

PREA Facility Audit Report: Final

Name of Facility: Joliet Treatment Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/25/2022

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: 11/25/2022

AUDITOR INFORMATION	
Auditor name:	Davis, Latera
Email:	laterad@yahoo.com
Start Date of On-Site Audit:	04/04/2022
End Date of On-Site Audit:	04/06/2022

FACILITY INFORMATION	
Facility name:	Joliet Treatment Center
Facility physical address:	2848 West McDonough , Joliet , Illinois - 60436
Facility mailing address:	

Primary Contact	
Name:	Ryan Nottingham
Email Address:	ryan.nottingham@illinois.gov
Telephone Number:	217-558-2200

Warden/Jail Administrator/Sheriff/Director	
Name:	Catherine Larry
Email Address:	catherine.larry@illinois.gov
Telephone Number:	8157304400

Facility PREA Compliance Manager	
Name:	Odell Jamison
Email Address:	odell.jamison@illinois.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Elizabeth English-Lindsay
Email Address:	elizabeth.english-lindsay@illinois.gov
Telephone Number:	8157304400

Facility Characteristics	
Designed facility capacity:	486
Current population of facility:	217
Average daily population for the past 12 months:	235
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	20 - 75
Facility security levels/inmate custody levels:	Multi-Level
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	382
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	77
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	13

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:	
2	<ul style="list-style-type: none"> • 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.73 - Reporting to inmates
Number of standards met:	
43	
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:	2022-04-04
2. End date of the onsite portion of the audit:	2022-04-06

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 Alternative John Howard Association

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	486
15. Average daily population for the past 12 months:	235
16. Number of inmate/resident/detainee housing units:	8
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:	216
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:	4
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:	4
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:	25
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:	1
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:	10
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:	3
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:	1
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:	73
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):	A portion of the data is based on the first day of the audit, as the agency did not have an established process to provide a 12-month analysis.
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:	310
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:	14
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:	72
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
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 checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor received a copy of the inmate roster which included pertinent geographic information. Such information was utilized to select inmate interviews.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	12
<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:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1

<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>Upon file review and random discussion with inmates, there were no targeted inmates identified to interview.</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>2</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>1</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>2</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>2</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>1</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>5</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>Upon file review and random discussion with inmates, there were no targeted inmates identified to interview.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>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 facility has two separate locations; therefore staff were identified at both locations.</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>A portion of targeted residents were oversampled to meet the requirements for minimum targeted residents.</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>35</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 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 checked="" type="checkbox"/> Other
<p>If "Other," provide additional specialized staff roles interviewed:</p>	<p>John Howard Advocacy Center (email)</p>
<p>81. Did you interview VOLUNTEERS 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 VOLUNTEERS who were interviewed:</p>	<p>3</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>2</p>
<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>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).	No text provided.

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.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	19	0	19	0
Staff-on-inmate sexual harassment	29	0	29	0
Total	48	0	48	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	1	2	0
Total	0	1	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	8	21	0
Staff-on-inmate sexual harassment	0	0	18	1
Total	0	8	39	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

3

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?

- Yes
- No
- NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:

0

<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 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>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>3</p>
<p>104. Did your sample of STAFF-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 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>48</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<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>29</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>19</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 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>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were no identified criminal investigations to review.</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 type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	1
AUDITING ARRANGEMENTS AND COMPENSATION	
121. Who paid you to conduct this audit?	<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
Identify the name of the third-party auditing entity	Correctional Management and Communications Group

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 following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Appendix A Section 504 (Offense Numbers and Definitions) 3. Policy: Illinois Department of Corrections (Administrative Directive), 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 4. Policy: Illinois Department of Corrections (Institutional Directive), 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 5. Memo: Designation of Agency Wide PREA Coordinator (PREA Standard 115,11). 6. Memo: PREA Compliance Manager (Dated 5/6/2021) 7. Sexual Abuse and Harassment Prevention and Intervention Manual (2016) 8. Position Description-Agency PREA Coordinator 9. Agency Organizational Chart 10. Facility Organizational Chart <p>Interviews:</p> <p>PREA Coordinator</p> <p>PREA compliance manager</p> <p>Findings (By Provision):</p> <p>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 sexual abuse and harassment of individuals in custody" (p.1).</p> <p>The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Policy: Illinois Department of Corrections (Institutional Directive), 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program. Provides additional guidance on the facilities zero tolerance policy on sexual abuse and sexual harassment.</p> <p>Policy 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program, states that</p> <p>Sexual abuse – for the purposes of this Directive shall mean sexual abuse of: Illinois Department of Corrections Administrative Directive Page 2 of 13 Number: 04.01.301 Title: Sexual Abuse and Harassment Prevention and Intervention Program Effective: 4/1/2021</p> <p>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> <p>An offender by a staff member, with or without consent of the offender, including:</p> <p>(1) Contact between the penis and the vulva or penis and the anus, including penetration, however slight; contact between</p>	

the mouth and the penis, vulva, or anus; contact between the mouth and any body part where the staff member has the intent to abuse, arouse, or gratify sexual desire; penetration of the anal or genital opening, however slight, by hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member has the intent to abuse, arouse, or gratify sexual desire; any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member has the intent to abuse, arouse, or gratify sexual desire; any attempt, threat, or request to engage in any of the above; or

(2) Any display by staff of his or her uncovered genitalia, buttocks, or breast in the presence of an offender; and voyeurism as defined as an invasion of an offender's privacy by staff for reasons unrelated to official duties, such as peering at an offender who is using a toilet in his or her cell to perform bodily functions; requiring an offender to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an offender's naked body or of an offender performing bodily functions.

Sexual harassment – for the purpose of this directive, shall mean repeated and unwelcome sexual advances, request for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by an offender directed to another offender; and repeated verbal comments or gestures of a sexual nature to an offender by staff, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures (pp.2-3).

The policy includes sanctions for those found to have participated in prohibited behaviors. Policy 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program, states that "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". The policy further states that:

- Disciplinary reports shall be completed, served and processed, where warranted.
- If applicable, the case shall be reviewed with the appropriate State's Attorney for possible referral for prosecution.
- 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.
- Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. 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 (p. 1).

Exceeds: The agency has a very thorough and comprehensive policy. The policy is frequently updated to address any issues, concerns, and/or to integrate better overall practices.

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:

- 1) Develop, implement and oversee the Department's Sexual Abuse and Harassment Prevention and Intervention Program.
- 2) 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.
- 3) 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 individual's right to be free from sexual abuse and harassment and to be free from retaliation for reporting sexual abuse and harassment.
 4. The dynamics of sexual abuse and sexual harassment in confinement.

5. Common signs of sexually abusive or harassing behavior.
 6. Common signs of being a victim of sexual abuse or harassment.
 7. Protocol for initial response, including identification and separation of individual in custody.
 8. Reporting procedures: individual how to comply with relevant laws related to mandatory reporting of sexual abuse outside authorities; and
 9. Preservation of physical evidence of sexual abuse.
- 4) Develop or approve specialized training modules for all staff responsible for investigating allegations of sexual abuse in confinement settings in accordance with 01.12.1115.
 - 5) Develop or approve specialized training modules for all full and part-time medical and mental health care practitioners who work regularly in facilities. Training shall include:
 1. How to detect and assess signs of sexual abuse and sexual harassment.
 2. How to preserve physical evidence of sexual abuse:
 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
 - 6) 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 (pp. 3-4).

The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The position of the PREA Coordinator in the agency's organizational structure:

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).

Organization Chart

Position Description-Agency PREA Coordinator

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.

Discussion: 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 (p. 4).
- 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) (p. 4).

The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. Policy: Illinois Department of Corrections (Institutional Directive), 04.01.301 Sexual Abuse and Harassment

Prevention and Intervention Program. Provides additional guidance on the role of the facility PREA Compliance Manager

The position of the PREA Compliance Manager in the agency's organizational structure: Clinical Services Supervisor. The PREA Compliance was designated the role on May 6, 2021 .

The person to whom the PREA Compliance Manager reports: Warden

Documentation Reviewed

Memo: Designated PREA Compliance Manager

Interviews:

PREA Compliance Manager (PCM): The interviewed PCM stated that she does not have enough time to manage the PREA related responsibilities, as she is responsible for the clinical department which can be very demanding of time. She also reported having a responsibility of monitoring the ADA residents and participate in their program activities. The coordination of the facilities efforts to comply with the PREA standards are done through monthly meetings with the internal affairs staff, the assistant warden of programs and mental health staff to review all PREA reports and investigations. If an issue is identified, it will be documented on the 434-incident report and brought to the warden's attention and seek further guidance form the department PREA Coordinator.

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 and 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
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Safer Foundation/Crossroads ATC Contract/Renewal Contract c. Safer Foundation North Lawndale Contract 2. Interviews <ol style="list-style-type: none"> a. Agency Contract Administrator <p>Findings (By Provision):</p> <p>115.12 (a). As reported in the PAQ, the agency has entered or renewed a contract for the confinement of individual in custody. A copy of the Safer Foundation agreements 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).</p> <p>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</p> <p>The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0</p> <p>Documents Reviewed</p> <p>Safer Foundation/Crossroads ATC Contract</p> <p>Safer Foundation North Lawndale Contract</p> <p>Interviews</p> <p>Contract Administrator: 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 individual in custody 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).</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>115.12 (b). As reported in the PAQ, the agency requires the contracts to monitor the contracts compliance with PREA standards. There were zero contracts that that the agency did not require to monitor for the compliance of PREA standards.</p> <p>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</p> <p>Documentation Reviewed:</p> <p>Safer Foundation/Crossroads ATC Contract</p> <p>Safer Foundation North Lawndale Contract</p> <p>Interviews:</p> <p>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 individual in custody 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</p>	

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.

Corrective Action and 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
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Illinois Department of Corrections (Administrative Directive) <ul style="list-style-type: none"> • 05.01.101 Roster Management-Deployment of Security Personnel • 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program b. Staffing Plan Review Joliet Treatment Center June 2021 c. Unscheduled Inspection Report (24) d. Daily Roster Review (23) e. Staff Roster 2. Interviews: <ol style="list-style-type: none"> a. Warden b. PREA Compliance Manager c. PREA Coordinator d. Intermediate or Higher-Level Staff <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 that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse.</p> <p>Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates: 235.</p> <p>Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates on which the staffing plan was predicated: 486.</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>Policy Sexual Abuse and Harassment Prevention and Intervention Program, states that:</p> <p>Ensure the facility develops, documents, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect offenders against sexual abuse.</p> <p>(1) In calculating adequate staffing levels and determining the need for video monitoring, the facility shall consider: (a) Generally accepted correctional practices; (b) Any judicial findings of inadequacy; (c) Any findings of inadequacy from Federal investigative agencies; (d) Any findings of inadequacy from internal or external oversight bodies; (e) All components of the facility's physical plant, including blind-spots or areas where staff or offenders may be isolated. Illinois Department of Corrections Administrative Directive Page 5 of 13 Number: 04.01.301 Title: Sexual Abuse and Harassment Prevention and Intervention Program Effective: 4/1/2021 (f) The composition of the offender population; (g) The number and placement of supervisory staff; (h) Facility programming occurring on a particular shift; (i) Any applicable State or local laws, regulations or standards; (j) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (k) Any other relevant factors.</p> <p>(2) If circumstances arise where the staffing plan is not complied with, the facility shall document and justify all deviations</p>	

from the plan on the Daily Roster Review, DOC 0531, in accordance with 05.01.101.

(3) When every necessary, but no less frequent than once per year, the facility, in consultation with the Agency PREA Coordinator, shall assess, determine, and document whether adjustments are needed to: (a) The staffing plan established herein. (b) The facility's deployment of video monitoring systems and other monitoring technologies; and (c) The resources the facility has available to ensure adherence to the staffing plan.

Documentation Reviewed:

Daily Roster Review (23)

Staffing Plan Review Joliet Treatment Center (June 2021)

Interviews:

Warden: The interviewed Warden reported that the facility has as staffing plan. Adequate staffing levels are there to protect inmates against sexual abuse is considered in the plan. The facility strives to maintain a minimum number of staff to ensure the safety, security, and operations of this facility. Video monitoring is a part of the plan. The staffing plan is documented.

When assessing adequate staffing levels all of the above-mentioned areas are assessed. When allocating overall staffing resources, safety and PREA factors are considered. The staffing levels/assignments is predicted on the type and frequency of programming. Residents' security levels and the level of monitoring required for the current population, also keeping in the line with providing structured and unstructured out of room time due to the condition of the settlement agreement. Resident and staff ratio is considered along the physical layout of the facility.

Compliance with the staffing place is checked by doing the recap/roster documentation and daily notices from the major.

PREA Compliance Manager: The interviewed PREA Compliance Manager further reiterated the above. In addition, it was reported that PREA factors and safety in general are considered when allocating staffing and video monitoring resources. Weekly unannounced rounds are conducted by supervisory staff and DAO to identify and deter sexual abuse and sexual harassment; as well as to identify any safety and security risk on all shifts. The information is documented.

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 facility is predicated upon the average daily number of individuals in custody (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 individual in custody against abuse. Policy Sexual Abuse and Harassment Prevention and Intervention Program states that "if circumstances arise where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan on the Daily Roster Review, DOC 0531, in accordance with 05.01.101" (p. 5).

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:

Documentation of any deviations on the Daily Roster Review- Daily Roster Review (23)

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.

115.13 (c). As reported in the PAQ, the facility conducts an annual review of the staffing plan. Policy Sexual Abuse and Harassment Prevention and Intervention Program states that "When every necessary, but no less frequent than once per year, the facility, in consultation with the Agency PREA Coordinator, shall assess, determine, and document whether adjustments are needed to: (a) The staffing plan established herein. (b) The facility's deployment of video monitoring systems and other monitoring technologies; and (c) The resources the facility has available to ensure adherence to the staffing plan" (p. 5).

Documentation Reviewed:

Staffing Plan Review Joliet Treatment Center (June 2021)

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 to identify and deter staff sexual abuse and sexual harassment. 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. A BUDAO shall conduct unscheduled inspections of random areas within the facility.
 - The inspections shall occur:
 - a. For all major holidays, on the actual date of the respective holiday.
 - b. During back shift, ensuring each BUDAO conducts at least one back shift inspection per calendar month.
 - c. 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.

d. 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. A minimum of three housing units; and
 - b. 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 Reviewed:

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

Interviews:

Immediate or Higher-Level Staff: The interviewed staff who are considered intermediate or higher-level staff, reported that unannounced rounds are conducted and documented. It is expected that a round is conducted at least one weekend a month and one time during the non-business hours (4:30pm-7:30am). The rounds are documented using the DOC 0481 form and then submitted to the Deputy Director and Chief of Operations. Staff are instructed to not call us out on the radio or phone anyone of our presence. The radio is monitored for anyone violating this direction. When conducting the tour, staff are also informed to not let the staff know that someone is conducting an unannounced round.

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 and 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> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Memo: Admission of 17-year-old individual in offenders on or after January 1, 2017 (Dated 1/23/2017) c. Place of Confinement (730 ILCS 5/5-8-6) d. Individual in custody Roster e. Illinois Department of Corrections (Institutional Directive): <ul style="list-style-type: none"> • 05.03.006 Individual in custody Management and Movement/Identification and Monitoring of Youthful Individual in custody. <p>Findings (By Provision):</p> <p>115.14 (a). As reported in the PAQ, the facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. While the facility does not house youthful individual in custody, there is a directive (Individual in custody Management and Movement/Identification and Monitoring of Youthful Individual in custody) in place that guides staff on how to management youthful individual in custody.</p> <p>In the past 12 months, the number of housing units to which youthful inmates are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters: 0</p> <p>In the past 12 months, the number of youthful inmates placed in SAME HOUSING UNIT as adults at this facility: 0</p> <p>Upon review of the individual in custody roster, there were no youthful individual in custody housed at the facility.</p> <p>Memo (Admission of 17-year-old individual in custody on or after January 1, 2017) provides guidance on managing youthful individual in custody. 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 individual in custody 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 individual in custody 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 individual in custody. Committing counties shall be directed to contact IDJJ for instruction as to which IDJJ facility a 17-year-old individual in custody should instead be transported by the Sheriff. 17-year-old individual in custody 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 individual in custody 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>Documentation Reviewed:</p> <p>Individual in custody Roster</p> <p>Memo: Admission of 17-year-old individual in custody 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>	

115. 14 (b). The Illinois Department of Corrections does not house Youthful Inmates.

115.114 (c). The Illinois Department of Corrections does not house Youthful Inmates. In the past 12 months, the number of youthful inmates who have been placed in isolation in order to separate them from adult inmates: 0.

Corrective Action and 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.

115.15	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> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Settlement (Monroe 18-156 Memo and Order; Injunction) c. Personal Search Card d. Personal Search Curriculum e. Rehabilitation, Safety Management and Care for Transgender People in Correctional Settings f. Sexual Abuse and Harassment Intervention and Prevention Program Manual g. Illinois Department of Corrections (Administrative Directive) <ol style="list-style-type: none"> a. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program b. 04.03.104 Evaluation, Treatment, and Correctional Management of Transgender Offenders c. 05.01.113 Searches of Offenders d. 01.12.105 Reporting Unusual Incidents h. Illinois Administrative Code: <ol style="list-style-type: none"> a. Searches For and Disposition of Contraband <p>Searches Training (26)</p> <p>Corrective Action: Searches Training Record (10)</p> <ol style="list-style-type: none"> 2. Interviews: <ol style="list-style-type: none"> a. Random Sample of Staff (12) b. Random Sample of Residents (22) c. Transgender/Intersex (2) <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 individual in custody. There have been zero instances in the past 12 months were staff conducted cross-gender strip or cross-gender visual body searches of individual in custody. 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.

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.

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 individuals in custody, the facility shall not permit cross-gender pat-down searches of female individual in custody, absent exigent circumstances. Facilities shall not restrict female individual in custody' 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 individual in custody. The department considers this to be an "unusual event" therefore it shall be documented on an Incident Report, DOC 0434".

In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates: 0.

In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff: 0.

Documentation Reviewed:

Personal Search Card

Personal Search Curriculum

115.15 (b). As reported in the PAQ, the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances (facilities have until August 20, 2015, to comply; or August 20, 2017, if their rated capacity does not exceed 50 inmates). The facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

The Personal Search Curriculum states that:

Conducting Clothed Searches of Opposite Gender Offenders

Regarding male offenders, a male or female Correctional Employee, who are properly trained, and if directed by the CAO (no designee), may be authorized by institutional directives to perform a pat down or clothed body search on male offenders.

Regarding female offenders, only female Correctional Employees, who are properly trained, are authorized to conduct pat down or clothed body searches of female offenders. In exigent or emergency circumstances, a male Correctional Employee, who is properly trained, may conduct a search if a properly trained, female Correctional Employee is not available. An exigent or emergency or situation is one in which a reasonable suspicion exists that a weapon, or another item of serious contraband, is present and it presents an immediate danger to the offender(s), facility security, or the public which cannot be safely averted either by securing, escorting, or isolating the offender

The number of pat-down searches of female inmates that were conducted by male staff: 0.

The number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstance(s): 0.

Interview:

Random Sample of Staff - Twelve staff interviews were conducted, one staff member worked with females' residents and stated the facility would not restrict resident from participating in programs due to female staff not being available.

Random Sample of Individuals in Custody (Female inmates) - One female resident at the Elgin campus was interviewed. She stated that her outside activities have never been interrupted due to unavailability of staff.

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. Facility policy requires that all cross-gender pat-down searches of female inmates be documented.

Policy Searches of Offenders states that all cross-gender searches are prohibited (p. 2). Policy Unusual Incidents states that "notification of serious and significant unusual incidents shall be in accordance with the provisions of this directive" (p. 2).

The policy further states that "other incidents or situations that, in the opinion of the Chief Administrative Officer, should be reported" (p. 3). In addition, following initial notification of the respective Deputy Director or Chief, the Chief Administrative Officer shall ensure: 1. Electronic notification of the incident is provided. The notification shall include, but not be limited to a.

Date and time of the incident; b. Offenders involved, including demographics; c. Staff involved; and d. Narrative of the incident, including action taken by staff. 2. A follow-up report shall be electronically submitted to the respective Deputy Director or Chief as additional information becomes available until submission of the final report. 3. A paper copy of all notifications and follow-ups shall be maintained by the facility (p. 3).

115.15 (d). As reported in the PAQ, the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera. Policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. Policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

Policy Sexual Abuse and Harassment Prevention and Intervention Program, further reiterates that "individual in custody 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. More specifically, states that "offenders will only shower, perform bodily functions, and change clothing in designated areas (e.g., cells, shower rooms, bathrooms, etc.). Housing unit officers of the opposite gender, or any other cross-gender staff, may view breasts, buttocks, or genitalia only in exigent circumstances, or when incidental to security checks of these designated areas of the housing unit" (p. 12).

Interview Guides:

Random Sample of Individual in custody: Twenty-two residents were interviewed. Eleven of the interviewed residents reported that staff make announcements when they are entering the housing area specially if female officer entering the unit. Eight of the interviewed residents stated the officers are inconsistent with making announcements. Three residents interviewed reported that staff do not make announcements when they enter the housing unit. Seventeen of the residents stated that officers nor other residents could see them naked unless they were trying to look in shower or room. Five residents interviewed expressed concern that others could see them if they do cover up window in their room if using the bathroom.

Random Sample of Staff: Ten interviewed staff reported that they announce themselves when they start shift and when female staff entering the housing unit. The staff reported that they will make announcement by saying "female on deck" or "female on the unit". Two interviewed staff stated they do not announce themselves because residents see them entering the housing unit. Eight of the staff interviewed stated that inmates are allowed to dress, shower, toilet without being viewed by staff of the opposite gender. However, it is possible to see resident if conducting rounds. Four interviewed staff reported they unable to view residents getting dressed or using the toilet when the residents are in their rooms.

PREA Audit Site Review: During the onsite inspection, the auditor observed that the team of staff assisting with the inspection made announcements when we entered the housing area. The auditor randomly spoke to the residents while conducting the site inspection. Some of the residents reported that the announcements are made and some of the residents stated that the staff do not say anything.

115.15 (e). As reported in the PAQ, the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex individual in custody for the sole purpose of determining the individual in custody's genital status. There were zero searches that occurred in the last 12 months.

Policy Searches of Offenders 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).

Interview Guides:

Transgender/Intersex Inmates - Two transgender residents interviewed responded that they have never been placed on a housing unit only for transgender or intersex residents or been strip-searched for the purpose of determining genital status.

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 individual in custody for the purpose of determining the individual in custody'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 individual in custody 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 individual in custody in a professional manner with security needs.

The Searches of Offenders policy states that "in situations where an offender who claims to identify as transgender, yet has not been confirmed as such, expresses concern for the gender of the staff performing a strip search, staff shall proceed with the search and, upon completion of the search, shall complete a DOC 0434 documenting the expressed concern. The DOC 0434 shall be submitted through the chain of command to the Transgender Administrative Committee for review and appropriate action. 6. Offenders designated as transgender or gender non-conforming shall be designated as such in Offender 360 and provided an offender identification card specifying the gender of staff that will perform strip searches of that offender as determined by the Transgender Administrative Committee in consultation with the offender. If a strip search is to be performed, the transgender or gender non-conforming offender shall be searched by the gender of staff designated on their offender identification card. In the event that there is no staff member of the designated gender who is willing and able to perform the search, the facility warden shall be contacted" (p. 11).

The Personal Search Manual States that:

Searches of Transgender and Intersex Offenders

Administrative Directive 05.01.113, states that Dual-Gender searches shall be prohibited.

When conducting searches of a transgender or intersex offender, the searches should be conducted in a professional and respectful manner, consistent with the type of search being conducted, and security needs. Searches should be completed in accordance with applicable Administrative Directives or Institutional Directives based upon the gender of the facility (i.e., female facility = female offender or male facility = male offender), unless otherwise directed by the CAO (no designee).

If offender expresses concern for the gender of the staff conducting their pat down search, the staff receiving the report should complete an Incident Report, DOC 0434. This report may then be referred to the Gender Dysphoria Management and Treatment Committee.

In situations where transgender offender expresses concern for the gender of the staff performing a strip search, staff shall proceed with the search and, upon completion of the search, shall complete an Incident Report, DOC 0434, documenting the expressed concern. The DOC 0434 shall be submitted through the chain of command to the Transgender Care Review Committee for review and appropriate action (per AD 05.01.113, Section II.G.4.).

An exception to the above exists if an offender has concerns with gender non-conforming characteristics or behaviors and has been confirmed and identified in Offender 360 or on their Identification badge to be Transgender or gender non-conforming, the offender may express preference to be searched by a male or female staff of their gender identity rather than the gender staff above, that request will be considered and if possible, honored, if staff are available to do so. In this scenario staff are not required to complete an Incident Report, DOC 0434.

If an offender has concerns with gender non-conforming characteristics or behaviors, or if an offender has made a request for special accommodations associated with gender identity, the Transgender Care Review Committee may convene and provide input regarding the completion of searches on an offender (p. 5).

Documentation Reviewed

The auditor reviewed the training curriculum titled Rehabilitation, Safety Management and Care for Transgender People in Correctional Settings.

Training Records (26)

Corrective Action Training Records (10)

Interviews

Random Sample of Staff: Twelve staff, representing staff from all shifts, were interviewed. All the interviewed random staff reported that officers are trained to conduct cross-gender pat down searches. All staff reported that it is a normal practice that males officers complete the pat down searches on male residents and female staff complete on female residents, unless the resident identifies as transgender and has requested opposite gender to complete search. Most of the interviewed staff could articulate that they are to search in a professional and respectful manner and that they are training is conducted every year during annual cycle training as well as they cover searching procedures during shift briefing.

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 requested 30 training records for security staff. Twenty-six out of thirty records were identified of staff who completed cycle day 4 (searches training). The facility shall provide documentation for the remaining for security staff showing that they have completed searches training. During the corrective action period 10 additional records was provided. The facility has provided sufficient documentation of evidence that the requirements of the standard have been met. No further action is required.

Corrective Action and Conclusion:

115.15 (f) Corrective Action: The auditor requested 30 training records for security staff. Twenty-six out of thirty records were identified of staff who completed cycle day 4 (searches training). The facility shall provide documentation for the remaining for security staff showing that they have completed searches training. During the corrective action period 10 additional records was provided. The facility has provided sufficient documentation of evidence that the requirements of the standard have been met. No further action is required.

115.16	Inmates with disabilities and inmates who are limited English proficient
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Illinois Department of Corrections (Administrative Directive) <ol style="list-style-type: none"> a. 04.01.105 Facility Orientation b. ADA Accommodations c. Receptions and Classification Process d. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program c. Individual In Custody Orientation Manual (English/Spanish) d. PREA Signage (English/Spanish) e. American Sign Language Video Remote Interpretation Procedure f. Language Interpretation Procedure g. Video Remote Interpreting h. Settlement Agreement (Deaf and Hard of Hearing-April 23, 2018) 2. Interviews: <ol style="list-style-type: none"> a. Agency Head b. Individual in custody with disabilities or limited English speaking (5) c. Random Sample of Staff (12) <p>Findings (By Provision):</p> <p>115.16 (a). As reported in the PAQ, the agency has established procedures to provide disabled individual in custody 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 individual in custody, 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 individual in custody and what an individual in custody 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 individual in custody. The manual shall be explained to the individual in custody during the orientation program. c. Individual in custody shall receive written orientation materials and/or translations in their own language. Orientation materials may also be provided electronically, but individual in custody 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 individual in custody in understanding the material. e. At the conclusion of the orientation program, each individual in custody shall be requested to sign an Individual in custody Orientation Receipt, DOC 0291, indicating he or she has participated in the orientation program and has obtained a copy of 	

the manual. If an individual in custody 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 individual in custody's master record file or center file as appropriate (p.2).

Policy ADA Accommodations further provides guidance on ensuring services are provided for individual in custody 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 individual in custody, create deaf and hard of hearing individual in custody 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 individual in custody attending orientation who the Department has reason to believe are or may be Deaf or Hard of Hearing, the Department shall meet with the individual in custody in a separate, subsequent orientation session to go over all orientation content provided orally at the initial orientation session. If the individual in custody communicates through American Sign Language, then during the second, separate orientation session, the Department shall provide a Qualified Interpreter to assist the individual in custody 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 individual in custody who are disabled".

The 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. Offenders shall be informed that victims need not name their attacker to receive medical and mental health services.

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, as well as to offenders who have limited reading skills

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 individual in custody 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. Individual in custody can participate in interactive dialogue with staff if further clarification is warranted

Individual in custody (with disabilities or who are limited English proficient): Twenty-two residents were interviewed. Five residents interviewed were identified as having a physical or mental impairment or required interpreter due to limited English. The five residents interviewed stated the facility provide information they can see and understand. The one resident that spoke Spanish stated the handbook and posters are in Spanish. The one resident with physical disability stated the information on housing units are placed at eye level for him to read from this wheelchair. The one resident that spoke Spanish stated staff will assist if there is information he does not understand. All five interviewed residents stated they could ask staff to assist or contact mental health, if they need assistance with understanding their rights in the facility.

PREA Audit Site Review: During the site inspection the auditor observed signage or PREA related material in English and

Spanish. The auditor observed that the site had additional resources for individuals who were disabled or deaf/hard of hearing. Onsite the facility had telephone services for individuals who were deaf or hard or hearing.

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 and sexual harassment. Policy Facility Orientation states that "A facility orientation program shall be presented to each incoming individual in custody and completed within seven (7) calendar days after admission, except in unusual circumstances. For a non-English speaking individual in custody, 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 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. Offenders shall be informed that victims need not name their attacker to receive medical and mental health services.

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, as well as to offenders who have limited reading skills

The Language Interpretation Procedure "provides clear direction on how to successfully access the language interpretation services for an individual in custody. 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

Communication Aids for Deaf or Hard-of Hearing Persons VRI-VRS-TTY

Individual In Custody Orientation Manual in English and Spanish

Propio Language Contract-Statewide Master Language Interpretation Services

PREA Posters in English and Spanish.

Interviews

Individual in custody (with disabilities or who are limited English proficient): Twenty-two residents were interviewed. Five residents interviewed were identified as having a physical or mental impairment or required interpreter due to limited English. The five residents interviewed stated the facility provide information they can see and understand. The one resident that spoke Spanish stated the handbook and posters are in Spanish. The one resident with physical disability stated the information on housing units are placed at eye level for him to read from this wheelchair. The one resident that spoke Spanish stated staff will assist if there is information he does not understand. All five interviewed residents stated they could ask staff to assist or contact mental health, if they need assistance with understanding their rights in the facility.

115.16 (c). As reported in the PAQ, the agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations. The agency or facility documents the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used. (Absence of such documentation does not result in noncompliance with the standard.

In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations: 0.

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: Nine of the random staff interviews reported that resident interpreters are not used to interpret for other residents. The nine staff stated that if resident need interpreter, then another staff would interpret or contact outside agency to interpret for resident. Two of the interviewed staff it is unknown to them if the facility using residents to interpreter because they had not seen it happen while they have been working at facility. One interviewed staff did report that residents have been used to interpret for another resident. The interviewed staff did discuss that the facility has additional resources i.e., Watches for residents to use to interpreter as well.

Individual in custody (with disabilities or who are limited English proficient): Twenty-two residents were interviewed. Five residents interviewed were identified as having a physical or mental impairment or required interpreter due to limited English. The five residents interviewed stated the facility provide information they can see and understand. The one resident that spoke Spanish stated the handbook and posters are in Spanish. The one resident with physical disability stated the information on housing units are placed at eye level for him to read from this wheelchair. The one resident that spoke Spanish stated staff will assist if there is information he does not understand. All five interviewed residents stated they could ask staff to assist or contact mental health, if they need assistance with understanding their rights in the facility.

Corrective Action and 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 · Background Investigations · Standards of Conduct <p>Background Checks (28)</p> <p>Prison Rape Elimination Act Pre-Employment Self-Report and a PREA Questionnaire for Institutional Employers Employee (25)</p> <p>Arrest Notification (1)</p> <p>Memo: Arrest Tracking Process</p> <p>Contractor Background Checks (9)</p> <p>Corrective Action: Background Checks</p> <p>Interviews:</p> <ul style="list-style-type: none"> · Administrative (Human Resources) Staff <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 individual in custody and prohibits enlisting the services of any contractor who may have contact with individual in custody 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, which 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 individual in custody from a former institutional employer. Such forms are documented and held in the employee personnel files.</p> <p>Documentation Reviewed</p> <p>New Hire Background Investigation (28)</p> <p>Corrective Action: The auditor requested background checks for 41 staff. Twenty-eight were provided to the auditor. The facility shall provide proof of the additional background checks or develop a corrective action plan to ensure that the background checks are completed for all staff. In addition, the facility shall provide proof of any new hires from the date of the onsite audit up until 90 days to show compliance with the standard. During the corrective action period. The facility provided</p>	

the required documentation, demonstrating compliance. No further action is required.

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 individual in custody from a former institutional employer. Such forms are documented and held in the employee personnel files. Policy Administrative Review of Personnel or Services Issues, further reiterates the above requirements of the provision (p. 2).

Documentation Reviewed

Corrective Action: Background Checks

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: The reference checks are conducted on the state level. It was determined that the reference checks were not being conducted, therefore the facility will need to show proof that the completion of reference checks were rectified and documentation that new hires reference checks were completed. The reporting time will be from 90 days as of the onsite audit. During the corrective action period. The facility provided the required documentation, demonstrating compliance. No further action is required.

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, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. 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 the past 12 months, the number of persons hired who may have contact with inmates who have had criminal background record checks:

Documentation Reviewed

Background Checks (28)

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 individual in custody (Wexford health providers, GEO drug counselors, etc.) go through the background process.

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 individual in custody, 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.

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 inmate. 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).

In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates: 3.

Documentation Reviewed

Background Checks (9)

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 individual in custody (Wexford health providers, GEO drug counselors, etc.) go through the background process.

Corrective Action: All but one of the requested background checks were reviewed for contracted staff. The facility shall provide the background check for the additional staff that is missing to show compliance with the standard. During the corrective action period. The facility provided the required documentation, demonstrating compliance. No further action is required.

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 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

Sample Employee Fingerprint Submission (2)

Employee Arrest Notification

Interviews

Administrative (Human Resources) Staff - Q: 3Administrative (Human Resources Staff): The interviewed human resources staff reported that the BIU utilizes an arrest tracking system to conduct criminal record background checks of current employees and contractors who may have contact with residents. When an employee or contractor is arrested, the BIU is immediately notified of the arrest via LEADS/NCIC. 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 (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 When an individual applies for employment with IDOC they are required to fill out the DOC 0031, Applicant Information Sheet (AIS). There are numerous questions within the AIS that asks about visiting, corresponding with and living with IDOC individual in custody. Additionally, the applicant is asked about any contact with Law Enforcement. Applicants and promoting employees are also required to complete the DOC 0450 (PREA self-report). the facility shall impose upon employees a continuing affirmative duty to disclose any such previous misconduct. The policy of Standards of Conduct requires 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.

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).

Documentation Reviewed

Prison Rape Elimination Act Pre-Employment Self-Report (25)

Corrective Action: The auditor requested documentation on 41 staff/contractors. The auditor was provided documentation on 25 staff/contractors. In order to show compliance with the standard the facility shall provide documentation of the remaining staff/contractors. During the corrective action period. The facility provided the required documentation, demonstrating compliance. No further action is required.

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 routinely provides this information upon request with a signed release of information. Additionally, IDOC contacts current or prior institutional employers of applicants applying for positions with IDOC

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 and Conclusion:

115.317 (a) The auditor requested background checks for 41 staff. Twenty-eight were provided to the auditor. The facility shall provide proof of the additional background checks or develop a corrective action plan to ensure that the background checks are completed for all staff. In addition, the facility shall provide proof of any new hires from the date of the onsite audit up until 90 days to show compliance with the standard. During the corrective action period. The facility provided the required documentation, demonstrating compliance. No further action is required.

115.317 (b) The reference checks are conducted on the state level. It was determined that the reference checks were not being conducted, therefore the facility will need to show proof that the completion of reference checks were rectified and documentation that new hires reference checks were completed. The reporting time will be from 90 days as of the onsite

audit. During the corrective action period. The facility provided the required documentation, demonstrating compliance. No further action is required.

115.317 (d) All but one of the requested background checks were reviewed for contracted staff. The facility shall provide the background check for the additional staff that is missing to show compliance with the standard. During the corrective action period. The facility provided the required documentation, demonstrating compliance. No further action is required.

115.317 (g) The auditor requested documentation on 41 staff/contractors. The auditor was provided documentation on 25 staff/contractors. In order to show compliance with the standard the facility shall provide documentation of the remaining staff/contractors. During the corrective action period. The facility provided the required documentation, demonstrating compliance. No further action is required.

Final Review: The auditor has determined compliance with the standard.

115.18	Upgrades to facilities and technologies
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. JITC Construction Project 2. Interviews: <ol style="list-style-type: none"> a. Agency Head b. Warden <p>Findings (By Provision):</p> <p>115.18 (a). As reported in the PAQ, the agency/facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Documentation Reviewed:</p> <p>JITC Construction Project</p> <p>Construction of the State of Illinois' Inpatient Treatment Center in Joliet is expected to be complete this December. This state-of-the-art facility will be managed by the Illinois Department of Corrections (IDOC), and its operations are being designed and supported through a unique partnership between the IDOC and the Illinois Department of Human Services (IDHS).</p> <p>The project is bringing hundreds of new, high-quality jobs to the Joliet-area. In addition to the construction work, approximately 450 people will be employed in the facility once it is at its ultimate, full capacity. Positions include physicians, nurse practitioners, psychologists, office personnel, and more.</p> <p>At its full capacity, the new space will deliver elevated standards of care for 150 individuals in custody who have been diagnosed with a Serious Mental Illness and who need inpatient mental health treatment. 50 additional beds will provide intermediate medical care and clinic services for IDOC individuals in custody.</p> <p>This first-of-its-kind partnership between IDOC and IDHS has been organized to ensure a holistic, evidence-based approach to managed mental health care and coordination of services upon individuals' transition back into the general correctional population, or eventual release from custody.</p> <p>IDOC and the Illinois Capital Development Board (CDB) oversaw the construction of the new facility, which is located on the same grounds as the other buildings on the Joliet Treatment Center campus, which was opened in 2017. The design goal for the new effort is to create a national model for mental health treatment in corrections.</p> <p>With \$174 million invested in its construction, the 161,000 square foot facility was included in Governor Pritzker's Rebuild Illinois capital program, the most robust capital plan in Illinois history and the first in nearly a decade.</p> <p>The contemporary design provides access to daylight in each patient room and dayroom while maintaining safety and security requirements. Natural lighting, as well as views and access to exterior courtyards, provides for a recovery-focused milieu and enhances emotional and physical well-being.</p> <p>A modern administration building including a staff wellness area, central utility plant, kitchen, laundry, and recreation facilities combine to help provide comprehensive and exceptional care. In addition to exceeding all correctional standards, the facility meets public health standards and is fully ADA compliant.</p> <p>The medical clinic will provide space for examination rooms, dental services, physical therapy, X-ray/CT scan, optometry, and dialysis. It features a touch screen security system, cameras throughout the facility, automated message boards, and televisual equipment.</p> <p>Approximately 42% of IDOC's incarcerated population has a diagnosed mental illness and 15% are considered Seriously Mentally Ill. The new Inpatient Treatment Center ensures Illinois meets its duty (as outlined in the Rasha consent decree) to provide inpatient beds and programming space for individuals in custody who need inpatient mental health care.</p>	

Effective mental health services can have a significantly positive impact on safety for both those who are incarcerated and the staff of facilities. Meaningful treatment while in custody improves the likelihood of successful reintegration and decreases the likelihood of recidivating.

The goal of this partnership is for patients to receive timely access to the treatment they need, and to the ongoing services and supports that enable recovery.

Interviews

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 individual in custody 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.

Warden: The interviewed Warden reported that the facility has not had any expansions or modifications.

PREA Audit Site Review: The auditor toured the expansion part of the facility. The expansion side had not been opened as of the onsite date of the audit.

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.

115.18 (b). As reported in the PAQ, the agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.

Documentation Reviewed:

JITC Construction Project

Interviews:

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 individual in custody 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.

Warden: The interviewed Warden stated that when installing or upgrading monitoring technology, maximum coverage and viewing area while maintaining consideration of privacy such as avoiding viewing of shower areas.

PREA Audit Site Review: During the onsite inspection, the auditor observed the use of the video monitoring system.

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 and 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Illinois Department of Corrections (Administrative Directive) <ol style="list-style-type: none"> a. Preservation of Physical Evidence b. Sexual Abuse and Harassment Prevention and Intervention Program c. Investigations of Unusual Incidents d. Employee Criminal Misconduct c. Email correspondence (Sexual Assault Evidence Kits) d. Sexual Abuse and Harassment Prevention and Intervention Program Manual e. MOU Illinois Department of Corrections (Joliet Treatment Center) and Sexual Assault Services Center Guardian Angel Community Services f. MOU: Illinois State Police g. Sexual Assault Emergency Survivor Treatment Act 2. Interviews: <ol style="list-style-type: none"> a. Random Sample of Staff (12) b. PREA Compliance Manager <p>Findings (By Provision):</p> <p>115.21 (a). As reported in the PAQ, the agency/facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). The agency/facility is responsible for conducting criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). 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. 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” (p.10). 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>

Interviews

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 individual in custody alleges sexual abuse All interviewed staff were knowledgeable of the agency's protocols and able to explain the process, they would take to protect any evidence. Staff explained they would immediately move resident to a safe location, stop all movement on the housing unit, ensure resident does not shower, brush teeth or use restroom until seen by medical, contact supervisor and complete incident report. The twelve staff interviewed stated that internal investigator, intel unit and medical would be involved in completing all allegations of sexual abuse or sexual harassment.

115.21 (b). NA-there are no youth housed at the facility. The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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. 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. The facility does not offer all inmates who experience sexual abuse access to forensic medical examinations onsite. The facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

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. Treatment shall be provided by a certified Sexual Assault Forensic Examiner (SAFE) or a certified Sexual Assault Nurse Examiner (SANE) at a local emergency room as determined by the local facility" (p.9).

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 number of forensic medical exams conducted during the past 12 months: 0.

The number of exams performed by SANEs/SAFEs during the past 12 months: 0.

The number of exams performed by a qualified medical practitioner during the past 12 months: 0.

Documentation Reviewed

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.

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. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

Policy Sexual Abuse and Harassment Prevention and Intervention Program, indicates that individual in custody 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 Illinois Department of Corrections (Joliet Treatment Center) and Sexual Assault Services Center Guardian Angel Community Services

Documentation Reviewed

MOU Illinois Department of Corrections (Joliet Treatment Center) and Sexual Assault Services Center Guardian Angel Community Services

Interviews

PREA Compliance Manager (PCM): The interviewed PCM reported that if requested by the victim, a victim advocate,

qualified agency staff member or a qualified community-based organization staff member will accompany and provide emotional support, crisis intervention, information and referrals during the forensic medical examination process and investigatory interviews. The residents have contact information to the Guardian Angel Community Services which is posted in the dorms and on each wing. The facility will make the victim advocate or rape crisis center available to the resident by bringing them to St. Joseph Hospital where a board certified SANE is on staff to provide forensic examination and advocacy.

Reported Sexual Abuse: During the file review, one resident was identified as having reported sexual abuse at the facility. After making the introductions and starting the inmate interview questionnaire. The resident started to discuss his theory of how people in the facility was trying to take his money because they knew he was worth millions. He continued to state that he knew the interview was being recorded and he refused to answer in additional questions. The resident walked out the interview room refusing to answer additional questions.

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 individual in custody 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 Illinois Department of Corrections (Joliet Treatment Center) and Sexual Assault Services Center Guardian Angel Community 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.

Documentation Reviewed

MOU Illinois Department of Corrections (Joliet Treatment Center) and Sexual Assault Services Center Guardian Angel Community Services

Interviews

PREA Compliance Manager: The interviewed PCM stated that residents are sent to St. Joseph Hospital were a board certified SANE is on staff to provide forensic examination and advocacy.

Reported Sexual Abuse: During the file review, one resident was identified as having reported sexual abuse at the facility. After making the introductions and starting the inmate interview questionnaire. The resident started to discuss his theory of how people in the facility was trying to take his money because they knew he was worth millions. He continued to state that he knew the interview was being recorded and he refused to answer in additional questions. The resident walked out the interview room refusing to answer additional questions.

115.21 (f). As reported in the PAQ, iff the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.21 (a) through (e) of the standards. The agency has an MOU with outside local law enforcement regarding procedures if at any time outside law enforcement conducted said investigation.

Documentation Reviewed

MOU: Illinois State Police

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.

Corrective Action and 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 · Investigations of Unusual Incident <p>Investigation Report Reviewed (51)</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>PREA ISP MOU</p> <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.</p> <p>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. 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 (p.10).</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>	

As reported in the PAQ:

- In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 47
- In the past 12 months, the number of allegations resulting in an administrative investigation: 47
- In the past 12 months, the number of allegations referred for criminal investigation: 0

Additional allegations were made in between the completion of the PAQ and the onsite audit, therefore the auditor reviewed the allegations.

Documentation Reviewed

Investigation Report (51)

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. 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 (p.10).

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.

Documentation Reviewed

MOU-Illinois State Police

Agency Website

Investigation Report (51)

Interviews

Investigative Staff - Investigators: Two interviewed investigators reported that the agency policy requires 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.

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.

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 and 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.

115.31	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>Training Records (18)</p> <ul style="list-style-type: none"> · FY 20, 21 and 22 Cycle Training Institutional Cycle Schedule · PREA Manual · PREA Lesson Plan · PREA PSOT_PSCT Presentation · Training Curriculum: PREA Sexual Assault Prevention and Intervention Cycle Training · Prohibited Association · Settlement (Monroe 18-156 Memo and Order; Injunction) · Memo: Suspension of Training · 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 · Training Curriculum: Supervision Individuals in Custody in the IDOC Women's Division <p>Illinois Department of Corrections (Administrative Directive)</p> <p>Sexual Abuse and Harassment Prevention and Intervention Program</p> <ul style="list-style-type: none"> · Employee Training · Administrative Directives <p>Staff Meeting</p> <p>Annual Refresher Training</p> <p>Corrective Action: Training Records (10)</p> <p>Corrective Action: Memos for PREA Refresher</p> <p>Interviews:</p> <p>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 individual in custody on the following matters:</p> <ul style="list-style-type: none"> § Agency's zero-tolerance policy for sexual abuse and sexual harassment. § How to fulfill their responsibility under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. § The right of individual in custody to be free from sexual abuse and sexual harassment. § The right of individual in custody and employees to be free from retaliation for reporting sexual abuse and sexual harassment. 	

§ The dynamics of sexual abuse a sexual harassment in confinement.

§ The common reactions of sexual abuse and sexual harassment victims.

§ How to detect and respond to signs of threatened and actual sexual abuse.

§ How to avoid inappropriate relationships with individual in custody.

§ How to communicate effectively and professionally with individual in custody, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming individual in custody; and

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

Policy Sexual Abuse and Harassment Prevention and Intervention Program, states that "providing 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). The policy further states that the PREA Coordinator shall:

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; Illinois Department of Corrections Administrative Directive Page 4 of 13 Number: 04.01.301 Title: Sexual Abuse and Harassment Prevention and Intervention Program Effective: 4/1/2021 (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 (pp. 3-4).

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). The PREA Manual provides additional guidance on the training requirements.

Documentation Reviewed

Training Records (18)

Corrective Action Training Records (10)

Corrective Action: Memos for PREA Refresher

Interviews

Random Sample of Staff: Twelve random staff were interviewed. 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. The staff recalled the training being video driven the last time they completed training few weeks before the audit.

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 individual in custody 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 individual in custody training. Staff have received specialized training on how transgender residents.

Corrective Action: The auditor requested 31 training records of staff. Eighteen out of 31 records were provided. The facility shall enter into corrective action until all of the records are provided. If the records are not available, the facility shall develop a plan to ensure the staff receive the required training. The missing training records shall be provided to the auditor to show compliance with the standard. During the corrective action period, 10 additional records was provided. Additionally, the agency provided a memo on future dates for PREA refresher training. The facility has provided sufficient documentation of

evidence that the requirements of the standard have been met. No further action is required.

115.31 (b). As reported in the PAQ, the training is 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 individual in custody, are provided appropriately for the designated facility.

Documentation Reviewed

Training Records (18)

Corrective Action Training Records (10)

Corrective Action: The auditor requested 31 training records of staff. Eighteen out of 31 records were provided. The facility shall enter into corrective action until all of the records are provided. If the records are not available, the facility shall develop a plan to ensure the staff receive the required training. The missing training records shall be provided to the auditor to show compliance with the standard. During the corrective action period 10 additional records was provided. Additionally, the agency provided a memo on future dates for PREA refresher training. The facility has provided sufficient documentation of evidence that the requirements of the standard have been met. No further action is required.

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, in between trainings the agency provides employees who may have contact with individual in custody with information about current policies regarding sexual abuse and sexual harassment.

Policy Administrative Directives states that "the Policy and Directives Unit shall provide monthly notice of and make available via the Department intranet any new or revised directives, rescission notices, or provide a notice of no changes" (p. 7). Additionally, the policy states that "the CAO of each facility and program site or manager of each unit, as applicable, shall determine the positions and maintain a list of persons that shall maintain paper copies of Administrative Directives, if any. NOTE: Correctional facilities shall maintain, at minimum, one paper copy of all Administrative Directives in a location designated by the CAO" (p. 10).

The Staff Meeting Policy further states that "administrative and supervisory staff meetings shall be held at least once a month to ensure that lines of two-way communication are established between all levels of supervision" (p. 1). The Employee Training policy states that:

By April 1st of each year, the Manager of Staff Development and Training shall: (1) Prepare a list of Department training mandates for the upcoming fiscal year for orientation, pre-service and in-service training. The list shall contain: (a) Training topics (to include all applicable training as required by Administrative Directives); (b) Subtopics; (c) Target group; Illinois Department of Corrections Administrative Directive Page 3 of 7 Number: 03.03.102 Title: Employee Training Effective: 2/1/2019 (d) Approximate length of training; and (e) Source and location of training, if known.

Distribute the list of Department training mandates to all facility Training Coordinators.

Distribute curriculum for the upcoming fiscal year to Training Coordinators in each facility.

The Training Coordinators at each facility shall prepare and submit to their CAO a training plan reflecting the schedule of all orientation and in-service training to be offered at their facilities in the upcoming fiscal year. d. By June 1st of each year, the CAO shall submit the training plan to the respective Deputy Director.

The Deputy Director shall review the training plans, and if approved, forward to the Manager of Staff Development and Training.

The Manager of Staff Development and Training shall review the training plan and ensure scheduled training meets all training mandates. (1) If training mandates are met, a memo shall be sent to the facility indicating approval. (2) If the mandates are not met, the training plan shall be returned to the CAO for amendments (pp. 2-3).

Documentation Reviewed

Training Records

Corrective Action: The auditor requested a sample of refresher training records on existing staff. Seven of the 31 requested documents were not provided. The facility shall provide documentation of refresher training to show compliance with the

standard. During the corrective action period 10 additional records was provided. Additionally, the agency provided a memo on future dates for PREA refresher training. The facility has provided sufficient documentation of evidence that the requirements of the standard have been met. No further action is required.

115.31 (d). As reported in the PAQ, the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. The Employee Training policy states that:

The Training Coordinator shall maintain an Employee Training Record, DOC 0220, or automated registration system for each employee on a fiscal year basis.

Certificates or other verification of training received shall be provided to the Training Coordinator. The certificates or verification of training shall include all information required on the DOC 0220.

The Training Coordinator shall maintain all training documentation.

Credit shall only be given for completed courses that are properly documented. Proper documentation includes: (1) Credit memorandum or certificate issued by the Office of Staff Development and Training. (2) Certificate issued by an outside instructor or vendor approved by the Office of Staff Development and Training. (3) Training verification formats used within facilities and signed by an authorized training officer.

Upon transfer of an employee to another facility, site or office, all training records for that employee shall be forwarded within 30 days to the Training Coordinator or supervisor at the new location (p. 6).

Documentation Reviewed

Acknowledgement of Participation (Annual (Cycle) Refresher Training (10)

Corrective Action: The auditor requested the signed documentation acknowledging receipt of the Annual Cycle/Refresher Training. The auditor did not receive an adequate sample of the requested documents. The facility shall provide documentation of all 41 requested staff that the acknowledgements were signed. During the corrective action period 10 additional records was provided. Additionally, the agency provided a memo on future dates for PREA refresher training. The facility has provided sufficient documentation of evidence that the requirements of the standard have been met. No further action is required.

Corrective Action and Conclusion:

115.31(a). The auditor requested 31 training records of staff. Eighteen out of 31 records were provided. The facility shall enter into corrective action until all of the records are provided. If the records are not available, the facility shall develop a plan to ensure the staff receive the required training. The missing training records shall be provided to the auditor to show compliance with the standard. During the corrective action period 10 additional records was provided. The facility has provided sufficient documentation of evidence that the requirements of the standard have been met. No further action is required.

115.31 (b). The auditor requested 31 training records of staff. Eighteen out of 31 records were provided. The facility shall enter into corrective action until all of the records are provided. If the records are not available, the facility shall develop a plan to ensure the staff receive the required training. The missing training records shall be provided to the auditor to show compliance with the standard. During the corrective action period 10 additional records was provided. The facility has provided sufficient documentation of evidence that the requirements of the standard have been met. No further action is required.

115.31 (c). The auditor requested a sample of refresher training records on existing staff. Seven of the 31 requested documents were not provided. The facility shall provide documentation of refresher training to show compliance with the standard. During the corrective action period 10 additional records was provided. The facility has provided sufficient documentation of evidence that the requirements of the standard have been met. No further action is required.

115.31 (d). The auditor requested the signed documentation acknowledging receipt of the Annual Cycle/Refresher Training. The auditor did not receive an adequate sample of the requested documents. The facility shall provide documentation of all 41 requested staff that the acknowledgements were signed. During the corrective action period 10 additional records was provided. The facility has provided sufficient documentation of evidence that the requirements of the standard have been met. No further action is required.

Final Review: The auditor has determined compliance with the standard.

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>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</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 Individuals in Custody</p> <p>Volunteer Services Orientation Signed Acknowledgement (9)</p> <p>Training Curriculum Non-Security Staff</p> <p>Wexford PREA Training PPT</p> <p>Contracted Training Verification (8)</p> <p>FY 20 Five Day Cycle Schedule</p> <p>FY 21 and 22 Institutional Cycle</p> <p>IDOC PREA Lesson Plan (Pre-Service Orientation Training)</p> <p>PREA PSO_PCST Presentation</p> <p>Corrective Action: Acknowledgement of Participation (New Hire Read and Sign) -(3)</p> <p>Interviews:</p> <p>Volunteers or Contractors (4)</p> <p>Findings (By Provision):</p> <p>115.32 (a). As reported in the PAQ, all volunteers and contractors who have contact with individual in custody 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 individual in custody, 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 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).</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 number of volunteers and contractors, who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 90 (77 contractors and 13 volunteers)</p>	

The following documents were reviewed, showing the agency response to volunteer and contractor training:

Documentation Reviewed

Volunteer Services Orientation Signed Acknowledgement (9)

Contracted Staff Orientation Checklist (3)

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

Training Curriculum Non-Security Staff

Wexford PREA Training

IDOC PREA Lesson Plan (Pre-Service Orientation Training)

Contracted staff training records (8)

Corrective Action Training Records (3)

Interviews:

Volunteer(s) or Contractor(s) who have Contact with Inmates - The interviewed volunteers and contractors reported that they have been trained on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. It was further reported that they participated in formal training and review of the IDOC policies and procedures.

Corrective Action: The auditor requested a sample of 10 contracted staff who have completed the PREA training and a copy of the Volunteer Services Orientation Checklist on all volunteers. The documentation of 8 out of the 10 contracted staff records was provided and no records was provided for the volunteers. The facility shall provide the requested records to show compliance with the provision.

The auditor requested the acknowledgment of PREA training for volunteers, for all 13 listed volunteers. Nine were provided.

During the corrective action period, the facility provided training records of three additional contracted staff. No further action is needed.

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.

Documentation Reviewed

Volunteer Services Orientation Signed Acknowledgement (9)

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

Training Curriculum Non-Security Staff

Wexford PREA Training

IDOC PREA Lesson Plan (Pre-Service Orientation Training)

Interviews:

Volunteer(s) or Contractor(s) who have Contact with Inmates - The interviewed volunteer and 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 further reported that the training covered policy, professional conduct, how to protect oneself from allegations, mandated reporting requirements, and how individuals can make a report (verbally and in writing). All of the interviewed reported that they have been notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment, as well as informed about how to report such incidents.

Corrective Action: The auditor requested a sample of 10 contracted staff who have completed the PREA training and a copy of the Volunteer Services Orientation Checklist on all volunteers. The documentation of 8 out of the 10 contracted staff records was provided and no records was provided for the volunteers. The facility shall provide the requested records to

show compliance with the provision.

The auditor requested the acknowledgment of PREA training for volunteers, for all 13 listed volunteers. Nine were provided. The facility shall provide the remaining 4.

During the corrective action period, the facility provided additional training documentation for volunteers and contracted staff. The facility was able to demonstrate compliance. No further action is required.

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).

The Employee Training policy states that:

The Training Coordinator shall maintain an Employee Training Record, DOC 0220, or automated registration system for each employee on a fiscal year basis. Certificates or other verification of training received shall be provided to the Training Coordinator. The certificates or verification of training shall include all information required on the DOC 0220. The Training Coordinator shall maintain all training documentation. Credit shall only be given for completed courses that are properly documented. Proper documentation includes: (1) Credit memorandum or certificate issued by the Office of Staff Development and Training. (2) Certificate issued by an outside instructor or vendor approved by the Office of Staff Development and Training. (3) Training verification formats used within facilities and signed by an authorized training officer. e. Upon transfer of an employee to another facility, site or office, all training records for that employee shall be forwarded within 30 days to the Training Coordinator or supervisor at the new location (p. 6).

Documentation Reviewed

Volunteer Service Orientation Checklist (9)

Contracted Staff Training Record (3)

Corrective Action Review (3 Contracted)

115.32 (c). The auditor requested the signed documentation acknowledging receipt of the Annual Cycle/Refresher Training. The auditor did not receive an adequate sample of the requested documents. The facility shall provide documentation of the requested contracted staff and volunteers signed acknowledgement statements

The auditor requested the acknowledgment of PREA training for volunteers, for all 13 listed volunteers. Nine were provided. The facility shall provide the remaining 4. During the corrective action period, the facility provided additional training documentation for volunteers and contracted staff. The facility was able to demonstrate compliance. No further action is required.

Corrective Action and Conclusion:

115.32 (a/b). The auditor requested a sample of 10 contracted staff who have completed the PREA training and a copy of the Volunteer Services Orientation Checklist on all volunteers. The documentation of 8 out of the 10 contracted staff records was provided and no records was provided for the volunteers. The facility shall provide the requested records to show compliance with the provision. The auditor requested the acknowledgment of PREA training for volunteers, for all 13 listed volunteers. Nine were provided. The facility shall provide the remaining 4.

115.32 (c). The auditor requested the signed documentation acknowledging receipt of the Annual Cycle/Refresher Training. The auditor did not receive an adequate sample of the requested documents. The facility shall provide documentation of the requested contracted staff and volunteers signed acknowledgement statements.

During the corrective action period, the facility provided additional training documentation for volunteers and contracted staff. The facility was able to demonstrate compliance. No further action is required.

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>IDOC PREA Allegation Hotline Log</p> <p>Individual in custody Orientation Receipt (30)</p> <p>Interviews:</p> <ul style="list-style-type: none"> · Intake Staff (2) · Random Sample of Residents (22) · John Howard Association staff <p>Onsite Observation:</p> <ul style="list-style-type: none"> · PREA Posters (English/Spanish) · John Howard Association letter <p>Findings (By Provision):</p> <p>115.33 (a). As reported in the PAQ, individual in custody 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> <p>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.</p> <p>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, as well as to offenders who limited Reading skills (pp. 7-8).</p> <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" (pp. 4).</p> <p>The number of inmates admitted during past 12 months who were given this information at intake: 137.</p> <p>Documentation Reviewed</p> <p>Individual in custody Log of PREA Education (30)</p>	

Individual In Custody Orientation Manual (English/Spanish)

IDOC PREA Allegation Hotline Log

Interviews

Intake Staff: The interviewed intake staff reported that during orientation they provide the individuals in custody with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The individuals are given the information by educating them during the intake process and developing a master treatment plan about how and when to call the appropriate crisis and PREA line. Additionally, they are provided an overview of filling a PREA if an event occurs with an MHP who will submit the documentation to the appropriate parties. Along with how to access the PREA hotline and the informational boards throughout the facility.

Random Sample of Individual in custody: Twenty-two random residents were interviewed. Twelve residents interviewed recalled receiving information about the facilities rules against sexual abuse and sexual harassment during the initial orientation process with mental health staff. The interviewed residents stated that they received handouts with the information as well as posters are in the housing unit. Five interviewed residents reported they did not receive information about facilities rules against sexual abuse and sexual harassment. Four residents do not recall receiving any information as well stated did not receive handbook. One resident refused to answer any additional questions due to belief the interview was being recorded.

115.33 (b). As reported in the PAQ, within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

Upon review of the Individual in Custody Orientation Manual, individual in custody is 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

The number of those inmates admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake: 134.

Documentation Reviewed

Individual in custody Log of PREA Education (30)

Individual In Custody Orientation Manual (English/Spanish)

Interviews

Intake Staff: The interviewed intake staff reported that they ensure individual in custody 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 individual in custody are educated regarding their rights to be free from sexual abuse and sexual harassment. Staff stated that residents are educated during the initial assessment process as well as given information about access to the PREA hotline that is posted in each dayroom. The individuals are made aware of their rights, generally during intake, or within the first two weeks during orientation.

Random Sample of Individual in custody: Twenty-two random inmates were interviewed. Twelve of the interviewed residents recalled receiving information about the facilities rules against sexual abuse and sexual harassment during orientation with mental health staff. Five interviewed residents reported they did not receive information about facilities rules against sexual abuse and sexual harassment. Four residents do not recall receiving any information as well stated did not receive handbook. One resident refused to answer any additional questions due to belief the interview was being recorded. When

probed, the inmates could recall the information addressing your right to not be sexually abused or sexually harassed, how to report sexual abuse or sexual harassment, and your right not to be punished for reporting sexual abuse or sexual harassment.

115.33 (c). As reported in the PAQ, the agency policy requires that individual in custody 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. It was further reported that "a all individuals in custody at JTC arrived after PREA standards to effect.

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, 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 individual in custody 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 individual in custody and completed within seven (7) calendar days after admission, except in unusual circumstances. For a non-English speaking individual in custody, reasonable efforts shall be made for the orientation to be explained to him or her in a language he or she understands.

Documentation Reviewed

Individual in custody Log of PREA Education (30)

Individual In Custody Orientation Manual (English/Spanish)

Interviews

Intake Staff: The interviewed staff reported that the ensure that the current inmates in custody, as well as those transferred from other facilities have been educated on the agency's zero tolerance policy on sexual abuse and sexual harassment by going over the information at intake about how and when to call the appropriate crisis and PREA hotline number; along with content provided on the informational boards throughout the facility.

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

§ Limited English proficient

§ Deaf

§ Visually impaired

§ Otherwise disabled

§ Limited in their reading skills

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, as well as to offenders who have limited reading skills" (pp. 7-8).

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 or involves legal due process. This may include, but is not limited to, communications such as: Orientation" (p. 5). The Facility Orientation policy states that "for a non-English speaking offender, reasonable efforts shall be made for the orientation to be explained to him or her in a language he or she understands" (p. 2). The policy further states that "offenders shall receive written orientation materials and/or

translations in their own language” and “when a literacy problem exists, a staff member shall assist the offender in understanding the material” (p. 2).

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 individual in custody, create deaf and hard of hearing individual in custody 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.

Documentation Reviewed

Individual In Custody Orientation Manual (English/Spanish)

Acknowledgement in Spanish

115.33 (e). As reported in the PAQ, the agency maintains documentation of individual in custody participation in PREA education sessions. Policy Facility Orientation states that “At the conclusion of the orientation program, each individual in custody shall be requested to sign an Individual in custody Orientation Receipt, DOC 0291, indicating he or she has participated in the orientation program and has obtained a copy of the manual. If an individual in custody 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 individual in custody’s master record file or center file as appropriate” (p. 2).

Documentation Reviewed

Individual In Custody Orientation Manual (English/Spanish)

Individual in custody Orientation Receipt-(30)

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, individual in custody 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. Individual in custody is provided an orientational manual at intake. The auditor contacted the John Howard Association, and it was reported that there were three allegations pertaining to PREA from facility.

Documentation Reviewed

Individuals in Custody Orientation Manual

PREA Audit Site Review: During the site inspection the auditor observed PREA posters and signage throughout 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.

Corrective Action and 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.

115.34	Specialized training: 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</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 · 01.12.115 Institutional Investigative Assignments <p>Illinois Department of Corrections Prison Rape Elimination Act (PREA) for Investigators Training (PPT)</p> <p>Specialized Investigator Training 2021-Basic Institutional Investigator Training/PREA Training Record (3)</p> <p>Interviews:</p> <p>Investigative Staff (2)</p> <p>Findings (By Provision):</p> <p>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 “aall 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” (p.10).</p> <p>Policy Institutional Investigative Assignments states that investigators shall be trained on the following topics:</p> <ul style="list-style-type: none"> · 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) <p>Documentation Reviewed</p> <p>Illinois Department of Corrections Prison Rape Elimination Act (PREA) for Investigators Training (PPT)</p> <p>Specialized Investigator Training 2021-Basic Institutional Investigator Training/PREA Training Record (3)</p> <p>Interviews</p> <p>Investigative Staff: Two interviewed investigators were interviewed. Both staff interviewed reported that they received training on how to conduct sexual abuse investigations in confinement settings. One staff reported that the training was conducted by IDOC, and the other staff reported that the training was conducted by IDOC and NIC.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> · 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

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

Specialized Investigator Training 2021-Basic Institutional Investigator Training

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).

4.

The number of investigators currently employed who have completed the required training:

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 and 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>Prison Rape Elimination Act: What Healthcare and Mental Health Providers Need to Know</p> <p>Wexford PREA Training</p> <p>Verification of Mental Health and Medical Specialized Training (8)</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: Mental Health and Medical Training/General and Specialized (28)</p> <p>Interviews:</p> <p>Medical and Mental Health Staff (4)</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.</p> <p>The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 77</p> <p>The percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 100</p> <p>Documentation Reviewed</p> <p>Training Records (8)</p> <p>Corrective Action: Mental Health and Medical Training/General and Specialized (28)</p> <p>Interviews</p> <p>Medical and Mental Health Staff – Three of the four interviewed medical and mental health staff stated that they receive specialized 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 preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how to whom to report allegations of suspicions of sexual abuse and sexual harassment. One staff member reported that they only received PREA training while a Wexford contractor.</p> <p>Corrective Action: Documentation was provided for 8/10 requested specialized staff. The facility shall provide documentation of PREA and specialized training for the two additional staff in order to show compliance with the standard. During the corrective action period, the additional staff records were provided. The facility has demonstrated compliance with the</p>	

provision. No further action is warranted.

115.35 (b). As reported in the PAQ, the agency medical staff at this facility do not conduct forensic medical exams. The JCC staff does 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 agency maintains documentation showing that medical and mental health practitioners have completed the required training.

Documentation Reviewed

Training Records (8)

Corrective Action: Mental Health and Medical Training/General and Specialized (28)

Corrective Action: Documentation was provided for 8/10 requested specialized staff. The facility shall provide documentation of PREA and specialized training for the two additional staff in order to show compliance with the standard. During the corrective action period, the additional staff records were provided. The facility has demonstrated compliance with the provision. No further action is warranted.

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 Records (8)

Corrective Action: Mental Health and Medical Training/General and Specialized (28)

Corrective Action: Documentation was provided for 8/10 requested specialized staff. The facility shall provide documentation of PREA and specialized training for the two additional staff in order to show compliance with the standard. During the corrective action period, the additional staff records were provided. The facility has demonstrated compliance with the provision. No further action is warranted.

Corrective Action and Conclusion:

115.35: Documentation was provided for 8/10 requested specialized staff. The facility shall provide documentation of PREA and specialized training for the two additional staff in order to show compliance with the standard. During the corrective action period, the additional staff records were provided. The facility has demonstrated compliance with the standard. No further action is warranted.

115.41

Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making compliance determination:

Documents:

Pre-Audit Questionnaire (PAQ)

Inmate Roster

Illinois Department of Corrections (Administrative Directive)

· 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program

Sexual Abuse and Harassment Prevention and Intervention Program Manual

Individual in custody Intake (12):

PREA Screening (Screening for Potential Sexual Victimization of Sexual Abuse (12)

Individual In Custody Orientation Manual (English/Spanish)

Reassessment

Housing Assignment

Corrective Action:

- Additional Risk/Re-assessments

Interviews:

Staff Responsible for Risk Screening (2)

Random Sample of Individual in custody (22)

PREA Coordinator

PREA Compliance Manager

Findings (By Provision):

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 individual in custody. Policy Sexual Abuse and Harassment Prevention and Intervention Program states that:

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 individual in custody.

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 individual in custody 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 individual in custody has been a victim of sexual abuse in the past (p. 6).

The Sexual Abuse and Harassment Prevention and Intervention Program Manual states that:

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.

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 individual in custody for further assessment, if warranted.

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

Individual in custody shall be encouraged to disclose as much information as possible for the Department to provide the most protection possible under this practice. If an individual in custody 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

Screening for Potential Sexual Victimization.

Inmate roster

Corrective Action: Additional Risk Screenings

Interviews

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening reported that individual in custody are screened upon admission utilizing the predator/vulnerability form., upon transfer residents are seen by MH staff for completion of the DOC 0379 and 0494. Completed 0494s are sent to the facility PREA compliance manager for review.

Individuals In Custody Interview Questionnaire - A total of twenty-two resident were interviewed. Seven of the interviewed residents entered the facility within the last 12 months. The seven residents reported that they could recall being asked questions regarding prior history of sexual abuse, or whether they identified as being gay, lesbian, or bisexual, and/or whether they were in danger of sexual abuse. All the residents reported that they were asked these questions during orientation and have not been asked again.

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

Corrective Action: The auditor requested risk screening documentation of 27 individuals in custody. The facility provided 12 documents. The facility shall provide the remaining documents in order to show compliance with the provision. If the documents are unable to be provided, the facility shall develop a corrective action of improvement and provide proof of the last 90 days of new intakes completion of the risk assessment. During the correction action period, the additional documentation was provided. The facility is compliant with the requirements of the provision. No further action needed.

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

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

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 individual in custody 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 individual in custody has been a victim of sexual abuse in the past (p. 6).

According to the PAQ, the policy requires that individuals in custody be screened for risk of sexual victimization or risk of sexual abusing other individuals in custody within 72 hours of their intake. As previously stated, Policy Sexual Abuse and Harassment Prevention and Intervention Program states that individual in custody are screened within 24-72 hours.

The number of inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay

in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility: 137

Documentation Reviewed

Screening for Potential Sexual Victimization.

Inmate Roster

Corrective Action: Risk Assessments/Reassessments

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 individual in custody occurs within 72 hours but typically upon arrival.

Random Sample of Individual in custody: A total of twenty-two resident were interviewed. Seven of the interviewed residents entered the facility within the last 12 months. The seven residents reported that they could recall being asked questions regarding prior history of sexual abuse, or whether they identified as being gay, lesbian, or bisexual, and/or whether they were in danger of sexual abuse. All the residents reported that they were asked these questions during orientation and have not been asked again.

Corrective Action: The auditor requested risk screening documentation of 27 individuals in custody. The facility provided 12 documents. The facility shall provide the remaining documents in order to show compliance with the provision. If the documents are unable to be provided, the facility shall develop a corrective action of improvement and provide proof of the last 90 days of new intakes completion of the risk assessment. During the correction action period, the additional documentation was provided. The facility is compliant with the requirements of the provision. No further action needed.

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 individual in custody completing the assessment. The questionnaire is designed to elicit a response that would best determine if a victim is at risk of being a victim of sexual abuse or sexually abusive behaviors. The individual in custody is asked questions, relative to their perception of vulnerability.

Documentation Reviewed

Screening for Potential 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.

115.41 (d). The screening tool used by JCC 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.

Documentation Reviewed

Screening for Potential Sexual Victimization.

Interviews

Staff Responsible for Risk Screening: 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 in confidential setting, mostly closed ended questions but some able to be gathered by records. If allegations of previous harassment or abuse are indicated, a DOC 0434 is completed and reported to the facility PREA compliance manager and shift supervisor. Resident is then offered MH follow up within 14 days.

Corrective Action: The auditor requested risk screening documentation of 27 individuals in custody. The facility provided 12 documents. The facility shall provide the remaining documents in order to show compliance with the provision. If the documents are unable to be provided, the facility shall develop a corrective action of improvement and provide proof of the last 90 days of new intakes completion of the risk assessment. During the correction action period, the additional documentation was provided. The facility is compliant with the requirements of the provision. No further action needed.

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 individuals in custody risk of being sexually abusive.

Documentation Reviewed

Screening for Potential Sexual Victimization

Corrective Action: Risk Assessment/Reassessment

Interviews

Staff Responsible for Risk Screening: 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 in confidential setting, mostly closed ended questions but some able to be gathered by records. If allegations of previous harassment or abuse are indicated, a DOC 0434 is completed and reported to the facility PREA compliance manager and shift supervisor. Resident is then offered MH follow up within 14 days.

Corrective Action: The auditor requested risk screening documentation of 27 individuals in custody. The facility provided 12 documents. The facility shall provide the remaining documents in order to show compliance with the provision. If the documents are unable to be provided, the facility shall develop a corrective action of improvement and provide proof of the last 90 days of new intakes completion of the risk assessment. During the correction action period, the additional documentation was provided. The facility is compliant with the requirements of the provision. No further action needed.

115.41 (f). As reported in the PAQ, the policy requires that the facility reassess each individual in custody's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the individual in custody'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 number of inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake:

134

Documentation Reviewed

Screening for Potential Sexual Victimization-Reassessment

Corrective Action: Risk Assessments/Reassessments

Interviews

Staff Responsible for Risk Screening: Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening reported that the individuals in custody are not disciplined for refusing to answer any part of the assessment tool.

Random Sample of Individual in custody: Seven of the twenty-one interviewed residents reported that they have not being asked again whether they had been in jail or prison before, whether they have ever been sexually abused, whether they identify with being gay, lesbian, or bisexual, and whether they think they might be in danger of sexual abuse here.

Corrective Action: The auditor requested risk screening documentation of 27 individuals in custody. The facility provided 12 documents. The facility shall provide the remaining documents in order to show compliance with the provision. If the documents are unable to be provided, the facility shall develop a corrective action of improvement and provide proof of the last 90 days of new intakes completion of the risk reassessment. During the correction action period, the additional documentation was provided. The facility is compliant with the requirements of the provision. No further action needed.

Additionally, the auditor observed that the risk reassessments were not consistently being completed within 30 days. The agency shall provide a refresher training to the intake staff and provide 90 days of new intake documentation that the risk assessments and reassessments were completed. The 90 days will start effective the date of the onsite audit.

115.41 (g). As reported in the PAQ, the policy requires that individual in custody risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the individual in custody'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".

Documentation Reviewed

Screening for Potential Sexual Victimization-Reassessment.

Interviews

Staff Responsible for Risk Screening: The interviewed staff reported that individuals in custody risk levels are reassessed as needed 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.

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 residents 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
- Contact Springfield office
- 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 to supervisor, stop all movement on the housing unit, separate from other resident, instruct the resident not to shower, take a bath, or brush teeth, preserve evidence; and complete 434 incident report.

There were no identified individuals in custody who were reassessed as a result of a sexual abuse allegation.

115.41 (h). The policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related

to) questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's own perception of vulnerability.

The IDOC Sexual Abuse and Harassment Prevention and Intervention Program Manual further reiterates that individual in custody 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 the facility does not discipline individual in custody who refuse to respond or complete any assessments.

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 individual in custody risk assessment is deemed confidential and medical and mental health access per agency policy AD 04.01.301.

PREA Compliance Manager: The interviewed PREA Compliance Manager reported that resident risk assessments are kept in the resident's master file in the records office and only accessible by staff that have a need to know.

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening stated that information on an individual in custody's screening is limited to who can have access to it.

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 and Conclusion:

115.41 (a-e): The auditor requested risk screening documentation of 27 individuals in custody. The facility provided 12 documents. The facility shall provide the remaining documents in order to show compliance with the provision. If the documents are unable to be provided, the facility shall develop a corrective action of improvement and provide proof of the last 90 days of new intakes completion of the risk assessment. During the correction action period, the additional documentation was provided. The facility is compliant with the requirements of the provision. No further action needed.

115.41 (f): The auditor requested risk screening documentation of 27 individuals in custody. The facility provided 12 documents. The facility shall provide the remaining documents in order to show compliance with the provision. If the documents are unable to be provided, the facility shall develop a corrective action of improvement and provide proof of the last 90 days of new intakes completion of the risk reassessment.

Additionally, the auditor observed that the risk reassessments were not consistently being completed within 30 days. The agency shall provide a refresher training to the intake staff and provide 90 days of new intake documentation that the risk assessments and reassessments were completed. The 90 days will start effective the date of the onsite audit. During the correction action period, the additional documentation was provided. The facility is compliant with the requirements of the provision. No further action needed.

Final Review: The facility is compliant with the requirements of the standard.

115.42	Use of screening information
<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>Settlement (Monroe 18-156 Memo and Order; Injunction)</p> <p>Special Placement Double Cell Assessment</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 · 04.03.104 Evaluation, Treatment, and Correctional Management of Transgender Individual in custody · Offender Classification Process <p>Individual in custody Intake:</p> <ul style="list-style-type: none"> · PREA Screening (Screening for Potential Sexual Victimization of Sexual Abuse) · Individual In Custody Orientation Manual (English/Spanish) · Reassessment · Housing Assignment · Transgender Programming Reassessment <p>Corrective Action: Transgender Placement & Programming Review (4)</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Staff Responsible for Risk Screening (2)</p> <p>Warden</p> <p>Staff Who Supervise Individual in custody in Isolation</p> <p>PREA Coordinator</p> <p>Transgender/Intersex (2)</p> <p>Lesbian/Gay/Bisexual (2)</p> <p>Findings (By Provision):</p> <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 individuals in custody 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> <ul style="list-style-type: none"> a. Prior to housing an individual in custody identified as a predator with another individual in custody, the proposed housing assignment shall be reviewed and approved by the Chief Administrative Officer in consultation with the facility PREA Compliance Manager. b. An individual in custody identified as vulnerable shall not be housed with an individual in custody identified as a predator. Prior to housing an individual in custody identified as vulnerable with another individual in custody, the proposed housing assignment shall be reviewed and approved by the Chief Administrative Officer in consultation with the facility PREA Compliance Manager. 	

c. An individual in custody 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.

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

Documentation Reviewed:

Case Plan

Corrective Action: Transgender Placement & Programming Review (4)

Interviews

PREA Compliance Manager: The interviewed PREA Compliance Manager stated that the residents at JTC are housed in single cells only and all residents shower alone and away from the view of other residents.

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening stated that the risk screening information obtained at intake is utilized to individualized determinations to ensure inmate safety.

Corrective Action: In order to show compliance with the standard the auditor is requesting the case plans of transgender residents housed in the last 12 months; along with the transgender reassessment plan. During the corrective action period the additional documentation was provided. The facility has met the requirements of the provision. No further action is warranted.

115.42 (b). 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 Individual in Offenders, provides guidance on the agency response to the treatment and services of transgender individual in custody.

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 individual in custody training.

Documentation Reviewed

Specialized Transgender Training

Corrective Action: Transgender Placement & Programming Review (4)

Interviews

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening stated that the risk screening information obtained at intake is utilized to individualized determinations to ensure inmate safety.

Corrective Action: In order to show compliance with the standard the auditor is requesting the case plans of transgender residents housed in the last 12 months; along with the transgender reassessment plan.

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

Interviews

PREA Compliance Manager (PCM): The interviewed PCM stated that safety and security factors are considered in the placement of every resident at the facility.

Transgender/Intersex Individual in custody: Twenty-two residents were interviewed. Two interviewed residents identified as transgender stated when they arrived at the facility, they were asked questions about housing preference, searching preference by mental health staff during the intake process. Two transgender residents interviewed responded that they have never been placed on a housing unit only for transgender or intersex residents or been strip-searched for the purpose of determining genital status.

Corrective Action: In order to show compliance with the standard the auditor is requesting the case plans of transgender residents housed in the last 12 months; along with the transgender reassessment plan. During the corrective action period the additional documentation was provided. The facility has met the requirements of the provision. No further action is warranted.

115.42 (d). Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. 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 programming assignment shall be conducted by the facility twice annually to review any threats to safety experienced or posed by the individual in custody" (p. 7). The policy further guides that the Transgender Administrative Committee (TAC) shall make "individualized determination about how to ensure the safety of each individual in custody 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 individual in custody (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 individual in custody training.

Documentation Reviewed

TAC Review Committee Review

Corrective Action: Transgender Placement & Programming Review (4)

Interviews

PREA Compliance Manager (PCM): The interviewed PCM stated that JTC reviews the placement and assignment of all transgender or intersex residents every six months in January and July. A review can be conducted sooner if deemed necessary due to safety threats identified by staff or requested by resident.

Staff Responsible for Risk Screening: The interviewed staff reported that 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. Such reassessments are submitted to the Chief of Psychiatry.

Corrective Action: In order to show compliance with the standard the auditor is requesting the case plans of transgender residents housed in the last 12 months; along with the transgender reassessment plan. During the corrective action period the additional documentation was provided. The facility has met the requirements of the provision. No further action is warranted.

115.42 (e). A transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration. 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 individual in custody 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 individual in custody training.

Interviews

PREA Compliance Manager (PCM): The interviewed PCM stated that the views of transgender/intersex inmates with respect to his or her own safety given serious consideration in placement and programming assignments. During the transgender placement and program review which is conducted in January and July and the residents are asked specifically if they have any housing, programming and general safety concerns.

Staff Responsible for Risk Screening: The interviewed staff reported that transgender or intersex inmates' views of his or her

safety given serious consideration in placement and programming assignments.

Transgender/Intersex Individual in custody: Twenty-two residents were interviewed. Two interviewed residents identified as transgender stated when they arrived at the facility, they were asked questions about housing preference, searching preference by mental health staff during the intake process.

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). Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. 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).

Interviews

PREA Compliance Manager (PCM): The interviewed PCM stated that all residents at JTC shower alone and away from the view of other residents.

Staff Responsible for Risk Screening: The interviewed staff reported that transgender and intersex individuals in custody are given the opportunity to shower separately from other inmates

Transgender/Intersex Individual in custody: The two transgender residents stated they able to shower without other residents or officers seeing them.

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 individual in custody training.

Interviews

PREA Coordinator/PREA Compliance Manager: It was reported that Joliet Treatment Center is not subject to a legal judgement or consent decree that requires the facility to have a lesbian, gay, bisexual, transgender or intersex wing for inmates.

Transgender/Intersex/Gay/Lesbian Individual in custody: Two transgender residents interviewed responded that they have never been placed on a housing unit only for transgender or intersex residents or been strip-searched for the purpose of determining genital status. Twenty-two residents were interviewed. Two residents interviewed, identified as members of the gay, lesbian, and bisexual community. Both residents stated that they have never been put in a separate housing area or made to feel different because of their sexual orientation.

Corrective Action: In order to show compliance with the standard the auditor is requesting the case plans of transgender residents housed in the last 12 months; along with the transgender reassessment plan. During the corrective action period the additional documentation was provided. The facility has met the requirements of the provision. No further action is warranted.

Corrective Action and Conclusion:

115.42 (multiple) In order to show compliance with the standard the auditor is requesting the case plans of transgender residents housed in the last 12 months, along with the transgender reassessment plan. During the corrective action period the additional documentation was provided. The facility has met the requirements of the standard. No further action is warranted.

115.43	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 · Restrictive Housing <p>Investigation Report Reviewed (51)</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 Individual in custody in Segregated Housing (2)</p> <p>Findings (By Provision):</p> <p>115.43 (a). As reported in the PAQ, the agency has a policy prohibiting the placement of individuals in custody 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. The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0.</p> <p>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).</p> <p>Documentation Reviewed</p> <p>Case Plan: Housing assignments of individual in custody's high risk for victimization.</p> <p>Investigation Reports</p> <p>Interviews</p> <p>Warden: The interviewed Warden reported that the agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers.</p> <p>Corrective Action: In order to show compliance with the provision the facility shall provide the auditor with the interviewed residents who reported sexual abuse and prior history of sexual victimization case plans.</p> <p>115.43 (b). Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and</p>	

work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations.

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

Interviews

Staff who Supervise Individual in custody in Segregated Housing: Staff who supervisor individual in custody in segregated housing: The interviewed staff who supervise individual in custody in segregated housing reported that when individual in custody are placed in segregated housing for protection from sexual abuse all individual in custody 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.

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

PREA Audit Site Review: During the onsite inspection the auditor randomly spoke to residents. There were no identified residents in segregated housing as a result of sexual abuse allegations. However, there was one resident who reported that they felt that they were retaliated against after making an allegation if sexual abuse or sexual harassment.

The auditor reviewed the investigation report and was unable to determine any findings of retaliation.

115.43 (c). The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. In the past 12 months, the number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0.

Interviews

Warden: The interviewed Warden reported that inmates at high risk for sexual victimization or how have alleged sexual abuse placed in involuntary segregated housing only until an alternative means of separation from the likely abuser. It was further reported that reporters of sexual abuse are not confined to restrictive housing.

Staff who Supervise Individual in custody in Segregated Housing: Staff who supervisor individual in custody in segregated housing: The interviewed staff who supervise individual in custody in segregated housing reported that when individual in custody are placed in segregated housing for protection from sexual abuse all individual in custody 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 individual in custody 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.

Individual in custody in Segregated Housing (for risk of sexual victimization alleged to have suffered sexual abuse): There were no identified individual in custody 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). From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 0

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, if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The 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 individual in custody in segregated housing: The interviewed staff who supervise individual in custody in segregated housing reported that when individual in custody are placed in segregated housing for protection from sexual abuse all individual in custody 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 individual in custody 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.

Individual in custody in Segregated Housing (for risk of sexual victimization allege to have suffered sexual abuse): There were no identified individual in custody 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.

Corrective Action and Conclusion:

There is no corrective action warranted. The facility is in compliance with the standard

115.51	Inmate reporting
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 Individual in custody</p> <p>Individual In Custody Orientation Manual (English/Spanish)</p> <p>Individual in custody Request Form</p> <p>Handout: How to Report Sexual Abuse or Sexual Harassment</p> <p>MOU: John Howard Association</p> <p>Trust Act MMO</p> <p>Grievance Log (12 month)</p> <p>Correspondence</p> <p>Interviews:</p> <p>Random Sample of Staff (12)</p> <p>Random Sample of Individual in Custody (22)</p> <p>PREA Compliance Manager</p> <p>Individual in Custody who Reported a Sexual Abuse (1)</p> <p>Grievance Staff</p> <p>Findings (By Provision):</p> <p>115.51 (a). As reported in the PAQ, the agency has established procedures allowing for multiple internal ways for individual in custody to report privately to agency officials about:</p> <ul style="list-style-type: none"> § Sexual abuse or sexual harassment. § Retaliation by other individual in custody or staff for reporting sexual abuse and sexual harassment; and § Staff neglect or violation of responsibilities that may have contributed to such incidents. <p>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 individual in custody 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, individual in custody request form, and write a confidential letter to an outside entity (John Howard Association).</p> <p>On 4/29/2022, the agency PREA Coordinator sent correspondence the facility PREA Compliance Managers requesting that the PREA informational postings along with the Individual in Custody Facility Handbook is updated to provide individuals in custody with greater resources regarding access to outside victim advocates for emotional support services related to sexual</p>	

abuse and anonymous 3rd party instructions (John Howard Association contact information).

Documentation Reviewed

- Individual In Custody Orientation Manual (English/Spanish)
- Joliet TC PREA Information
- Sexual Abuse and Harassment Prevention and Intervention Program Manual
- Grievance Log (12 month)
- IDOC PREA Hotline Log
- Correspondence and Grievance Process Training

Interviews

Random Sample of Staff: The interviewed random sample of staff (12) reported that the residents 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 the 434-incident report form and notify supervisor.

Random Sample of Individual in custody Interviews: Twenty-two random residents were interviewed. All interviewed resident stated that they had multiple ways to report. Most of the residents reported that they would tell staff, call the hotline, complete request form, contact John Howard center or tell family members or friends. One resident refused to answer any additional questions due to belief the interview was being recorded.

Grievance Staff: During the onsite inspection the auditor spoke to new grievance staff. The staff member showed the auditor the grievance process and how grievances are logged. The auditor discussed the process of grievances that are PREA related, and the staff member reported that those grievances would be handled as an emergency grievance and immediately sent to the Warden.

During the onsite inspection, the individual in custody phones were checked to ensure that they were working properly. It was observed that the phones were active and available for individual in custody 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 does not have a policy requiring inmates detained solely for civil 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 JTC Individual in Custody Orientation Manual provides further guidance for individual in custody options to make report of sexual abuse or sexual harassment. Such options included but not limited to hotline, grievance form, tell staff, individual in custody 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 individuals in custody to send privileged mail to the John Howard Association, as an outside reporting mechanism.

The Trust Act MMO provides guidance regarding immigration and Customs Enforcement.

Documentation Reviewed

MOU: John Howard Association

Individual In Custody Orientation Manual (English/Spanish)

Joliet TC PREA Information

Grievance Log

Grievance Process Training

Interviews

PREA Compliance Manager: The interviewed PREA Compliance Manager stated that residents are provided a hotline phone number to Springfield as well as the address to private entities such as the John Howard Association and the Guardian Angels Community Services. It was further reported that JTS staff will also accept reports of sexual abuse or harassment made verbally, in writing, anonymously and from third parties.

Random Sample of Individual in custody: As previously stated, the interviewed individual in custody stated that they had multiple ways to report. Most of the residents reported that they would tell staff, call the hotline, complete request form, contact John Howard center or tell family members or friends. One resident refused to answer any additional questions due to belief the interview was being recorded. Four of the residents felt that they could make a report without giving their name; however, twelve residents stated they were unaware that they did not have to give their names. Three residents stated they are required to put their assigned number in the PREA phone to make a call therefore the call would still link back to them. One resident refused to answer any additional questions due to belief the interview was being recorded.

Corrective Action: Upon review of the grievance log, it was determined that there were several grievances that appeared sexual harassment in nature. The grievances were not referred for investigation. The auditor is recommending that such grievances are referred for investigation and the facility provide proof of the investigation. In addition, it is recommended that the grievance officer staff receive refresher training on the agency process. The facility shall provide proof of the refresher training.

-Update: On 5/20/2022, seven staff attended training regarding the handling of grievances from individuals in custody. Topics included processing, documenting and responding to grievances, with special attention given to grievances alleging reports of sexual abuse or sexual harassment. No further action is needed. The facility is compliant with the provision.

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 JTC Individual in Custody Orientation Manual describes multiple means for individual in custody 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 individual in custody reports can be made verbally or in writing. All the interviewed staff reported that if an individual in custody 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 Individual in custody: Twenty-two random inmates were interviewed. Fifteen residents 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 residents stated they can write reports on request form, note or grievance form. The residents were able to describe being able to make reports verbally, in writing, anonymously, and from third parties. Six residents reported they were unaware they have additional options outside of the facility. One resident refused to answer any additional questions due to belief the interview was being recorded.

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 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, calling Springfield, notify supervisor, notify mental health or notify the Warden, such reports can be made verbally or in writing. The majority of staff reported they felt comfortable notifying their supervisor if the abuse or harassment did not involve supervisor.

Corrective Action and Conclusion:

115.51 (b) While the agency allows the grievance process as a means for a resident to report sexual abuse. Upon review of the grievance log, it was determined that there were several grievances that appeared sexual harassment in nature. The grievances were not referred for investigation. The auditor is recommending that such grievances are referred for investigation and the facility provide proof of the investigation. In addition, it is recommended that the grievance officer staff receive refresher training on the agency process. The facility shall provide proof of the refresher training.

-Update: On 5/20/2022, seven staff attended training regarding the handling of grievances from individuals in custody. Topics included processing, documenting and responding to grievances, with special attention given to grievances alleging reports of sexual abuse or sexual harassment. No further action is needed. The facility is in compliance with the standard.

Final Review: The auditor has determined compliance with the standard.

115.52	Exhaustion of administrative remedies
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"> · 04.01.114 Local Individual in custody Grievance Procedures <p>Illinois Administrative Code (Grievance Procedures Offenders)</p> <p>Grievances Logbook</p> <p>Individual in Custody Orientation Manual (English and Spanish)</p> <p>Grievance Process Training</p> <p>Interviews:</p> <p>Individual in custody who Reported a Sexual Abuse (1)</p> <p>Findings (By Provision):</p> <p>115.52 (a). As reported in the PAQ, the agency has an administrative procedure for dealing with individual in custody grievances regarding sexual abuse. Policy Local Individual in custody Grievance Procedures and the Illinois Administrative Code (Grievance Procedures for Offenders) provides guidance to staff regarding the individual in custody grievance process.</p> <p>The auditor reviewed the grievance logbook and identified at least seven grievances that may or may not have been PREA related (Sexual Harassment). Upon further review it was identified that the grievances were not properly referred for investigation.</p> <p>Documentation Reviewed</p> <p>Grievance Logbook</p> <p>Corrective Action: While the agency allows the grievance process as a means for a resident to report sexual abuse. Upon review of the grievance log, it was determined that there were several grievances that appeared sexual harassment in nature. The grievances were not referred for investigation. The auditor is recommending that such grievances are referred for investigation and the facility provide proof of the investigation. In addition, it is recommended that the grievance officer staff receive refresher training on the agency process. The facility shall provide proof of the refresher training. The requested documentation was provided. No further action is needed. The facility is compliant with the provision.</p> <p>115.52 (b). As reported in the PAQ, agency policies or procedure allows an individual in custody 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 individual in custody to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Policy Local Individual in custody 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 "individual in custody grievances related to allegations of sexual abuse shall not be subject to any filing time limit" (p. 7).</p> <p>The auditor reviewed the grievance logbook and identified at least seven grievances that may or may not have been PREA related (Sexual Harassment). Upon further review it was identified that the grievances were not properly referred for investigation.</p> <p>Documentation Reviewed</p> <p>Grievance Logbook</p> <p>Individual in Custody Orientation Manual</p> <p>Corrective Action: While the agency allows the grievance process as a means for a resident to report sexual abuse. Upon</p>	

review of the grievance log, it was determined that there were several grievances that appeared sexual harassment in nature. The grievances were not referred for investigation. The auditor is recommending that such grievances are referred for investigation and the facility provide proof of the investigation. In addition, it is recommended that the grievance officer staff receive refresher training on the agency process. The facility shall provide proof of the refresher training. The facility shall provide proof of the refresher training. The requested documentation was provided. No further action is needed. The facility is compliant with the provision.

115.52 (c). As reported in the PAQ, the agency policy and procedure allow an individual in custody to submit a grievance alleging sexual abuse without submitting or referring it to the staff member who is the subject of the complaint. The 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".

Documentation Reviewed

Individual In Custody Orientation Manual (English/Spanish)

Grievance Logbook

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 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 individual in custody 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 individual in custody 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 that alleged sexual abuse: 0.

In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0.

In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0

In cases where the agency requested an extension of the 90-day period to respond to a grievance and had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve. The number of grievances that took longer than a 70-day extension period to resolve: 0. The agency always notifies an inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made.

Upon review, the grievances appear to be sexual harassment in nature.

Interviews

Reported Sexual Abuse: During the file review, one resident was identified as having reported sexual abuse at the facility. After making the introductions and starting the inmate interview questionnaire. The resident started to discuss his theory of how people in the facility was trying to take his money because they knew he was worth millions. He continued to state that he knew the interview was being recorded and he refused to answer in additional questions. The resident walked out the interview room refusing to answer additional questions.

Corrective Action: While the agency allows the grievance process as a means for a resident to report sexual abuse. Upon review of the grievance log, it was determined that there were several grievances that appeared sexual harassment in nature. The grievances were not referred for investigation. The auditor is recommending that such grievances are referred for investigation and the facility provide proof of the investigation. In addition, it is recommended that the grievance officer staff receive refresher training on the agency process. The facility shall provide proof of the refresher training. The facility shall provide proof of the refresher training. The requested documentation was provided. No further action is needed. The facility is compliant with the provision.

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 requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates.

Agency policy and procedure requires that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline.

The Local Offenders 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 individual in custody" (p. 6). The policy further states that "if the alleged victim declines, the decision shall be documented" (p. 6).

The number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline: 0.

Documentation Reviewed

Grievance Logbook

During the site review, there was no indication provided through random and targeted individual in custody interviews, no letters received from individual in custody, and no informal statements were made to suggest that the third-party fillings have been ignored and/or not received. Based on review of documentation, the provision of this standard is met.

115.52 (f). As reported in the PAQ, the agency has a policy and established procedures for filing an emergency grievance alleging that an individual in custody is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours.

The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days.

The Offender Grievance Procedure, states that "For emergency grievances alleging an individual in custody 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 individual in custody is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance" (p. 7).

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0.

The number of those grievances in 115.52(e)-3 that had an initial response within 48 hours: 0.

The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0.

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 individual in custody for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the individual in custody filed the grievance in bad faith. The Local Offenders Grievance Procedure, states that "staff shall be prohibited from imposing discipline due to use of the grievance process" (p. 7).

In the past 12 months, the number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith: 0.

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

Corrective Action and Conclusion:

While the agency allows the grievance process as a means for a resident to report sexual abuse. Upon review of the grievance log, it was determined that there were several grievances that appeared sexual harassment in nature. The grievances were not referred for investigation. The auditor is recommending that such grievances are referred for investigation and the facility provide proof of the investigation. In addition, it is recommended that the grievance officer staff receive refresher training on the agency process. The facility shall provide proof of the refresher training. The facility shall provide proof of the refresher training. The requested documentation was provided. No further action is needed. The facility is compliant with the provision.

The auditor shall request all grievances submitted from the day of the onsite inspection up to 90 days to determine if there are any PREA related allegations and if the facility handled the allegations in accordance with the policy and standards.



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>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>Individual In Custody Orientation Manual (English and Spanish)</p> <p>MOU: Illinois Department of Corrections and Sexual Assault Center Guardian Angel Community Services</p> <p>MOU: Illinois Department of Corrections and John Howard Association</p> <p>How to Report Sexual Abuse or Sexual Harassment</p> <p>IDOC PREA Hotline Log</p> <p>Correspondence</p> <p>Interviews:</p> <p>Random Sample of Individual in custody (22)</p> <p>Individuals in custody who Reported a Sexual Abuse (1)</p> <p>Warden</p> <p>PREA Compliance Manager</p> <p>Findings (By Provision):</p> <p>115.53 (a). As reported in the PAQ, facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes. The IDOC does not hold individuals strictly for immigration status.</p> <p>The Sexual Abuse and Harassment Prevention and Intervention Program states that “an individual in custody 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 Center Guardian Angel Community Services</p> <p>that outlines the agreement to provide individual in custody 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>On 4/29/2022, the agency PREA Coordinator sent correspondence the facility PREA Compliance Managers requesting that the PREA informational postings along with the Individual in Custody Facility Handbook is updated to provide individuals in custody with greater resources regarding access to outside victim advocates for emotional support services related to sexual abuse and anonymous 3rd party instructions (John Howard Association contact information).</p> <p>Documentation Reviewed</p> <p>MOU: Illinois Department of Corrections and Sexual Assault Center Guardian Angel Community Services</p> <p>MOU: Illinois Department of Corrections and John Howard Association</p>	

IDOC PREA Hotline Log

Correspondence

Need Updated Handbook

Interviews

Random Sample of Individual in custody: Twenty-two random residents were interviewed. Sixteen residents reported that they were unaware of outside services that would be available to them or other residents dealing with sexual abuse. Four residents reported that they felt comfortable contacting facility mental health if they needed outside services regarding complaints of sexual harassments or sexual abuse or they would contact the John Howard center. One resident stated the facility distribute a new letter with services listed. One resident refused to answer any additional questions due to belief the interview was being recorded. The four residents that were aware of services could not describe all the services offered just recall that services were available if needed. All four residents felt comfortable asking facility mental health for assistance if needed. Additional probing, they could recall receiving information about the Howard Johnson Center in a handout.

Four interviewed residents after probing 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. Four interviewed residents reported they are unaware of when the Howard Johnson Center services are available, they have not had to use them while at the facility.

Three interviewed residents reported that they believed they could talk to outside services in a confidential manner in the office with mental health staff or if the person was allowed to come on campus. One resident 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.

Reported Sexual Abuse: During the file review, one resident was identified as having reported sexual abuse at the facility. After making the introductions and starting the inmate interview questionnaire. The resident started to discuss his theory of how people in the facility was trying to take his money because they knew he was worth millions. He continued to state that he knew the interview was being recorded and he refused to answer in additional questions. The resident walked out the interview room refusing to answer additional questions.

PREA Audit Site Review: The auditor observed signage for outside victim advocacy and emotional supportive services throughout the facility.

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 informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The agency/facility has an MOU with the John Howard Association and Sexual Assault Center Guardian Angel Community Services to allow for confidential communication.

Documentation Reviewed

MOU: Illinois Department of Corrections and Sexual Assault Center Guardian Angel Community Services

MOU: Illinois Department of Corrections and John Howard Association

Interviews

Random Sample of Individual in custody: Twenty- two random resident were asked if they have been sexually abused or sexually harassed while detained at the current facility. Seventeen residents stated they have never been sexually abused or sexually harassed by another inmate or staff while at the facility. Four residents reported that they had been sexually harassed while in the facility. One resident refused to answer any additional questions due to belief the interview was being recorded.

Reported Sexual Abuse: During the file review, one resident was identified as having reported sexual abuse at the facility. After making the introductions and starting the inmate interview questionnaire. The resident started to discuss his theory of how people in the facility was trying to take his money because they knew he was worth millions. He continued to state that he knew the interview was being recorded and he refused to answer in additional questions. The resident walked out the interview room refusing to answer additional questions.

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 are able to provide inmates with emotional support services related to sexual abuse.

Documentation Reviewed

MOU: Illinois Department of Corrections and Sexual Assault Center Guardian Angel Community Services

MOU: Illinois Department of Corrections and John Howard Association

Corrective Action and 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>	
<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>Agency website</p> <p>Sexual Abuse and Harassment Prevention and Intervention Program Manual</p> <p>Correspondence</p> <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 individual in custody sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates. The agency website (https://www2.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx) provides the following guidance:</p> <p>How to Report Institutional Sexual Abuse and/or Staff Sexual Misconduct If you have information regarding an individual in custody 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> <p>The name(s) and locations of persons involved. the name(s) or description of any witnesses to the incident. IDOC individual in custody number (if an individual in custody) 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> <p>IDOC investigates all allegations of individual in custody—on—individual in custody sexual abuse and staff sexual misconduct. Investigations are initiated by the Investigation Unit at IDOC Headquarters. Please understand without detailed information it is difficult to investigate a sexual abuse or sexual harassment situation.</p> <p>The Sexual Abuse and Harassment Prevention and Intervention Program Manual further reiterates the above requirements.</p> <p>On 4/29/2022, the agency PREA Coordinator sent correspondence the facility PREA Compliance Managers requesting that the PREA informational postings along with the Individual in Custody Facility Handbook is updated to provide individuals in custody with greater resources regarding access to outside victim advocates for emotional support services related to sexual abuse and anonymous 3rd party instructions (John Howard Association contact information).</p> <p>Documentation Reviewed</p> <p>Correspondence</p> <p>Handbook</p> <p>Corrective Action and 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>Illinois Department of Corrections (Administrative Directive)</p> <ul style="list-style-type: none"> · Sexual Abuse and Harassment Prevention and Intervention Program · Reporting of Unusual Incidents <p>Grievance Logbook</p> <p>Interviews:</p> <p>Random Sample of Staff (12)</p> <p>Medical and Mental Health Staff (4)</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 or not 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. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>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 individual in custody 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 individual in custody 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>Interviews</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 residents 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>	

- Report to supervisor
- Notify the Warden
- Call the PREA Hotline
- Contact Springfield office
- 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 to supervisor, stop all movement on the housing unit, separate from other resident, instruct the resident not to shower, take a bath, or brush teeth, preserve evidence; and complete 434 incident report.

115.61 (b). As reported in the PAQ apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. The Sexual Abuse and Harassment Prevention and Intervention Program Manual states that “the information concerning the identity of the alleged offender victim and the specific facts of the case shall be limited to staff who need to know because of their involvement with the victim’s welfare and the investigation of the incident. This is important not only to preserve the victim’s privacy but to preserve maximum flexibility to investigate the allegations” (p. 32).

Interviews

Random Sample of Staff: 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 residents 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
- Contact Springfield office
- 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 to supervisor, stop all movement on the housing unit, separate from other resident, instruct the resident not to shower, take a bath, or brush teeth, preserve evidence; and complete 434 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 all reported that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. Three out of the interviewed staff reported that they were aware of such incidents and reported them.

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

115.61 (d). If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The IDOC does not house residents under the age of 18.

Documentation Reviewed

Investigative Reports

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 by separating and protecting them.

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 facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Documentation Reviewed

Investigative Reports

Grievance Logbook

Interviews

Warden: During the interview with the Warden, it was confirmed that all reports of sexual abuse and sexual harassment allegations are reported directly to designated facility investigators. In addition to other key staff (major, administration).

Corrective Action: Upon review of the grievance log, it was determined that there were several grievances that appeared sexual harassment in nature. The grievances were not referred for investigation. The auditor is recommending that such grievances are referred for investigation and the facility provide proof of the investigation. In addition, it is recommended that the grievance officer staff receive refresher training on the agency process. The facility shall provide proof of the refresher training.

The auditor shall request all grievances submitted from the day of the onsite inspection up to 90 days to determine if there are any PREA related allegations and if the facility handled the allegations in accordance with the policy and standards.

Corrective Action and Conclusion:

115.61 (e). Upon review of the grievance log, it was determined that there were several grievances that appeared sexual harassment in nature. The grievances were not referred for investigation. The auditor is recommending that such grievances are referred for investigation and the facility provide proof of the investigation. In addition, it is recommended that the grievance officer staff receive refresher training on the agency process. The facility shall provide proof of the refresher training. During the corrective action period, the facility provided proof of the additional training. No further action is required.

Final Review: The facility is in compliance with the requirements of the standard.

115.62	Agency protection 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>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 (51)</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 individual in custody is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the individual in custody.</p> <p>Policy Sexual Abuse and Harassment Prevention and Intervention Program, states that 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>In the past 12 months, the number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse: 0.</p> <p>If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action: N/A</p> <p>Documentation Reviewed</p>	

Investigation Reports

Interviews

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 individual in custody to include movement within the facility and/or transfer. All such risk would be fully investigated and the individual in custody at risk would have access to medical, mental health care as well as support services.

Warden: The interviewed Warden stated that if an individual in custody is identified as being at substantial risk of sexual abuse, they will interview the resident and separate if deemed necessary.

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.

Corrective Action and 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/PREA After Action Checklist (51)</p> <p>PREA After Action Checklist</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 individual in custody 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.</p> <p>Policy Sexual Abuse and Harassment Prevention and Intervention Program, states that 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>Additionally, the policy states that "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. 8).</p> <p>In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 0.</p> <p>The documentation of PREA allegations occurs on the PREA Checklist and the PREA After Action Checklist.</p> <p>Documentation Reviewed</p> <p>PREA Checklist /PREA After Action Checklist- 51</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. The policy states that "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. 8).</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, "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. 8).

In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 0.

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

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. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0.

Documentation Reviewed

Investigation Report

PREA Checklist/PREA After Action Checklist-Reviewed 51

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 individual in custody 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 if a facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred at the facility, they will initiate standard procedures to separate, protect, notify, and document. Internal affairs

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

Corrective Action and 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
	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 (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 (51)</p> <ul style="list-style-type: none"> · PREA Checklist · PREA After Action Checklist · Results of Allegation · Incident Report · Investigational Interview · Notification · PREA After Action Checklist <p>Interviews:</p> <p>Security Staff or Non-Security Staff First Responders (12)</p> <p>Random Sample of Staff (12)</p> <p>Individual in custody who reported a sexual abuse (1)</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 individual in custody 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 teeth, 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> <ul style="list-style-type: none"> a. Any individual in custody who alleges to be a victim of sexual abuse shall be: <ul 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 individual in custody'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.

In the past 12 months, the number of allegations that an inmate was sexually abused: 3

Of these allegations of sexual abuse in the past 12 months, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 3

In the past 12 months, the number of allegations where 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 ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0.

Documentation Reviewed

Investigation Report

Interviews

Security Staff and Non-Security Staff First Responders: Twelve random staff interviewed reported being aware of the agency procedure for reporting any information related to a resident 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.

Reported Sexual Abuse: During the file review, one resident was identified as having reported sexual abuse at the facility. After making the introductions and starting the inmate interview questionnaire. The resident started to discuss his theory of how people in the facility was trying to take his money because they knew he was worth millions. He continued to state that he knew the interview was being recorded and he refused to answer in additional questions. The resident walked out the interview room refusing to answer additional questions.

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 individual in custody 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

Documentation Reviewed

Investigation Report

Interviews

Random Sample of Staff/ Security Staff and Non-Security Staff First Responders --Twelve random staff interviewed reported being aware of the agency procedure for reporting any information related to a resident 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.

Corrective Action and 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> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Illinois Department of Corrections (Administrative Directive)/04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program c. Illinois Department of Corrections (Institutional Directive)/04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 2. Interviews: <ol style="list-style-type: none"> a. Warden <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. 6-9). The facility Institutional Directive provides guidance on the written institutional plan on a local level.</p> <p>Interviews</p> <p>Warden: The interviewed Warden reported that the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. They would implement the PREA checklist and notifications would be made via email.</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>Corrective Action and 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> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Collective Bargaining Agreements <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 2. Interviews: <ol style="list-style-type: none"> a. Agency Head <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>Documentation 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.

Corrective Action and 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- 2</p> <p>PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual</p> <p>Interviews:</p> <p>Agency Head</p> <p>Warden</p> <p>Individual in custody who Reported a Sexual Abuse (1)</p> <p>Findings (By Provision):</p> <p>115.67 (a). As reported in the PAQ, the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. If YES, provide staff name(s), title(s), and department(s) in the comments section.</p> <p>Policy Sexual Abuse and Harassment and Prevention and Intervention Program states that:</p> <p>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.</p> <p>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 Illinois Department of Corrections Administrative Directive Page 12 of 13 Number: 04.01.301 Title: Sexual Abuse and Harassment Prevention and Intervention Program Effective: 4/1/2021 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.</p> <p>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. 11-12)</p> <p>Documentation Reviewed</p> <p>PREA Retaliation Monitoring (2)</p> <p>Recommendation: Upon review of the PREA allegations, there were two identified allegations of sexual abuse. Both cases included monitoring for retaliation. Upon review of the form, it appeared that the staff completing made very generalized statement. At the recommendation of the auditor, staff should be more specific and detailed into what they looked at and discussed.</p> <p>115.67 (b). As previously stated, the Sexual Abuse and Harassment and Prevention and Intervention Program provides guidance on protecting individual in custody and staff from retaliation. The facility reported that no individual in custody were placed on segregated housing after reporting sexual abuse or sexual harassment.</p> <p>Documentation Reviewed</p>

PREA Retaliation Monitoring (2)

Recommendation: 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 individual in custody was no longer at the facility.

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 individual in custody 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. Individual in custody and staff reporting such allegations are monitored for retaliation for a period of no less than 90 days.

Warden: The interviewed Warden reported that for allegations of sexual abuse or sexual harassment, the different measures that would be taken to protect inmates and staff from retaliation include separating the individuals in a manner that is least likely to be perceived as punitive.

Designated Staff Charged with Monitoring for Retaliation: The designated staff member charged with monitoring for retaliation reported that they will conduct periodic checks to offer support and listen to any concerns. Follow up on any perceived threats or feeling of retaliation from victim. Report those concerns to proper administration for further investigation and, if indicated, take protective measures. The different measures that would be taken to protect the inmates and staff from retaliation would be to separate the victim from the abuser and to avoid contact by either a housing or post change; refer to mental health, and transfer if needed and offer emotional support.

One staff reported that contact would be initiated with inmates who have reported sexual abuse at least every 30 days unless otherwise indicated greater contact. The other staff stated that, when there is a PREA allegation, patients will be interviewed in the Treatment room and Incident report will be made by the Nurses. After seen by Medical, Mental health they will contact the patients and follow up is done as needed.

Individual in custody 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.

Reported Sexual Abuse: During the file review, one resident was identified as having reported sexual abuse at the facility. After making the introductions and starting the inmate interview questionnaire. The resident started to discuss his theory of how people in the facility was trying to take his money because they knew he was worth millions. He continued to state that he knew the interview was being recorded and he refused to answer in additional questions. The resident walked out the interview room refusing to answer additional questions.

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

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. Individual in custody conduct and treatment shall be documented on the PREA Retaliation Monitor – Individual in custody, 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).

The number of times an incident of retaliation occurred in the past 12 months:0

Documentation Reviewed

PREA Retaliation Monitoring (2)

Interviews

Warden: The interviewed Warden reported that if retaliation is suspected, the individual is assessed by mental health staff.

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, looking at discipline tickets, the nature of the tickets and staff writing tickets and how often, programming changes, reassignment of staff, participation in activities, missing meals, or refusal of medication. One staff reported that monitoring will last for at least 90 days. The other interviewed staff stated that monitoring will be continued till the allegation is closed by the IA Officer. Routine checking will be done on all patients daily and nursing and mental health staff have daily contacts with all our patients. Supervisors will monitor their staffs.

If there is concern that potential retaliation may occur the monitoring can be extended if continued monitoring is continued during this time. Additionally, it depends on the severity of the issue, will provide separate housing for patients and separate assignments for staffs whoever is involved till the IA Officer provides his comments on the allegation. If the PREA is unsubstantiated, routine monitoring will be continued.

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:

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 individual in custody to include retaliatory actions, which are then investigated by the department.

Warden: The interviewed Warden stated that if there were suspicion of retaliation, the facility would separate the individual in a manner that is least likely to be perceived as punitive. The measures taken to protect when retaliation is suspected includes having the individual assessed by mental health staff, one-on-one periodic checks, and routine contacts during rounds.

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

Corrective Action and Conclusion

Recommendation: Upon review of the PREA allegations, there were two identified allegations of sexual abuse. Both cases included monitoring for retaliation. Upon review of the form, it appeared that the staff completing made very generalized statement. At the recommendation of the auditor, staff should be more specific and detailed into what they looked at and discussed.

During the corrective action period, the facility provided additional documentation of monitoring for retaliation being completed in a concise and thorough manner. No further action is required.

Final Review: The facility in compliant with the requirements of the standard.

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 (51)</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>Corrective Action: Sexual Abuse Allegation Investigation Report/Case Plan/Housing Assignment (1)</p> <p>Interviews:</p> <p>Warden</p> <p>Staff who Supervise Individual in custody in Segregated Housing (2)</p> <p>Medical and Mental Health Staff (4)</p> <p>Findings (By Provision):</p> <p>115.68 (a). As reported in the PAQ, the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.</p> <p>The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0.</p> <p>The number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement: 0.</p> <p>From a review of case files of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 0.</p> <p>If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>Policy Sexual Abuse and Harassment Prevention and Intervention Program states that, "an individual in custody 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</p>	

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).

Documentation Reviewed

Corrective Action: Sexual Abuse Allegation Investigation Report/Case Plan/Housing Assignment (1)

Investigation Report

Interviews

Warden: The interviewed Warden reported that the agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers. It was further reported that reporters of sexual abuse are not confined to restrictive housing. There were no reported recent incidents in the past 12 months in which segregated housing was used to protect an inmate who was alleged to have suffered sexual abuse.

Staff who supervisor individual in custody in segregated housing: The interviewed staff who supervise individual in custody in segregated housing reported that when individual in custody are placed in segregated housing for protection from sexual abuse all individual in custody 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 individual in custody 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/who allege to have suffered sexual abuse) – There were no reported individuals in custody who were placed in segregated housing for risk of sexual victimization or who have alleged to have suffered sexual abuse.

PREA Audit Site Review: During the onsite inspection the auditor did not observe any inmates in custody who were placed in segregated housing as a result of sexual victimization.

Corrective Action: In order to show compliance with the standard the facility shall upload the case plans for residents who reported sexual abuse. The additional documentation was provided. No further action is required.

Corrective Action and Conclusion:

115.68 In order to show compliance with the standard the facility shall upload the case plans for residents who reported sexual abuse. During the corrective action period the facility provided the additional documentation. No further action is required.

Final Review: The facility is compliant with the requirements of the standard.

115.71	Criminal and administrative agency investigations
	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 · 1.12.125 Uniform Investigative Reporting System · 01.12.105 Reporting of Unusual Incidents · Preservation of Physical Evidence · Institutional Investigation Assignments · Investigations of Unusual Incidents <p>Illinois Administrative Code: Corrections, Criminal Justice, and Law Enforcement Specialized Training</p> <p>Investigation Report Reviewed (51)</p> <ul style="list-style-type: none"> · PREA File Checklist · PREA Checklist · Results of Allegation · Incident Report · Investigational Interview · Notification <p>MOU-Illinois State Police</p> <p>PREA After Action Checklist</p> <p>Corrective Action: Sexual Abuse Allegation (1)</p> <p>Corrective Action: Investigative Staff Training Records (3)</p> <p>Interviews:</p> <p>Investigative Staff (2)</p> <p>Individual in custody who Reported a Sexual Abuse (1)</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. The Uniform Investigative Reporting System policy provides establishes a written procedure governing responsibility for reporting investigative information (p. 1). The Reporting of Unusual Incidents policy provides additional guidance on the reporting and investigation process. The Institutional Investigative Assignments policy provides “directive is to establish a written approval process for the temporary or permanent assignment of institutional investigators” (p. 1).</p> <p>While the agency has in house facility investigators, the agency has an MOU with the Illinois State Patrol to conduct criminal</p>

investigations if requested.

Documentation Reviewed

Investigative Reports (51)

MOU Illinois State Police

Interviews

Investigative Staff: The interviewed investigators reported that an investigation is initiated within 24 hours following an allegation of sexual abuse and sexual harassment. Anonymous and third-party reports are treated the same as reports from known parties.

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

115.71 (b). Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34. 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

Corrective Action: 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 IDOC facility investigator training as well as online training for sexual abuse cases.

Corrective Action: The facility shall provide the auditor with the training records for the investigation staff; showing completion of specialized training. during the corrective action period, the records were provided. No further action is required.

115.71 (c). Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The Preservation of Physical Evidence policy provides guidance on how the department "shall collect, preserve and protect physical evidence in accordance with the procedures established herein" (p. 1).

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 (51)

Interviews

Investigative Staff: The interviewed investigators, reported that the first step in initiating an investigation is to write a 434 report. The PREA checklist is then completed by mental health, medical, and then IA. Interviews are conducted. The investigation would be initiated within 24 hours. The investigation process would include but not limited to writing the allegation on an incident report, conducting interviews, retrieving video footage, photos, and if applicable evidence. The direct and circumstantial evidence gathered includes all of the above previously mentioned.

115.71 (d). When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. 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 individual in custody 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

Interviews

Investigative Staff: The interviewed investigators stated that prosecutable crimes would be presented to the prosecutor before conducting compelling interviews. The chain of command would be involved to make such a determination.

115.71 (e). The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

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. 10).

Interviews

Investigative Staff: The interviewed investigators stated that the credibility of alleged victim, suspect, or witness is judged on an individual basis. It was further reported that under no circumstance would they require an individual in custody who alleges sexual abuse to submit to a polygraph test.

Reported Sexual Abuse: During the file review, one resident was identified as having reported sexual abuse at the facility. After making the introductions and starting the inmate interview questionnaire. The resident started to discuss his theory of how people in the facility was trying to take his money because they knew he was worth millions. He continued to state that he knew the interview was being recorded and he refused to answer in additional questions. The resident walked out the interview room refusing to answer additional questions.

115.71 (f). Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. 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 individual in custody 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

Administrative Investigations (51)

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: review of video footage and interview statements.

115.71 (g). Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. There were zero criminal investigations. All investigations reviewed were administrative.

Documentation Reviewed

Investigative Reports (51)

Interviews

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

Upon review of the 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. 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.

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0.

Documentation Reviewed

ISP MOU

Investigative Reports (51)

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 Uniform Investigative Reporting System policy establishes a written procedure governing responsibility for reporting investigative information (p. 1).

Documentation Review

Investigative Reports (51)

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). The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

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 JTC.

Interviews

Warden: The interviewed Warden reported that the CAO is notified of any investigative findings.

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 in conjunction with the Illinois State Police.

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 and Conclusion:

115.17 (b)The facility shall provide the auditor with the training records for the investigation staff, showing completion of specialized training. The requested documents were provided. No further action is required.

Final Review: The facility is compliant with the requirements of the 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>PPT: Prison Rape Elimination Act (PREA) for Investigators</p> <p>PREA 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 (51)</p> <p>PREA File Checklist</p> <p>PREA Checklist</p> <p>Results of Allegation</p> <p>Incident Report</p> <p>Investigational Interview</p> <p>Notification</p> <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>Documentation Reviewed</p> <p>PPT: Prison Rape Elimination Act (PREA) for Investigators</p> <p>Investigative Reports (51)</p> <p>Interviews</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; through the use of statements and video footage.</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>Corrective Action and 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: Exceeds 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 (51)</p> <p>PREA File Checklist</p> <p>PREA Checklist</p> <p>Results of Allegation</p> <p>Incident Report</p> <p>Investigational Interview</p> <p>Notification (Findings Memo)</p> <p>Interviews:</p> <p>Warden</p> <p>Investigative Staff (2)</p> <p>Individual in custody who Reported a Sexual Abuse (1)</p> <p>Findings (By Provision):</p> <p>115.73 (a). As reported in the PAQ, the agency has a policy requiring that any individual in custody 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).</p> <p>The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months: 1.</p> <p>Of the alleged 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: 1.</p> <p>During the onsite inspection there were three identified sexual abuse allegations, two of which were reported by the same inmate. It should be noted that all residents are notified of the results of allegations of sexual abuse and sexual harassment.</p> <p>Documentation Review</p> <p>Notification of allegation (51)</p> <p>Interviews</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. Investigative Staff: The interviewed investigators reported that the agency procedures require that an individual in custody 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. A memo is sent of the finding. A copy is given to the resident and a copy in the resident's master file.</p> <p>Reported Sexual Abuse: During the file review, one resident was identified as having reported sexual abuse at the facility.</p>	

After making the introductions and starting the inmate interview questionnaire. The resident started to discuss his theory of how people in the facility was trying to take his money because they knew he was worth millions. He continued to state that he knew the interview was being recorded and he refused to answer in additional questions. The resident walked out the interview room refusing to answer additional questions.

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.

115.73 (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 number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0. Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0.

The auditor reviewed the allegations of sexual abuse and sexual harassment, all allegations were investigated by the agency.

Documentation Reviewed

Investigative Report (51)

115.73 (c). As reported in the PAQ, following an individual in custody allegation that a staff member has committed sexual abuse against the individual in custody, the facility subsequently informs the individual in custody (unless unfounded) whenever:

§ The staff member is no longer posted within the individual in custody 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 individual in custody 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. Individual in custody 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/Notification

Interviews

Reported Sexual Abuse: During the file review, one resident was identified as having reported sexual abuse at the facility. After making the introductions and starting the inmate interview questionnaire. The resident started to discuss his theory of how people in the facility was trying to take his money because they knew he was worth millions. He continued to state that he knew the interview was being recorded and he refused to answer in additional questions. The resident walked out the interview room refusing to answer additional questions.

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

The Sexual Abuse and Harassment Prevention and Intervention Program Manual state 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 (p. 40).

Documentation Reviewed

Investigative Report/Notification

Interviews

Reported Sexual Abuse: During the file review, one resident was identified as having reported sexual abuse at the facility. After making the introductions and starting the inmate interview questionnaire. The resident started to discuss his theory of how people in the facility was trying to take his money because they knew he was worth millions. He continued to state that he knew the interview was being recorded and he refused to answer in additional questions. The resident walked out the interview room refusing to answer additional questions.

115.73 (e). As reported in the PAQ, the agency has a policy that all notifications to offenders described under this standard are documented. The Sexual Abuse and Harassment Prevention and Intervention Program Manual states that "following an individual in custody's allegation that he or she has been sexually abused by another individual in custody, 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).

In the past 12 months, the number of notifications to inmates that were provided pursuant to this standard: 43.

Of those notifications made in the past 12 months, the number that were documented: 43.

Documentation Reviewed

Investigative Reports to include Notification

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

Corrective Action and Conclusion:

The facility the requirements in that notifications were made for all allegations of sexual harassment and sexual abuse. The standard only requires notification for sexual abuse allegations.

115.76	Disciplinary sanctions for staff
	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>Investigation Report Reviewed (51)</p> <p>PREA File Checklist</p> <p>PREA Checklist</p> <p>Results of Allegation</p> <p>Incident Report</p> <p>Investigational Interview</p> <p>Notification</p> <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 individual in custody is determined to be the possible assailant, he or she may be placed in investigatory status, for</p>

any allegation, the victim shall be protected from the alleged assailant.

f. 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. 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 individual in custody and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies (pp. 10-11).

The Sexual Abuse and Harassment Prevention and Intervention Program Manual state that "staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies." (p. 41).

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, termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0. In the past 12 months, the number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

Documentation Reviewed

Investigative Reports: 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.

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. The Employee Review Hearing policy "establishes a written procedure governing the employee predisciplinary meeting process" (p. 1). The Sexual Abuse and Harassment Prevention and Intervention Program policy 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).

In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): 0.

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 (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. The Sexual Abuse and Harassment Prevention and Intervention Program policy 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).

In the past 12 months, the number of staff from the facility that 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: 0.

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 and 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	
<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>Investigation Report Reviewed (51)</p> <ul style="list-style-type: none"> · PREA File Checklist · PREA Checklist · Results of Allegation · Incident Report · Investigational Interview · Notification <p>Interviews:</p> <p>Warden</p> <p>Findings (By Provision):</p> <p>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. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates.</p> <p>The agency policy also requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with individual in custody. 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).</p> <p>In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates: 0.</p> <p>Documentation Reviewed</p> <p>Investigative Files: Upon review of investigation files, it was further confirmed that there were no allegations involving volunteers or contractors.</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>115.77 (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. 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).</p> <p>Interviews</p> <p>Warden: The interviewed Warden reported that the facility would take remedial measures to address a contractor or volunteer who is involved with the sexual abuse or sexual harassment allegation. The person would be temporarily reassigned</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in</p>	

compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and 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 (51)</p> <p>Interviews:</p> <p>Warden</p> <p>Medical and Mental Health Staff (4)</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.</p> <p>The Illinois Administrative Code, Administration of Discipline, provides guidance on the facilities scope and process for disciplining individual in custody.</p> <p>In the past 12 months there were zero administrative or criminal findings of guilt regarding individual in custody-on-individual in custody sexual abuse that occurred at the facility. In the past 12 months, the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: 0. In the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: 0.</p> <p>115.78 (b). Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The Illinois Administrative Code, Administration of Discipline, states that the committee shall consider the individual in custody age, medical and mental state at the time of offense; along with the individual in custody's prior disciplinary history (p.7.).</p> <p>Documentation Reviewed</p> <p>Investigative Reports (51)</p> <p>Interviews</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 disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. 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 individual in custody is seriously mentally ill (p. 7).</p> <p>Documentation Reviewed</p> <p>Investigative Reports (51)</p> <p>Interviews</p>	

Warden: The interviewed warden reported that disciplinary sanctions of inmates are subject to follow an administrative or criminal finding that an inmate engaged in inmate-on-inmate sexual abuse. The sanctions would be proportionate to the nature and circumstances of the abuses committed, the inmates' disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories. Mental disability or mental illness are considered when determining sanctions.

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 individual in custody.

Interviews

Medical and Mental Health Staff: The interviewed medical and mental health staff reported that at one of the locations the facility offers any sex individual in custody related treatment services. It was further reported the individual is not required to participate in services as a condition of access to programming or other benefits. After staff reported that at their site the facility does not offer sexual offending specific therapy. However, because we are a specialized mental health treatment facility the offending resident will be offered mental health treatment to address related symptoms such as impulse control and prosocial behavior.

115.78 (e). As reported in the PAQ, the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The Offender 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 individual in custody 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 individual in custody. Policy Sexual Abuse and Harassment Prevention and Intervention Program defines sexual abuse as:

An individual in custody by another individual in custody, 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).

The Administrative Code, Administration of Discipline provides guidance on the prohibition of sexual activity between inmates.

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

Corrective Action and 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>PREA Screening (Screening for Potential Sexual Victimization of Sexual Abuse)</p> <p>Individual In Custody Orientation Manual</p> <p>Reassessment</p> <p>12 month list of individuals in custody who reported prior history of sexual victimization</p> <p>12-month predator list of individuals in custody</p> <p>Follow up with medical and mental health (1)</p> <p>Corrective Action: Follow up with medical and mental health (3)</p> <p>Illinois Department of Corrections (Administrative Directive)</p> <p>04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</p> <ul style="list-style-type: none"> · Corrective Action follow up with mental health <ul style="list-style-type: none"> a. Rasho v. Illinois Department of Corrections <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Individual in custody who Disclose Sexual Victimization at Risk Screening (3) b. Staff Responsible for Risk Screening (2) c. Medical and Mental Health Staff (3) <p>Findings (By Provision):</p> <p>115.81 (a). As reported in the PAQ, all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner. the follow-up meeting was offered within 14 days of the intake screening.</p> <p>Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>Policy Sexual Abuse and Harassment Prevention and Intervention Program, states that "if it is determined that 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>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: 100</p> <p>Documentation Reviewed</p> <p>Individual in custody Intake Records</p> <p>12-month list of residents who reported prior history of sexual abuse</p> <p>12-month predator list of individuals in custody</p> <p>Follow up with medical/mental health (1)</p> <p>Corrective Action: Follow up with medical and mental health (3)</p> <p>Interviews</p>	

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening reported that if an individual in custody's screening indicates that they experienced prior sexual victimization the person would be referred to medical and mental health for follow up within 14

Individuals in Custody who Disclosed Prior Victimization at Risk Screening: Five individual in custody were interviewed that disclosed sexual victimization during the risk screening. Two of the individuals in custody reported being offered follow up services. One individual in custody could not recall and the other stated that they were not offered services and do not want any services. Two of the individuals in custody further elaborated that they have discussed the prior abuse with their mental health provider.

Corrective Action: The facility shall provide documentation of follow up with medical and/or mental health following the intake risk assessment; on all interviewed residents who reported a prior history of sexual abuse. The follow up shall provide information on the follow up and/or services offered for the identified residents who reported a prior history of sexual abuse. During the corrective action period. The facility provided the required documentation, demonstrating compliance. No further action is required.

115.81 (b). As reported in the PAQ, all individuals in custody who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. The follow up meeting would be offered within 14 days of the intake screening. Policy Sexual Abuse and Harassment Prevention and Intervention Program, states that "if it is determined that the individual in custody previously perpetrated sexual abuse, the facility PREA Compliance Manager shall notify mental health staff within 14 days of screening" (pp. 6-7).

In the past 12 months, the percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow-up meeting with a mental health practitioner: 100.

Interviews

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening reported that if a screening indicates that an inmate previously perpetrated sexual abuse, the facility will offer a follow up meeting with a mental health practitioner. Follow up services is typically done within 14 days.

Corrective Action: The facility shall provide documentation of follow up with medical and/or mental health following the intake risk assessment; on all interviewed residents who reported a prior history of sexual abuse. The follow up shall provide information on the follow up and/or services offered for the identified residents who reported a prior history of sexual abuse. During the corrective action period. The facility provided the required documentation, demonstrating compliance. No further action is required.

115.381 (c). See A.

115.81 (d). Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. 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 individual in custody 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, 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. 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

Confidentiality of the clinician-individual in custody 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. 46 Clinicians should clearly specify any limits of confidentiality of the individual in custody-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 individual in custody 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 Individual in custody Mental Health, or Substance

Abuse Treatment Information (DOC 0240) signed by the individual in custody. In addition, the CAO shall be notified of this request.

Individual in custody 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 individual in custody specifically consents to its disclosure.

Informed Consent

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).

Documentation Reviewed

Corrective Action: Follow up with medical and mental health (3)

Interviews

Medical and Mental Health Staff: The interviewed medical and mental health staff reported that they obtain informed consent from individual in custody before reporting about prior sexual victimization that did not occur in an institutional setting. It was further reported that informed consent usually occurs at intake. 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 and Conclusion

115.81 (a) The facility shall provide documentation of follow up with medical and/or mental health following the intake risk assessment; on all interviewed residents who reported a prior history of sexual abuse. The follow up shall provide information on the follow up and/or services offered for the identified residents who reported a prior history of sexual abuse. During the corrective action period. The facility provided the required documentation, demonstrating compliance. No further action is required.

115.81 (b) The facility shall provide documentation of follow up with medical and/or mental health following the intake risk assessment; on all interviewed residents who reported a prior history of sexual abuse. The follow up shall provide information on the follow up and/or services offered for the identified residents who reported a prior history of sexual abuse. During the corrective action period. The facility provided the required documentation, demonstrating compliance. No further action is required.

Final Review: The facility is compliant with the requirements of the standard.

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>PREA Sexual Abuse and Harassment Prevention Intervention Program Manual</p> <p>Follow Up with Medical and Mental Health (3)</p> <p>Interviews:</p> <p>Medical and Mental Health Staff (4)</p> <p>Individual in custody who Reported a Sexual Abuse (1)</p> <p>Security and Non-Security Staff First Responders</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 and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>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). The PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual states that:</p> <p>Procedures for Offender Victims: Medical staff shall be responsible for examination, documentation, and treatment of offender injuries arising from sexually abusive behaviors, including testing when appropriate for pregnancy and sexually transmissible infections (STIs), including HIV.</p> <p>When an offender self-reports, or is referred to the Health Care Unit, medical staff shall notify Mental Health and Internal Affairs staff prior to conducting an injury assessment. The injury assessment, and the offender’s subjective/objective findings, shall be documented fully in the health record. Medical staff shall perform the injury assessment without compromising forensic evidence.</p> <p>The forensic examination shall be performed by qualified sexual assault examiners (i.e., Sexual Assault Nurse Examiner, Forensic Nurse Examiner, or Sexual Assault Forensic Examiner). Where indicated, medical staff with appropriate qualifications may conduct a forensic examination at the facility. At facilities where medical staff are neither trained nor certified in forensic examinations, the offender shall be examined at the facility by a qualified health care professional from the community, or at a local community facility (e.g., local hospital or rape crisis center) equipped to conduct such examinations. The forensic examination shall occur as soon as practicable, but within 72 hours of IDOC staff becoming aware that an offender reported involvement in a sexually abusive assault. An offender’s refusal of a forensic examination shall be documented in the health record.</p> <p>If transport to a local community facility is required, the correctional facility providers shall render follow-up care, including screening for infectious disease (HIV, viral hepatitis, or other sexually transmissible infections), pregnancy testing for female victims, and administration of prophylactic medication (if exposure to bloodborne pathogens is suspected) if these services were not already rendered during the community visit (p. 44).</p> <p>Documentation Reviewed</p>	

Follow up with Medical and Mental Health

Interviews

Medical and Mental Health Staff: The interviewed medical and mental health staff reported that individual in custody victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Individual in custody is 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.

Reported Sexual Abuse: During the file review, one resident was identified as having reported sexual abuse at the facility. After making the introductions and starting the inmate interview questionnaire. The resident started to discuss his theory of how people in the facility was trying to take his money because they knew he was worth millions. He continued to state that he knew the interview was being recorded and he refused to answer in additional questions. The resident walked out the interview room refusing to answer additional questions.

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 (b). If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners. Policy Sexual Abuse and Harassment Prevention and Intervention Program states that the Coordinated Response:

- a. Any individual in custody who alleges to be a victim of sexual abuse shall be:
 - 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).

Documentation Reviewed

Follow up with Medical and Mental Health

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:

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:

- 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).

Documentation Reviewed

Follow up with Medical and Mental Health-while follow up with mental health and medical occurred there were no allegations there were no allegations that required the above medical attention.

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. The services would occur at the facility if not offered at the hospital.

Reported Sexual Abuse: During the file review, one resident was identified as having reported sexual abuse at the facility. After making the introductions and starting the inmate interview questionnaire. The resident started to discuss his theory of how people in the facility was trying to take his money because they knew he was worth millions. He continued to state that he knew the interview was being recorded and he refused to answer in additional questions. The resident walked out the interview room refusing to answer additional questions.

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.

Corrective Action and 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>Follow Up with medical and mental health (2)</p> <p>Interviews:</p> <p>Medical and Mental Health (4)</p> <p>Individual in custody who Reported a Sexual Abuse (1)</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 individual in custody 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.</p> <p>Documentation Reviewed</p> <p>Follow up with Medical and Mental Health (2)</p> <p>Interviews</p> <p>Medical and Mental Health Staff -The interviewed medical and mental health staff reported that the evaluation and treatment of individuals in custody who have been victimized entails: refer to hospital for exam and follow up with the medical director. It was further reported that trauma informed care is provided. Mental health staff follow up within 24 hours of an allegation to determine risk, but most are on the caseload and will be offered contact minimally weekly. Medical staff are informed and conduct an injury assessment as well and will determine if a forensic examination is indicated. Social workers will be informed of the requirement on discharge.</p> <p>Reported Sexual Abuse: During the file review, one resident was identified as having reported sexual abuse at the facility. After making the introductions and starting the inmate interview questionnaire. The resident started to discuss his theory of how people in the facility was trying to take his money because they knew he was worth millions. He continued to state that he knew the interview was being recorded and he refused to answer in additional questions. The resident walked out the interview room refusing to answer additional questions.</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>	

Documentation Reviewed

Follow up with Medical and Mental Health (2)

Interviews

Medical and Mental Health Staff – The interviewed medical and mental health staff reported that the medical and mental health services offered are consistent with community level of care. Additionally, they have access to 24/7 services.

115.83 (d). Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. There were no identified female victims of sexual abuse.

115.83 (e). If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

Interviews

Medical and Mental Health Staff- The interviewed medical and mental health staff reported that one of the sites has female residents. Medical at that site reported that if pregnancy results from sexual abuse while incarcerated, victims given timely information and access to all lawful pregnancy--related services.

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:

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:

- 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).

There were no identified victims of sexual abuse that warranted the above level medical care.

Interviews

Reported Sexual Abuse: During the file review, one resident was identified as having reported sexual abuse at the facility. After making the introductions and starting the inmate interview questionnaire. The resident started to discuss his theory of how people in the facility was trying to take his money because they knew he was worth millions. He continued to state that he knew the interview was being recorded and he refused to answer in additional questions. The resident walked out the interview room refusing to answer additional questions.

115.83 (g). Treatment services are 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. 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).

There were no identified victims of sexual abuse that warranted the above level medical care.

Interviews

Reported Sexual Abuse: During the file review, one resident was identified as having reported sexual abuse at the facility. After making the introductions and starting the inmate interview questionnaire. The resident started to discuss his theory of how people in the facility was trying to take his money because they knew he was worth millions. He continued to state that he knew the interview was being recorded and he refused to answer in additional questions. The resident walked out the interview room refusing to answer additional questions.

115.83 (h). As reported in the PAQ, the facility attempts to conduct a mental health evaluation of all known individual in custody-on-individual in custody 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 individual in custody 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 individual in custody has been a victim of sexual abuse in the past (p. 6).

There were no substantiated allegations of sexual abuse identified at the facility.

Interviews

Medical and Mental Health Staff – The interviewed medical and mental health staff reported that mental health conducts a mental health evaluation on all known inmate-on-inmate abuses and treatment is offered, if appropriate. Evaluations are typically done within 24 hours if a new intake. If there is a PREA allegation, the evaluation is done the same day. Prior abuse history is common within the Elgin population and treatment plans/goals are tailored accordingly.

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 and 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	
<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Incident Reviews</p> <p>Policy: Illinois Department of Corrections (Administrative Directive)/04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</p> <p>Policy: Illinois Department of Corrections (Institutional Directive)/04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</p> <p>Memo: Sexual Abuse Incident Review Team Member Responsibilities</p> <p>Corrective Action: Incident Review (1)</p> <p>Corrective Action: Incident Review Training (6 staff)</p> <p>Interviews:</p> <p>Warden</p> <p>PREA Compliance Manager</p> <p>Incident Review Team (3)</p> <p>Findings (By Provision):</p> <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. 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> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 1.</p> <p>Upon review of the investigation files there are two allegations of sexual abuse that should have had an incident review completed. The auditor was not provided documentation that the reviews occurred.</p> <p>The agency PREA Coordinator issued a memo to the facility (dated May 9, 2022) indicating that "In accordance with 115.86 and 04.01.301, members of the Sexual Abuse Incident Review Team shall comply with the following: A sexual abuse incident review shall be conducted 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. In addition, the memo was signed by the facility incident review team, indicating their acknowledgement of responsibility and what the review team shall assess.</p> <p>Documentation Reviewed</p> <p>Incident Reviews</p> <p>Investigations (45)</p> <p>Corrective Action: Incident Review (1)</p> <p>Corrective Action: Incident Review Training (6 staff)</p> <p>Corrective Action: Sexual Abuse Allegation</p> <p>Corrective Action: The facility was unable to provide documentation that the incident reviews occurred. The auditor is requesting that the incident reviews are completed and provided to the auditor. In addition, the auditor is requesting any</p>	

pending allegations of sexual abuse as of the date of the onsite audit, and verification that the incident review was completed upon the conclusion of the investigation. During the corrective action period. The facility provided the required documentation, demonstrating compliance. No further action is required.

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, the number of 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: 0.

Documentation Reviewed

Corrective Action: Incident Review (1)

Corrective Action: Incident Review Training (6 staff)

Corrective Action: Sexual Abuse Allegation

Corrective Action: The facility was unable to provide documentation that the incident reviews occurred. The auditor is requesting that the incident reviews are completed and provided to the auditor. In addition, the auditor is requesting any pending allegations of sexual abuse as of the date of the onsite audit, and verification that the incident review was completed upon the conclusion of the investigation. During the corrective action period. The facility provided the required documentation, demonstrating compliance. No further action is required.

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

Corrective Action: Incident Review (1)

Corrective Action: Incident Review Training (6 staff)

Corrective Action: Sexual Abuse Allegation

Interviews

Warden: The interviewed Warden reported that any time there is a sexual abuse case at the facility the committee will meet to conduct a sexual abuse incident review team. The team includes upper-level management officials and allow for input from line supervisors, investigators, and medical or mental health practitioners.

Corrective Action: The facility was unable to provide documentation that the incident reviews occurred. The auditor is requesting that the incident reviews are completed and provided to the auditor. In addition, the auditor is requesting any pending allegations of sexual abuse as of the date of the onsite audit, and verification that the incident review was completed upon the conclusion of the investigation. During the corrective action period. The facility provided the required documentation, demonstrating compliance. No further action is required.

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

Corrective Action: Incident Review (1)

Corrective Action: Incident Review Training (6 staff)

Corrective Action: Sexual Abuse Allegation

Interviews

Warden: The interviewed Warden reported that the team uses the information from the sexual abuse incident review to address concerns and it is discussed during the multidisciplinary PREA team meetings. It was further reported that the team will:

- Consider whether incident or allegation was motivated by race, ethnicity, gender identity or perceived status
- Examine area in the facility where incident allegedly occurred to assess whether physical barriers may have enabled
- Assess adequacy of staffing levels in area during different shifts
- Assess whether monitoring technology should be deployed to augment supervision
- Prepare a report of findings and any recommendation for improvement

Additionally, the facility strives to enhance diversity, equality and including and consistently considers the possibility of diverse groups being a potential target.

PREA Compliance Manager: The interviewed PREA Compliance Manager reported that the facility conducts sexual abuse incident reviews on every reported case of sexual abuse. In one instance, maintenance put up the window coverings in the shower areas up to a certain height to prevent PREAs. Some residents have been placed in better care view in case an incident shall occur. There is has been a decrease in PREA allegations, once staff where better trained on what is and what is not PREA. It was further reported that:

- Consider whether incident or allegation was motivated by race, ethnicity, gender identity or perceived status
- Examine area in the facility where incident allegedly occurred to assess whether physical barriers may have enabled
- Assess adequacy of staffing levels in area during different shifts
- Assess whether monitoring technology should be deployed to augment supervision
- Prepare a report of findings and any recommendation for improvement

Documentation Reviewed

Corrective Action: Incident Review (1)

Corrective Action: Incident Review Training (6 staff)

Corrective Action: Sexual Abuse Allegation

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. It was further reported that when doing a review, we want to ensure that certain individuals in custody are not targeted for any reason whether it be race, gender or another affiliation. The information is captured during the monthly meetings to see if there are any extenuating circumstances that would have prompted the abuse or allegation. The staff reported that they will look and identify if there is concern with the location of the room, camera footage or any blind spots. If a concern is identified, sometimes we can have the cameras repositioned to capture a wider area. If we can move the resident for their own safety, we will move them. The adequacy of staffing is always assessed. Rosters are looked and they will always take staffing into consideration before running at time of movement to ensure that it can be done safely. Additionally, the facility has numerous cameras in every unit at various angles that can be looked at when needed. They have live feed and playback options where they can be view or reviewed.

Corrective Action: The facility was unable to provide documentation that the incident reviews occurred. The auditor is requesting that the incident reviews are completed and provided to the auditor. In addition, the auditor is requesting any

pending allegations of sexual abuse as of the date of the onsite audit, and verification that the incident review was completed upon the conclusion of the investigation. During the corrective action period. The facility provided the required documentation, demonstrating compliance. No further action is required.

115.86 (e). The facility implements the recommendations for improvement or documents its reasons for not doing so. The above referenced policy further states the facility requirements to implement the recommendations for improvement or document reasons for not doing so.

Documentation Reviewed

Corrective Action: Incident Review (1)

Corrective Action: Incident Review Training (6 staff)

Corrective Action: Sexual Abuse Allegation

Corrective Action: The facility was unable to provide documentation that the incident reviews occurred. The auditor is requesting that the incident reviews are completed and provided to the auditor. In addition, the auditor is requesting any pending allegations of sexual abuse as of the date of the onsite audit, and verification that the incident review was completed upon the conclusion of the investigation. During the corrective action period. The facility provided the required documentation, demonstrating compliance. No further action is required.

Corrective Action and Conclusion

115.86 (a-e): The facility was unable to provide documentation that the incident reviews occurred. The auditor is requesting that the incident reviews are completed and provided to the auditor. In addition, the auditor is requesting any pending allegations of sexual abuse as of the date of the onsite audit, and verification that the incident review was completed upon the conclusion of the investigation.

During the corrective action period. The facility provided the required documentation, demonstrating compliance. No further action is required.

Final Review: The facility is compliant with the requirements of the standard.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. PREA Checklist c. PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual d. Annual Report (2017-2020) e. SSV Report (2016-2020) f. Illinois Department of Corrections (Administrative Directive)/04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program g. 2019 and 2020 Adult SSV Report 2. Interviews: <ol style="list-style-type: none"> a. PREA Coordinator b. PREA Compliance Manager <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). The PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual provides additional guidance on the agency collection of sexual abuse data.</p> <p>Documentation Reviewed</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 agency aggregates the incident-based sexual abuse data at least annually.</p> <p>Documentation Reviewed</p> <p>Annual PREA Report (2017-2020)</p> <p>PREA Checklist</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>Documentation Reviewed</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).

The PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual provides additional guidance on the agency collection of sexual abuse data.

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 SSV 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 (2016-2020)

2017-2020 Annual Reports

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

Corrective Action and 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>	
<p>Auditor Discussion</p>	
<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Illinois Department of Corrections (Administrative Directive)/04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program c. 2017-2020 Agency Annual Report d. 2016-2020 SSV Report 2. Interviews: <ol style="list-style-type: none"> a. Agency Head b. PREA Coordinator c. PREA Compliance Manager <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> <ul style="list-style-type: none"> § Identifying problem areas. § Taking corrective action on an ongoing basis; and § Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole <p>Policy Sexual Abuse and Harassment Prevention and Intervention Program, provides guidance on the above-mentioned areas (p. 13).</p> <p>Documentation Reviewed:</p> <p>2017-2020 Annual PREA Report</p> <p>Interviews</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 facility 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 reported that the facility uses the data to identify problem areas and take corrective actions to secure safety of residents.</p> <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.</p>	

Documentation Reviewed

2017-2020 Annual PREA Report

Upon review of the 2017-2020 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 (<https://www2.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx>) . 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:

2017-2020 Annual PREA Report

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 individual in custody 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.

Corrective Action and 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
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Sexual Abuse and Harassment Prevention and Intervention Program Manual c. Illinois Department of Corrections (Administrative Directive)/04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program d. Website 2. Interviews: <ol style="list-style-type: none"> a. PREA Coordinator <p>Findings (By Provision):</p> <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> <p>Interviews:</p> <p>PREA Coordinator</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> <p>Documentation Reviewed:</p> <p>Website: https://www2.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx</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. The agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p>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> <p>Documentation Reviewed:</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.

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).

The agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

Corrective Action and 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
	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>115.401 (a). The IDOC website contains the results of all the PREA audits conducted.</p> <p>Documents Reviewed: 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 2.</p> <p>Documents Reviewed: 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 individual in custody in a fashion that the auditor did not have to wait between interviews. The rooms provided for individual in custody interviews were soundproof and somewhat visually confidential from other individual in custody which was judged to have provided an environment in which the individual in custody 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). Individual in custody were able to submit confidential information via written letters to the auditing agency PO Box or during the interviews with the auditor. The auditor received post the onsite audit inspection from an individual in custody. The auditor forwarded the concern to the agency PREA Coordinator to look into.</p> <p>Corrective Action and Conclusion:</p> <p>No corrective action is recommended for 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>Corrective Action:</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.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

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

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

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

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

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	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?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

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

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

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

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

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

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	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?	no
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

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

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	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).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

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

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	no
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