusion of the investigation (p. 11). In the past 12 months, there was one criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.</p>	
<u>Documentation Reviewed</u>	
Incident Reviews (3)	

Corrective Action Incident Reviews (2)

Corrective Action: In review of the investigations, there were three incident reviews that were provided. All of which were for sexual harassment allegations. There were two sexual abuse allegation that were unsubstantiated that an incident review did not occur. During the corrective action phase, the auditor is requesting that the facility provide proof of completed incident reviews for sexual abuse allegations.

During the corrective action phase, the facility provided documentation of incident reviews taking place upon the completion of a sexual abuse allegation investigation. No further action is needed, the facility has shown improvement for compliance with the provision.

115.86 (c). As reported in the PAQ, the sexual abuse incident review team included upper-level management officials and allows for input from line supervisors, investigators, and medical and mental health practitioners. Policy Sexual Abuse and Harassment Prevention and Intervention Program states that the review team, at minimum, shall include:

- 1) Assistant Chief Administrative Officer;
- 2) Shift Commander or Lieutenant;
- 3) A representative from Internal Affairs;
- 4) Facility PREA Compliance Manager;
- 5) A representative from Medical; and
- 6) A representative from Mental Health.

Documentation Reviewed

Incident Reviews (3)

Corrective Action Incident Reviews (2)

Interviews

Warden: The interviewed Warden reported that any time there is a sexual abuse case at the facility the committee will meet within 30 days following the conclusion of the investigation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.86 (d). As reported in the PAQ, the facility prepares a report of its findings from sexual abuse incident reviews including but not limited to determination made and any recommendations for improvement and submits such report to the facility head and PREA compliance manager. The Institutional Directive provides guidance on reviewing the following:

- 1) Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
- 2) Whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation, or was motivated otherwise by cause by other group dynamics; and
- 3) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff (p. 12).

Documentation Reviewed

Incident Reviews (3)

Corrective Action Incident Reviews (2)

Interviews

Warden: The interviewed Warden reported that the Committee will discuss all aspects of the case including but not limited to motivations, facility issues, staffing conduct or issues, sexual orientation/gender identifies. There have been no allegations of sexual abuse in the last year in which the individual in custody resides within the facility. The two allegations were of individuals in custody who resided at the facility during a prior incarceration and indicated abuse at that time. The review team will exam all aspects of the victim and perpetrator, layout and determine if alterations need to be made, staffing, and video monitoring.

PREA Compliance Manager: The interviewed PREA Compliance Manager reported that the findings of an incident are reviewed and summarized in the PREA file. The PCM is a participant in the meeting and will conduct reviews in "real time". If there is a dynamic factor that can be addressed, it is addressed at that time.

Incident Review Team: The interviewed staff on the incident review team further confirmed that the team considers all of the above items. In addition, the team will examine the area in the facility where the incident allegedly occurred to assess whether physical barriers, staffing levels, and technology.

Corrective Action: In review of the investigations, there were three incident reviews that were provided. All of which were for sexual harassment allegations. There were two sexual abuse allegation that were unsubstantiated that an incident review did not occur. During the corrective action phase, the auditor is requesting that the facility provide proof of completed incident reviews for sexual abuse allegations.

During the corrective action phase, the facility provided documentation of incident reviews taking place upon the completion of a sexual abuse allegation investigation. No further action is needed, the facility has shown improvement for compliance with the provision.

115.86 (e). The above referenced policy further states the facility requirements to implement the recommendations for improvement or document reasons for not doing so. As reported in the PAQ, the facility implements the recommendations for improvement or documents reasons for not doing so. The Institutional Directive states that report will include any recommendations for improvement (p. 13).

None of the allegations were deemed to have been motivated by race, ethnicity, gender identity, sexual orientation (or perceived status), gang affiliation, or other group dynamics. Staffing levels were not evaluated to have contributed to any allegations or was the ability to deploy additional monitoring technology or augmented supervision by staff.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

In review of the investigations, there were three incident reviews that were provided. All of which were for sexual harassment allegations. There were two sexual abuse allegation that were unsubstantiated that an incident review did not occur. During the corrective action phase, the auditor is requesting that the facility provide proof of completed incident reviews for sexual abuse allegations.

During the corrective action phase, the facility provided documentation of incident reviews taking place upon the completion of a sexual abuse allegation investigation. No further action is needed, the facility has shown improvement for compliance with the standard.

115.87	Data collection
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>PREA Checklist</p> <p>Annual Report (2017-2020)</p> <p>SSV Report (2019/2020)</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <p>2019 and 2020 Adult SSV Report</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Findings (By Provision):</p> <p>115.87 (a/c). As reported in the PAQ, the agency collects, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Policy Sexual Abuse and Harassment Prevention and Intervention Program, states that “the Chief Administrative Officer and facility PREA Compliance Manager at each facility shall conduct an annual evaluation of the Sexual Abuse and Harassment Prevention and Intervention Program at their respective facility and submit to the Agency PREA Coordinator a written report of the findings” (p. 12).</p> <p><u>Documentation Reviewed</u></p> <p>PREA Checklist</p> <p>Based on review of the documentation, the facility meets the requirements of the provision. No corrective action is needed.</p> <p>115.87 (b). As reported in the PAQ, 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. The auditor reviewed the SSV reports (2019/2020), showing compliance with the requirements of the standard.</p> <p><u>Documentation Reviewed</u></p> <p>Annual PREA Report (2017-2020)</p> <p>SSV Reports (2019/2020)</p> <p>115.87 (c). As reported in the PAQ, the facility uses 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. The auditor reviewed the SSV reports (2015-2020), showing compliance with the requirements of the standard.</p> <p><u>Documentation Reviewed</u></p> <p>2019 and 2020 SSV Report</p> <p>115.87 (d). As reported in the PAQ, the agency aggregates the incident-based sexual abuse data at least annually. Policy Sexual Abuse and Harassment Prevention and Intervention Program, states that statistical data including:</p> <ol style="list-style-type: none"> 1) The number of alleged incidents of sexual abuse. 2) The number of alleged incidents of sexual harassment. 	

- 3) The number of confirmed incidents of sexual abuse.
- 4) The number of confirmed incidents of sexual harassment.
- 5) The discipline imposed for sexual abuse or harassment.
- 6) The number of referrals for criminal prosecution.
- 7) The number of criminal prosecutions filed for sexual abuse, including the current status (p. 12).

Documentation Reviewed

Annual PREA Report (2017-2020)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.87 (e). As reported in the PAQ, the agency obtains incident-based and aggregate data from every private facility with which it contracts for the confinement of its inmates. The data from private facilities complies with SSM reporting regarding content.

Documentation Reviewed

Sample of incident based and aggregate data from private facility The auditor reviewed the 2019 SSV and facility PREA report. Based on review of documentation, the facility meets the requirements of the provision. No corrective action is needed.

115.87 (f). As reported in the PAQ, the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.

Documentation Reviewed

SSV Reports (2019/2020)

2017-2020 Annual Reports

Based on review of documentation, the facility meets the requirements of the provision. No corrective action is needed.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.88	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program <p>2019 Agency Annual Report</p> <p>2019 and 2020 SSV Report</p> <p>Interviews:</p> <p>Agency Head</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Findings (By Provision):</p> <p>115.88 (a). As reported in the PAQ, the agency reviews data collected and aggregate in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:</p> <p>§ Identifying problem areas;</p> <p>§ Taking corrective action on an ongoing basis; and</p> <p>§ 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</p> <p>Policy Sexual Abuse and Harassment Prevention and Intervention Program, provides guidance on the above-mentioned areas (p. 13).</p> <p><u>Documentation Reviewed</u></p> <p>Upon review of the 2019 Agency Annual PREA Report and SSV Report along with website review, the agency/facility is compliant with the provision requirements.</p> <p><u>Interviews</u></p> <p>Agency Head: The interviewed agency head stated that the agency reviews data collected through the facility review process supported by AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program and the PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual. Identifying problem areas or policies, addressing issues that have occurred on a regular basis, staff training, continuing to make corrective action when problems may arise, and using the facility review process to ensure the proper proactive steps are taken for problem solving. In addition, the department has implemented procedures to collect data on a quarterly basis for all facilities within the department.</p> <p>PREA Coordinator: Interviews with the PREA Coordinator, revealed that the agency prepares an annual report of its findings and corrective action that includes the VCC information. The information is maintained in a secure database managed by the PREA Coordinator and stored in a double locked secure filing cabinet. Follow-up will occur with corrective action if data includes substantiated information. The interviewed PCM reported that the facility collects aggregate data and completes and annual report.</p> <p>PREA Compliance Manager: The interviewed PREA Compliance Manager reported that the agency reviews data collected on all cases. The PREA Compliance Manager will review and other relevant members of the PREA team on an ongoing basis during PREA incident meetings as well as prior to sending reports to the Department PREA Coordinator who reviews the data again.</p>

115.88 (b). As reported in the PAQ, the annual report includes a comparison of the current year's data and corrective actions with those from prior years. In addition, the annual report provides an assessment of the agency's progress in addressing sexual abuse.

Documentation Reviewed

Annual Report

Upon review of the 2017-2019 Agency Annual PREA Report along with website review, the agency/facility is compliant with the provision requirements.

115.88 (c). As reported in the PAQ, the agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head. Upon review of the 2019 Agency Annual PREA Report along with website review, the agency/facility is compliant with the provision requirements.

Interviews

Agency Head: The interviewed agency head confirmed the above. It was also reported that data is aggregated and provided in report form by the agency PREA Coordinator and submitted directly to the director for review and approval.

115.88 (d). As reported in the PAQ, 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.

Documentation Reviewed

2017-2019 Annual Report: Upon review of the 2019 Agency Annual PREA Report along with website review, the agency/facility is compliant with the provision requirements.

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

Interviews

PREA Coordinator: The agency PREA Coordinator, confirmed policy standards, stating that confidential and sensitive inmate or staff information will be redacted. In consultation with our legal division, a determination would be made regarding what information would be redacted.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.89	Data storage, publication, and destruction
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
The following evidence was analyzed in making compliance determination:	
Documents:	
Pre-Audit Questionnaire (PAQ)	
Sexual Abuse and Harassment Prevention and Intervention Program Manual	
Illinois Department of Corrections (Administrative Directive)	
<ul style="list-style-type: none"> • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 	
2019 Agency Annual PREA Report	
Interviews:	
PREA Coordinator	
Findings (By Provision):	
<p>115.89 (a). As reported in the PAQ, the agency ensures that incident-based and aggregate data are securely retained. The Sexual Abuse and Harassment Prevention and Intervention Program Manual states that “the following is in accordance with Administrative Directive 04.01.301. (a) The agency shall ensure that data collected pursuant to § 115.87 are securely retained. (b) The agency shall 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 Web site or, if it does not have one, through other means. (c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. (d) The agency shall maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise” (p. 50).</p>	
<u>Interviews</u>	
<p>PREA Coordinator: The interviewed PREA Coordinator reported that the agency reviews data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. The information is maintained in a secure database managed by the PREA Coordinator and stored in a double locked secure filing cabinet. Follow-up will occur with corrective action if data includes substantiated information.</p>	
<p>115.89 (b). As reported in the PAQ, the 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. Policy Sexual Abuse and Harassment Prevention and Intervention Program states that “the annual report shall be made available on the Department’s website no later than June 30th of the year subsequent that of the reporting period. Upon request, the report shall be submitted to the Department of Justice” (p. 13).</p>	
<u>Documentation Reviewed</u>	
<p>Annual Report: Upon review of the 2019 Agency Annual PREA Report along with website review, the agency/facility is compliant with the provision requirements.</p>	
<p>115.89 (c). As reported in the PAQ, before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The final report shall not contain any personal identifiers. Policy Sexual Abuse and Harassment Prevention and Intervention Program states that “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” (p. 13).</p>	
<p>The Sexual Abuse and Harassment Prevention and Intervention Program Manual states that “the following is in accordance with Administrative Directive 04.01.301. (a) The agency shall ensure that data collected pursuant to § 115.87 are securely retained. (b) The agency shall 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 Web site or, if it does not have one, through other means. (c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. (d) The agency shall maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise” (p. 50).</p>	

Documentation Reviewed

Annual Report: Upon review of the 2019 Agency Annual PREA Report along with website review, the agency/facility is compliant with the provision requirements.

115.89 (d). As reported in the PAQ, the agency maintains sexual abuse data collected for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. Policy Sexual Abuse and Harassment Prevention and Intervention Program states that "All reports and statistical data shall be retained for a period of no less than 10 years" (p. 13).

The Sexual Abuse and Harassment Prevention and Intervention Program Manual states that "the following is in accordance with Administrative Directive 04.01.301. (a) The agency shall ensure that data collected pursuant to § 115.87 are securely retained. (b) The agency shall 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 Web site or, if it does not have one, through other means. (c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. (d) The agency shall maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise" (p. 50).

Documentation Reviewed

Upon review of the 2019 Agency Annual PREA Report along with website review, the agency/facility is compliant with the provision requirements.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents: IDOC Website</p> <p>Interviews: PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.401 (a). The IDOC website contains the results of all the PREA audits conducted.</p> <p><u>Documentation Reviewed</u></p> <p>Review agency records, website, etc. to ensure that each facility has been audited.</p> <p>115.401 (b). As reported by the PREA Coordinator, the IDOC is in Cycle 3 Audit Year 3.</p> <p><u>Documentation Reviewed</u></p> <p>Review agency records, website, etc. to ensure that each facility has been audited.</p> <p>115.401 (h). During the inspection of the physical plant the auditor and was escorted throughout the facility by the agency PREA Coordinator and security staff. The auditor was provided unfettered access throughout the institution. Specifically, the auditor was not barred or deterred entry to any areas. The auditor had the ability to freely observe, with entry provided to all areas without prohibition. Based on review of documentation the facility is compliant with the intent of the provision.</p> <p>115.401 (i). During the on-site visit, the auditor was provided access to all documents requested. All documents requested were received to include, but not limited to employee and resident files, sensitive documents, and investigation reports. Based on review of documentation the facility is compliant with the intent of the provision.</p> <p>115.401 (m). The auditor was provided private rooms throughout the facility to conduct interviews. The staff staged the inmates in a fashion that the auditor did not have to wait between interviews. The rooms provided for inmate interviews were soundproof and somewhat visually confidential from other inmates which was judged to have provided an environment in which the offenders felt comfortable to openly share PREA-related content during interview. It should also be noted that additional precautionary measures were taken to ensure proper social distancing due to the COVID-19.</p> <p>A review of the appropriate documentation and interviews with staff indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.401 (n). Inmates were able to submit confidential information via written letters to the auditing agency PO Box or during the interviews with the auditor. The auditor did not receive any correspondence from the inmates of Vandalia Correctional facility.</p> <p>Conclusion: Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>IDOC Website</p> <p>Findings (By Provision):</p> <p>115.403 (a). The IDOC, posts its PREA Audit reports on the Agency website. The reports are available for review at Prison Rape Elimination Act of 2003 - Victims (illinois.gov). There is a link to the Final PREA reports. The facility is compliant with the intent of the standard.</p> <p>Conclusion:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p>

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

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

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

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

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

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

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

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

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

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	no
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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